

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 10 AUGUST 2023 FROM 1.30PM IN SEMINAR ROOMS 2/3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL****Voting Members present:**

Mr J MacDonald – Trust Chairman
 Mr A Furlong – Medical Director
 Dr A Haynes - Non-Executive Director and Reconfiguration and Transformation Committee (RTC) Non-Executive Director Chair
 Ms J Hogg – Chief Nurse
 Ms L Hooper - Chief Financial Officer
 Mr J Melbourne - Chief Operating Officer
 Mr R Mitchell – Chief Executive
 Mr B Patel – Non-Executive Director and People and Culture Committee (PCC) Non-Executive Director Chair
 Professor T Robinson - Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair
 Mr M Williams – Non-Executive Director and Audit Committee 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
 Ms G Belton – Corporate and Committee Services Officer
 Professor N Brunskill – Director of Research and Innovation (for Minute 246/23/1)
 Mr A Carruthers - Chief Information Officer
 Ms B Cassidy – Director of Corporate and Legal Affairs
 Mr A Higgins – UHL Patient (for Minute 241/23)
 Ms E Kemp – Specialist Pneumonia Intervention Nurse (for Minute 241/23)
 Dr O Olaleye – ENT Consultant (for Minute 246/23/1)
 Mr M Simpson - Director of Estates and Facilities
 Ms L Small – Specialist Pneumonia Intervention Nurse Lead (for Minute 241/23)
 Ms M Smith - Director of Communications and Engagement
 Ms C Teeney - Chief People Officer
 Ms S Wilkinson – Senior Nurse (Patient Experience) – for Minute 241/23

ACTION**236/23 APOLOGIES AND WELCOME**

The Trust Chairman welcomed everyone to the meeting. Apologies for absence were received from Ms V Bailey, Non-Executive Director, Ms G Collins-Punter, Associate Non-Executive Director, Mr S Harris, Non-Executive Director and Mr J Worrall, Non-Executive Director.

237/23 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).

238/23 DECLARATIONS OF INTERESTS

Resolved – that there were no new declarations of interest.

239/23 MINUTES

Resolved – that the Minutes from the public Trust Board meeting held on 13 July 2023 (paper A refers) be confirmed as a correct record.

240/23 MATTERS ARISING

Paper B provided progress updates for the matters arising from the 13 July 2023 Trust Board meeting and any still-outstanding items from previous meetings, the contents of which were

received and noted. In respect of Minute reference 70/22/3 (action 2 from the meeting held on 7 April 2022), which related to the sharing of staff exit interview data with Trust Board members, the Chief People Officer reported verbally to confirm that an update report would be submitted to the People and Culture Committee in September 2023. It was determined that this action could be RAG-rated as '5' and closed from tracking via the Trust Board Matters Arising Log.

Resolved – that (A) the matters arising report be received and noted as paper B, and

(B) the additional verbal update provided at the meeting in relation to Minute 70/22/3 of 7 April 2022 be reflected in the next iteration of the matters arising log.

CCSO

241/23

PATIENT STORY – ALISTAIR'S STORY

The Chief Nurse introduced and welcomed to the meeting Mr Alistair Higgins, UHL patient, Ms S Wilkinson, Senior Nurse (Patient Experience), Ms L Small, Specialist Pneumonia Intervention Nurse Lead and Ms E Kemp, Specialist Pneumonia Intervention Nurse. A video was played to the Trust Board which documented Mr Higgins' very positive experience of virtual wards at UHL following his admission to the Glenfield Hospital with pneumonia. Mr Higgins described how, following assessment and diagnosis, he was deemed suitable to be cared for via a virtual ward. This allowed Mr Higgins to return home and utilise equipment provided to him by the hospital to monitor his observations and symptoms twice a day and submit his results back to the Trust, at which time his results were reviewed and Mr Higgins was contacted directly via phone or video call to provide treatment advice where required if any of his results gave cause for concern or necessitated further advice. Mr Higgins commented that this experience felt like private healthcare as he underwent regular one-to-ones with a Nurse for two weeks before being discharged from the virtual ward, albeit it he was not formally discharged from the Trust until a clear chest x-ray demonstrated that Mr Higgins was fully recovered from his pneumonia. Mr Higgins was pleased that he had been able to receive treatment in his home and had not taken up a bed potentially required by a very seriously ill patient.

