

Meeting title:	Trust Board – Public	Public Trust Board paper N			
Date of the meeting:	08 June 2023				
Title:	Board Committee Annual Reports				
Report presented by:	Committee Chairs and Becky Cassidy, Director of Corporate and Legal Affairs				
Report written by:	Becky Cassidy, Director of Corporate and Legal Affairs				
Action – this paper is for:	Decision/Approval	x	Assurance		Update
Where this report has been discussed previously					

Acronyms used:

Purpose of the Reports

The reports provide the Trust Board with the assurance that the sub committees have acted within their terms of reference and delegated authority to carry out their duties.

Recommendation

The Trust Board is asked

- Review and approve each of the Board Committee 2022/23 Annual Reports

Summary

In line with good governance each Board Committee has completed an annual report for the period 2022/23. The reports provide assurance to the Trust Board that the committee has functioned within its terms of reference and carried out the duties placed upon them.

Each report has been received, discussed, and supported at each committee.

Supporting documentation

Appendix 1 – Finance and Investment Committee

Appendix 2 – Operational Performance Committee

Appendix 3 – Quality Committee

Appendix 4 – People and Culture Committee

Appendix 1

Meeting title:	Finance and Investment Committee (FIC)
Date of the meeting:	26 May 2023
Title:	Finance and Investment Committee Annual Report 2022-23
Report presented by:	Steve Harris – Non-Executive Director and Finance and Investment Committee Chair
Report written by:	Kate Rayns – Corporate and Committee Services Project Support

Action – this paper is for:	Decision/Approval	x	Assurance	x	Update	
Where this report has been discussed previously	None					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
This report aligns with the requirements of the Head of Internal Audit Opinion and provides assurance that effective controls are in place to ensure that the Finance and Investment Committee is undertaking its duties and that the Committee is in compliance with its Trust Board approved terms of reference.

Impact assessment
There is no expected impact upon patients or staff.

Acronyms used: EPR – Electronic Patient Record FIC – Finance and Investment Committee IT/IM&T – Information Technology/Information Management and Technology KPIs – Key Performance Indicators RSP – Recovery Support Programme (NHS England/Improvement)

Purpose of the Report

The information contained within the report will provide FIC itself and the Trust Board with assurance that FIC meetings have covered all essential areas within its remit which are also aligned with best practice and its terms of reference. The report covers the period 1 April 2022 to 31 March 2023.

Recommendation

The Finance and Investment Committee is invited to endorse the report prior to submission to the Trust Board in June 2023 (public session).

Key Issues, Options and Risks

1. Introduction

The Finance and Investment Committee’s terms of reference require that the Committee produce a report on an annual basis, providing an overview of its effectiveness in undertaking its duties and its compliance with its Trust Board-approved terms of reference.

In preparing this Annual Report, it has been recognised that the Finance and Investment Committee was not operating under normal times during the last 18 to 24 months, due to the strong focus on the arrangements for strengthening the finance function which was one of the Statutory Recommendations arising from the external

audit of the 2018-19 Annual Accounts. Therefore, a significant amount of the Committee's time has been dedicated to ensuring that the required changes were implemented and embedded within the agreed timeframe.

2. Meeting Attendance

During the period of this report, the Finance and Investment Committee met on 15 occasions. The Committee membership consists of 3 Non-Executive Directors, 2 Associate Non-Executive Directors, the Chief Financial Officer, the Chief Information Officer, the Director of Estates and Facilities, the Deputy Chief Executive, the Chief Operating Officer and the Medical Director. Members are required to attend a minimum of 75% of meetings on a rolling 12 month basis. Attendance throughout the period was as follows:-

Voting Members	Role	Possible	Actual	% attendance
S Harris	Non-Executive Director (Chair)	15	14	93
S Barton	Deputy Chief Executive	10	10	100
A Carruthers*	Chief Information Officer	5	5	100
G Collins-Punter*	Associate Non-Executive Director	5	4	80
A Furlong	Medical Director	14	10	71
L Hooper	Chief Financial Officer	15	14	93
J Melbourne	Chief Operating Officer	14	13	93
B Patel	Non-Executive Director	15	14	93
M Simpson*	Director of Estates and Facilities	5	4	80
M Williams	Non-Executive Director