In discussion on this item:-

- (i) in response to a query raised by the Trust Chair as to whether there existed the potential to expand the virtual ward to other services, the Medical Director advised that there was. The virtual ward concept had initially been developed in one or two services and was now being further rolled out within the Trust. There was much potential with this service, which was a relatively new concept within the NHS and it was appreciated that some patients may feel nervous about utilising it. It was an evolutionary process which would keep improving and adapting;
- (ii) the Deputy Chief Executive noted that the concept of a virtual ward had first been conceived during the Covid-19 pandemic. He noted that when patients were in hospital beds, it was easier for staff to see any deterioration in their condition and he queried how virtual wards felt from a staff member's perspective and how this risk could be managed. In response, the Specialist Pneumonia Intervention Nurses present at the meeting explained that they had extensive experience with pneumonia patients who were all seen initially by a member of the team first hand. When a patient was on a virtual ward, their readings were RAG-rated and sent to the team, who were able to video-call or telephone the patient to follow up on any readings. The team were quite secure and confident in their ability to identify if a patient was deteriorating;
- (iii) in response to a query raised by Mr Williams, Non-Executive Director, as to what happened in instances where patients had no wi-fi access, it was confirmed that wi-fi was enabled on all of the Trust i-pads used as part of the virtual wards and if further technical difficulties arose, there was a specific technical support team to call upon for help;
- (iv) the Medical Director noted that Leicester was a plural City and, as such, UHL served a very diverse population and he queried what action was being taken to address patient needs in terms of accommodating other languages for patients who did not speak English. In response, it was noted that currently no languages other than English were offered by the supplier so provision was poor in this aspect. There were two separate pathways through which patients were treated in terms of those who could utilise the tech enabled pathway and those who could not. In relation to this point, the Medical Director was requested to discuss further, outwith the meeting, with the Director of Health Equality and Inclusion and Dr R Marsh, Deputy Medical Director, the

- progression of issues associated with addressing the needs of non-English language speaking patients, particularly in terms of the advancement of virtual wards;
- (v) the Chief Information Officer asked the Specialist Pneumonia Intervention Nurses present if they had received the support required from the Trust to implement this service and what they would have done differently with the benefit of hindsight and experience – in response, it was noted that IT was a barrier for the virtual ward service, particularly in light of the dead zones for internet connectivity at the Glenfield Hospital site which frequently required work arounds. Having access to System One (the required system) on a UHL PC was also difficult, with only two out of the four PCs within the team having the required access and an additional phone line had needed to be requested within Mansion House and these issues took time to overcome. The Specialist Pneumonia Intervention Nurse Lead noted that, with the benefit of hindsight, if she was starting this service again, she would have asked for more in terms of physical resources. Whilst it had been challenge, a great team was in place and 173 patients had now utilised the virtual wards and staff had learned something new from each patient. The Trust Chair noted his hope that the technical issues outlined could be quickly resolved, and
- (vi) in response to a query raised as to whether Mr Higgins' partner had been nervous about him managing his condition at home, rather than in hospital, Mr Higgins noted that they had not been nervous and had simply been glad that Mr Higgins was able to stay at home with the support of the virtual ward and had not had to be admitted to hospital.

The Trust Chair thanked Mr Higgins, Ms Small, Ms Kemp and Ms Wilkinson for attending today's Trust Board meeting to share their story of virtual wards.

Resolved – that (A) the contents of this video presentation and additional verbal information provided be received and noted, and

(B) the Medical Director be requested to discuss further, outwith the meeting, with the Director of Health Equality and Inclusion and Dr R Marsh, Deputy Medical Director, the progression of issues associated with addressing the needs of non-English language speaking patients, particularly in terms of the advancement of virtual wards.

MD/DHEI

242/23 STANDING ITEMS

242/23/1 Chair's Report – August 2023

The Trust Chair reported verbally on the following items:-

- (1) Long Service Awards – the Trust Chair congratulated all staff who had recently received their long service awards;
- (2) AGM – the Trust's Annual General Meeting would be held on Thursday 14 September 2023 at The Peepul Centre;
- (3) Trust Performance – the Trust Chair formally noted that good progress was being made against many of the performance indicators, and
- (4) Collaboration with NGH / KGH – the Trust was currently involved in discussions with Northampton General Hospital / Kettering General Hospital in the identification of potential future areas of collaboration and further information would be submitted to the Trust Board on this matter in due course.

Resolved – that the above-referenced verbal information be noted.

242/23/2 Chief Executive's Update – August 2023

The Chief Executive presented paper D which detailed information in respect of the following items:-

1. UHL and the wider Integrated Care System, specifically key informal relationships led by the Director of Health Equality and Inclusion and the Director of Communications and Engagement and the specific projects UHL was currently involved in;
2. Segregation in Leicester and the action being undertaken by UHL to reduce ethnic and racial segregation;

3. South Asian Heritage Month;
4. A record number of nominations in the new UHL Staff Awards;
5. UHL Annual General Meeting;
6. 526 new doctors working in UHL, and
7. Industrial Action.

In presenting his report, the Chief Executive specifically highlighted the Trust's intention to deliver significant changes to patient care. He also noted that, whilst recognising the right of colleagues to strike, the periods of industrial action were now significantly impacting on the Trust's ability to reduce waiting times. There were a couple of months now until Winter and the Trust was currently behind plan.

Resolved – that the contents of paper D and the additional verbal information provided be received and noted.

242/23/3 UHL Performance Update and Integrated Performance Report (M3)

The Chief Operating Officer introduced paper E, which detailed the Integrated Performance Report (IPR) for June 2023.

In presenting paper E, the Chief Operating Officer particularly highlighted that urgent and emergency care (UEC) was in a strong position following a slight dip in performance in June 2023 as one of the hubs had needed to be closed temporarily for work to be undertaken by Estates and Facilities. Further improvement was required in respect of the 4 hour / 12 hour performance indicators, the reason for current performance in relation to which related to capacity challenges, and this was a key area of focus for the Trust. The Trust had published its UEC plan in March 2023. NHS England (NHSE) had now published their UEC plan and the Trust would now review and respond to that, however was in a good position to do so as it was already undertaking the key actions identified in terms of expanded discharge lounges, virtual wards etc. Whilst achievement of the plan would still be challenging, the Trust was now in a much stronger position. The Trust continued to make progress in terms of planned care and was no longer a regional outlier, so was in a much better position than it had been a year ago. Industrial Action was having the largest impact on planned care and the Trust had sadly needed to cancel some of its patients in respect of which the Chief Operating Officer expressed his sincere apologies, highlighting that at times of industrial action, the Trust's first priority had to be to run safe pathways. Some of the Trust's most challenged areas were those most adversely impacted by the periods of industrial action. A letter had been issued nationally about expanding and protecting capacity and a formal update would be provided to the Operations and Performance Committee and Trust Board next month in this respect.

In discussion on operational performance:-

- (i) note was made that any delays experienced in relation to cancer performance were of particular concern. In response to a query raised as to the robustness of the plans to avoid any deterioration in performance and to continue to make positive progress, the Chief Operating Officer noted that there was a very clear understanding and plans in place, with those specialties with particular challenges clearly identified. Improvements were expected to be seen in the provision of emergency care, albeit this would remain challenging, with plans in place to sustain the Trust's position in terms of ambulance handovers and also with regard to 4 hour and 12 hour waits. In response to a query raised as to the proposed timescale for these improvements, the Chief Operating Officer noted that the trajectory would be submitted to the Operations and Performance Committee (OPC) in August 2023. Some of the plans were capacity based and therefore needed the available capacity in order to complete these;
- (ii) in response to an observation made that length of stay figures did not appear to be reducing, the Chief Operating Officer noted that UHL's figures were significantly better than the national average, however reducing length of stay was proving to be more challenging than in pre-covid times. The Medical Director noted that the GIRFT (Getting It Right First Time) related work was helping, with very active engagement and indicators moving in the right direction. The Chief Executive noted that whilst there were opportunities to reduce length of stay, it was likely there would be a fundamental mismatch between capacity and activity. In response to the Chief Executive's query as to whether the Trust was broadly were expected against plan, the Chief Operating

- (iii) Officer noted that the Trust was on track to deliver the majority of targets in terms of planned and emergency care. The Trust was in a stronger position in 2023 compared to 2022 and there was confidence this would also be the case in 2024, and in response to a query raised by Mr Patel, NED Chair of the People and Culture Committee, as to the well-being of the workforce due to the lack of respite from the operational challenges and the perception of their ability to deliver against plan, the Chief Operating Officer noted the move away from winter-related terminology given the challenges now faced by staff all year around and the fact that the Trust was taking all possible action to support staff well-being. The Chief Nurse noted that staffing levels in clinical areas had improved leading to a better environment for staff, with clinical leaders across the organisation now having dedicated time for specific work. She also referenced the positive feedback received in this respect and the positive impact of the improved fill rate. The Medical Director advised that morale was low in the Junior Doctor and Consultant Workforce relating to pay nationally, however he noted that there were actions that the Trust could take to help morale such as focusing on educational facilities etc and he made note of the action already undertaken by the Trust in terms of standardising rates and ensuring reliable payment for completing bank shifts etc. The Chief People Officer noted that the Trust was in a much better position than previously in terms of its workforce. There were still some issues requiring resolution and these continued to be progressed. Work had been undertaken in respect of the medical workforce, as a result of which some process change had been implemented. The Chief People Officer also made reference to the programme of work planned to support staff keeping well and the review underway in relation to the wider impacts of industrial action. Further actions were planned in relation to those already introduced in terms of access to hot food etc.

Each of the Executive Director Leads were invited to provide an overview of the key aspects of paper E relating to their portfolios and the Non-Executive Director Chairs of Board Committees were invited to comment, as follows:-

- Quality - the Chief Nurse noted the strong performance generally against the quality indicators. The number of C Diff and e-coli bloodstream infections were static, although above trajectory, and Ms K Morgan, Regional IPC Lead, had been invited into the Trust to review this and would be visiting the following week. The Trust was on trajectory to improve the response times to complaints and a new role of Head of Patient Experience had been created to allow separation of the safety and complaints functions and provide dedicated focus to each area, with complaints panel reviews reinstated. The newly appointed Head of Patient Experience was due to commence in post for two days a week from 4 September 2023 and would be full time from October 2023. The Patient Experience report would be submitted to the Trust Board in September 2023. The Medical Director noted that there had been one Never Event during June 2023. Assurance had been received that all possible action had been taken and learning points addressed. Further discussion had taken place regarding perinatal mortality and the Quality Committee had expressed assurance at the work being undertaken and the further detailed work to be submitted.
- People – the Chief People Officer noted that good progress was being made in terms of recruitment, with a continuation of varying approaches to recruitment. Attendance at recruitment events was high, with over 200 people recently attending events at local libraries. The Trust was just below target in terms of appraisal and mandatory training, however this was an improving picture from that previously reported and had been impacted by annual leave and industrial action. Accelerated work was being implemented to support colleagues keeping well. In response to an observation of static appraisal rates, the Chief People Officer noted that appraisal rates had slowed down during the winter and periods of industrial action and were now recovering and she recognised their fundamental importance. In response to a request from the Chief Executive, a number of the Executive Directors explained the preparations being undertaken within their own directorates to support the Staff Survey and the Chief Executive noted that whilst the Trust had multiple priorities, it was imperative that it improved its engagement scores in order to be able to deliver everything. The Chief People Officer thanked colleagues for the work they were undertaking in preparation for the Staff Survey, highlighting the need to be responsive, both individually and collectively, to the outcome. The Deputy Chief Executive noted that the best means of promoting staff well-being was through a manageable workload;

- Finance – the Chief Financial Officer reported that the Trust was reporting a year-to-date deficit at Month 3 of £21.9m which was £7.3m adverse to plan, the reasons for which related primarily to the costs of industrial action and inflation being greater than plan assumptions. The Trust had reported a year-to-date CIP delivery including productivity and of £6m against a £4.4m CIP target. The Trust incurred capital expenditure of £9.2m in quarter 1, which was £6.4m lower than the month 3 year-to-date plan of £15.6m as a result of slippage against the plan profile for East Midlands Planned Care Hub, UEC wards, Linear Accelerator and IFRS 16. The cash position at the end of June 2023 was £81.8m representing an increase of £10.3m in the month, due to timing differences. The Chief Financial Officer noted that the forecast was being refined with additional focus and support being provided into the CIP programme and the Trust was working through the NHSE checklist to ensure the right governance and grip in the work it was undertaking. CIP was a key focus and as the vacancy position improved, agency staffing would be removed. In response to a question raised by the Trust Chair as to whether there was sufficient traction to move forward, the Chief Financial Officer noted that finance colleagues were getting significant engagement from CMG colleagues with an absolute will to move forward and good ideas to seek to progress. She noted the need also to focus on long term stability. The Chief Executive noted that the most significant risk financially was the lack of time, with all of the fundamentals not yet consistently in place and he recognised the importance of delivering the best possible position for the 2023/24 financial year. The Medical Director highlighted that Clinical Directors were very engaged in this agenda, noting the substantial CIP target and the significant work to be undertaken in a tight timeframe. The Chief Operating Officer noted the particular focus of the organisation on CIP, albeit recognising the need for balance with other important considerations. In response to a query raised by the Trust Chair as to whether agency spend was reducing, the Chief Financial Officer noted that there were some temporary spend reductions in some areas, with more work required. There was a period of induction before the agency supply could be safely removed and detailed work was being undertaken in this respect. The Chief Nurse noted that nursing colleagues were working to six clear actions and were very focused on this. In concluding discussion on this particular aspect of the month 3 performance report, the Chief Financial Officer was requested to discuss further, outwith the meeting, with the FIC NED Chair and the Audit Committee NED Chair how best to ensure that the Trust Board were fully conversant on the detail of the financial issues, potentially through the scheduling of this item at a future Trust Board Development Session.

CFO

In further discussion on the contents of paper E:-

- (i) with regard to the quality indicator, and specifically to complaints management, Mr Patel, PCC NED Chair, queried any processes to implement if patients wishing to make a complaint did not speak English or English was not their first language – in response, the Chief Nurse acknowledged the work and focus still required in this area which was the reason why issues of safety and patient experience had been separated so they could receive individual focus by the relevant teams. The PALS team were out within the Trust and were being made visible to patients and the Family and Friends Tests (FFT) were being made available in a number of different languages and would advise patients how to make a complaint if English was not their first language. The Director of Health Equality and Inclusion made reference to the work being undertaken around interpretation and translating to facilitate access to PALS and the work being undertaken with communities to build trust. Whilst acknowledging that there was a long way still to go, the Trust had commenced on a positive journey towards this goal. The Chief Executive noted that, currently, all complaint responses were written in English and he also made reference to the desire to identify a space in UHL or on the high street where patients could access assistance in this respect;
- (ii) in response to a query raised by Mr Haynes, RTC NED Chair, as to what the public were telling the Trust about its complaints process, Chief Nurse noted that the Trust's Interim Complaints Manager had undertaken an end-to-end review of the complaints process and her recommendation was that the Trust developed a process whereby patients could raise a 'concerned enquiry' and the recommendation that the Trust was more open to meetings and telephone resolution in addition to the current written responses available. The Chief Nurse noted that the rate of referral of UHL complaints onto the Ombudsman was quite low so satisfaction was being achieved to some

- extent, however further opportunities were available with a more holistic approach to be taken, and
- (iii) note was made of the broad focus being undertaken in relation to language issues/ barriers with any new signage at the Trust featuring in more than one language and a review of census data taking place to determine the most commonly used languages in LLR.

Resolved – that (A) the contents of paper E be received and noted, and the additional verbal information provided be noted, and

(B) the Chief Financial Officer be requested to discuss further, outwith the meeting, with the FIC NED Chair and the Audit Committee NED Chair how best to ensure that the Trust Board were fully conversant on the detail of the financial issues, potentially through the scheduling of this item at a future Trust Board Development Session.

CFO

243/23 DELIVER TIMELY, HIGH QUALITY, SAFE, SUSTAINABLE CARE

243/23/1 Perinatal Surveillance Scorecard

The Chief Nurse presented paper F, which detailed the latest perinatal surveillance scorecard and 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. The scorecard included five areas of focus: safety, workforce, training, experience and outcomes. The scorecard included the minimum dataset as described within the Maternity Incentive Scheme (MID) as outlined within Slide 17, in addition to local insights.

In presenting this report, the Chief Nurse particularly highlighted the slight increase in admissions to the neonatal unit and strengthening of the baby friendly team. There had been two referrals to HSIB, both in relation to concealed pregnancies and there were no initial areas of concern in relation to these two cases. Vacancy levels remained static, however the fill rate had been improved. Recommendation rate from Friends and Family Tests (FFT) was 99%, which was a very positive achievement and indicative of the fact that despite the challenges, the team were making good progress. The Medical Director made reference to the nine additional middle grade doctors appointed. The Trust Chair thanked the Chief Nurse for this very helpful report.

Resolved – that the contents of paper F be received and noted.

243/23/2 Escalation Report from the Operations and Performance Committee – 26 July 2023

Mr Williams, OPC NED Chair, presented paper G, which detailed the escalation report from the Operations and Performance Committee meeting held on 26 July 2023 and in so doing requested that the Chief Operating Officer provide a brief update regarding urgent and emergency care (UEC) and system-wide working, which he did; noting that this was in progress and there was support to create a structure for this. The UHL Plan had been signed off and there was a clear process to follow.

Resolved – that the contents of paper G be received and noted.

243/23/3 Escalation Report from the Quality Committee – 27 July 2023

In the absence of Ms V Bailey, Quality Committee NED Chair, Dr Haynes, Non-Executive Director, presented paper H on her behalf, which detailed the escalation report from the Quality Committee meeting held on 27 July 2023. He particularly highlighted discussions the Quality Committee had had with regard to MBRRACE, the ICB C.Diff rate and category 4 pressure ulcers and the assurance offered to the Committee in these areas of focus.

Resolved – that the contents of paper H be received and noted.

244/23 LOOKING AFTER OUR PEOPLE, DEVELOPING WORKFORCE CAPACITY AND CAPABILITY AND A COMPASSIONATE AND INCLUSIVE CULTURE

244/23/1 Escalation Report from the People and Culture Committee – 27 July 2023

Mr B Patel, PPC NED Chair, presented the escalation report from the People and Culture Committee meeting held on 27 July 2023 (paper I refers) noting that the quarterly Junior Doctor Guardian of Safe Working report would be submitted to the public Trust Board meeting to be held on 14 September 2023. Particular work was being carried out in relation to EDI, following completion of which, a report on this matter would be submitted to the Trust Board. It was hoped to achieve as high as possible a return rate for the forthcoming Staff Survey.

Resolved – that the contents of paper I be received and noted.

245/23 SUSTAINABLE, WELL-GOVERNED FINANCES

245/23/1 Escalation Report from the Finance and Investment Committee – 28 July 2023

In the absence of Mr Harris, FIC NED Chair, Mr Williams, Non-Executive Director, presented paper J, which detailed the escalation report from the Finance and Investment Committee meeting held on 28 July 2023. In presenting this report, Mr Williams noted that this would be an opportune time for the Trust Board to have a session on capital and the Trust's capital plans in the near future. In relation to the Trust's revenue position, Mr Williams noted that the Trust was facing increased demands beyond those of its starting point and he referenced the five workstreams developed in relation to this. The Chief Financial Officer noted that scoping work was being undertaken and progress was being made.

Resolved – that (A) the contents of paper J be received and noted, and

(B) the Chief Financial Officer and the Director of Corporate and Legal Affairs be requested to schedule and focus on capital and capital planning at a future Trust Board Development Session, as per FIC's recommendation to the Trust Board.

**CFO/
DCLA**

246/23 RESEARCH, EDUCATION AND IMPROVEMENT AT THE HEART

246/23/1 Research and Innovation Quarterly Report and Presentation

Professor N Brunskill, Director of Research and Innovation, attended to present paper K, which detailed the latest quarterly report in respect of the delivery and performance of Research and Innovation at UHL, which included the progression of important research, engagement activities and other newsworthy items.

In presenting this report, Professor Brunskill particularly highlighted recruitment into CRN portfolio studies which was now increasing and was projected to exceed 2022/23 as a consequence of detailed performance analysis of study performance across specialties at UHL, targeted identification of potentially high recruiting studies and additional targeted support to studies with potential to recruit high numbers of patients. Professor Brunskill also highlighted the excellent feedback received from the NIHR on the final NIHR CRF annual report which was attached as appendix 1 to paper K. The ENT service (Ear, Nose and Throat) had been identified for support to enable growth and development of their research portfolio and Mr Olaley, Consultant ENT Surgeon was due to attend today's meeting to discuss his research and plans for growth in ENT research at UHL. R & I had also received a significant amount of capital and capability funding (section 4 of the report referred). Also highlighted was the information in section 5 of the report which concerned R & I communications and engagement.

In discussion on this item:-

- (i) the Trust Chair congratulated the Director of R & I on the fact that all indicators in this report were RAG-rated 'green', noting that this was particularly impressive. The Trust Chair made reference to the current identification of areas on which UHL could collaborate with the Northampton Trusts and he queried whether this was a potential area for collaboration, in response to which Professor Brunskill confirmed that it definitely would be;
- (ii) Professor T Robinson, Non-Executive Director, congratulated Professor Brunskill on the successes referenced within the report and queried why the number of new and commercial studies approved seemed to have decreased, in response to which Professor Brunskill advised that this was likely the result of the data representing part of the year only;

- (iii) in response to the Chief Nurse's query as to whether there was further support which the Trust Board could offer to Professor Brunskill, Professor Brunskill noted that the Board were very supportive of Research and Innovation and this support was very much valued, and
- (iv) the Trust Chair noted that the three areas of focus for UHL were: (1) treating patients (2) research and (3) teaching and training and commented that there was less visibility of the teaching and training aspect at the Trust Board compared to the others and he queried the view of Professor Robinson, Non-Executive Director, in relation to this. Professor Robinson, whilst noting that his wife was previously Director of Medical Education, agreed that it would be valuable to receive such information at the Trust Board and would send the right message to educators that the Trust Board valued them and their careers. The Medical Director noted that the Trust Board had previously received a quarterly report regarding medical education, albeit considered that a report covering education on a multi-professional basis would be more valuable in the future should such a report be reinstated. Following agreement that a quarterly report should be submitted to the Trust Board focused on education and training across the disciplines, the Chief People Officer was requested to continue to progress plans to strengthen the report submitted to the People and Culture Committee (PCC) and submit this report thereafter to the Trust Board on a quarterly basis.

CPO

Dr Olaleye, Consultant ENT Surgeon, joined the meeting virtually to speak to the Trust Board about head, neck and cancer research and shared presentation slides on the screen. In his presentation, Dr Olaleye informed the Trust Board of an increase in the incidence of head and neck cancers and HPV causing cancer of the head and neck in young men and of the need therefore to identify less toxic treatments for this cohort of patients. In the Head and Neck Cancer Institute there were a large number of studies aimed around better surveillance, early treatment and a particular focus was also on reducing health inequalities. Dr Olaleye also provided the Trust Board with some specific examples of Head and Neck clinical trials and of the focus on reducing health inequalities amongst ethnic minority patients who tended to have worse outcomes and of the exploration being undertaken into why such patients struggled to access the service and typically presented later and how improvements could be made to overcome this. He also referenced the research work being undertaken on cancer particles to determine if they could detect early cancer recurrence through a blood test, noting that ultimately a clinical trial would be run at UHL in the future.

The Trust Board thanked Dr Olaleye for his fascinating presentation, and discussion took place regarding the following:-

- (i) in response to a question raised by the Deputy Chief Executive as to how long the trials would run for and how quickly they could be translated into clinical practice, Dr Olaleye responded that most of these were national trials which were of a five year duration, the results of which would be reviewed robustly on both a national and local basis. Trials would cease should any concerns be identified and would publish both interim and end of trial results at appropriate time intervals;
- (ii) in response to a question raised by Professor Robinson regarding the current level of engagement with the University of Leicester, Dr Olaleye advised of full engagement with the Leicester Cancer Research Centre and of the desire to build ENT as an emerging theme of research. Dr Olaleye noted that he would be keen to look at the Space Park, noting that the more technologies they could gain access to, the better it would be and particularly if toxicity could be reduced, and
- (iii) Professor Brunskill noted that this provided a perfect example of how the University and NHS infrastructure could support the career of NHS Consultants.

The Trust Chair thanked Professor Brunskill and Dr Olaleye for presenting to the Trust Board at today's meeting.

Resolved – that (A) the contents of paper K, and the presentation provided by Dr Olaleye, be received and noted, and

(B) the Chief People Officer be requested to continue to progress plans to strengthen the report submitted to the People and Culture Committee (PCC) and submit this report thereafter to the Trust Board on a quarterly basis.

CPO

247/23 CORPORATE GOVERNANCE / REGULATORY COMPLIANCE

247/23/1 Infection Prevention BAF

The Chief Nurse presented paper L, the purpose of which was to ensure that the Trust Board was sighted to the revised Board Assurance Framework excel workbook document. This document had been implemented during the covid pandemic and had now been broadened to include all infections; with 150 key lines of enquiry. The Trust Board was specifically requested to: receive and note the latest report detailing the Trust's compliance with the IP BAF excel workbook, be assured that this was being implemented and monitoring had commenced within the Trust, to note that the BAF would be incorporated into the overarching Quarterly UHL Infection Prevention (IP) Framework for future reporting and this would be submitted quarterly to the Quality Committee, to note the areas where the Trust was currently non-compliant and the plans to address these, to be assured that an external audit had been commissioned to validate UHL's self-assessment and to be advised that the Trust had an NHSE peer review of infection prevention scheduled in August 2023.

Resolved – that the contents of paper L be received and noted.

247/23/2 Trust Sealings – Quarterly Report

The Trust Board received and noted the contents of paper M, which ensured that the Trust Board was sighted to those Deeds that the Trust has entered into during the period covered by this report (quarter 1: April to June 2023).

Resolved – that the contents of paper M be received and noted.

248/23 ANY OTHER BUSINESS

Resolved – that there were no further items of business.

249/23 QUESTIONS FROM THE PRESS AND PUBLIC

Whilst there had been no specific questions submitted in relation to business on today's agenda, a number of comments had been received in response to which the Director of Corporate and Legal Affairs noted the following:-

- an apology for the reported poor sound quality in the livestream of today's meeting, noting that one speaker had been found not to be working. Work was underway currently to review how the Trust could improve the sound quality of the Trust Board livestreams. She also noted the intention to hold some of the monthly Trust Board meetings in community venues from the 2024 calendar year onwards and that the Trust Board would very much welcome in person attendance at these meetings by members of the public.
- The Annual Patient Experience Report would be scheduled on the agenda for the 14 September 2023 public Trust Board meeting, and
- The thanks expressed by observers in respect of the Patient Story, which had been helpful to hear about.

Resolved – that this verbal information be noted.

250/23 REPORTS AND MINUTES PUBLISHED AND UHL'S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS):

Resolved – that it be noted that the following Minutes of meetings had been published on UHL's external website alongside the Trust Board papers:-

- **Quality Committee Minutes of 29 June 2023**
- **Operations and Performance Committee Minutes of 28 June 2023**
- **Finance and Investment Committee Minutes of 30 June 2023**
- **People and Culture Committee Minutes of 25 May 2023**

251/23 REPORTS DEFERRED TO A FUTURE MEETING

Resolved – that the following item be deferred to a future Trust Board agenda:-

- Junior Doctor Guardian of Safe Working – deferred to September 2023 due to the availability of the Junior Doctor Guardians of Safe Working
- Freedom to Speak Up – deferred to October 2023

252/23 DATE AND TIME OF NEXT MEETING

Resolved – that the next public Trust Board meeting be held on Thursday 14 September 2023 at 1.30pm in the Peepul Centre, Orchardson Avenue, Leicester, LE4 6DP

The meeting closed at 3.39pm.

Gill Belton - Corporate and Committee Services Officer

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

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
J MacDonald	5	4	80	J Melbourne	5	4	80
V Bailey	5	4	80	R Mitchell	5	5	100
A Furlong	5	3	60	B Patel	5	5	100
S Harris	5	3	60	T Robinson	5	3	60
A Haynes	5	4	80	G Sharma (until 30.4.23)	1	0	0
J Hogg	5	5	100	M Williams	5	5	100
L Hooper	5	5	100				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	5	5	100	H Kotecha	5	3	60
S Barton	5	4	80	M Simpson	5	5	100
A Carruthers	5	3	60	M Smith	5	5	100
B Cassidy	5	5	100	C Teeney	5	4	80
G Collins-Punter	5	0	0	J Worrall	5	3	60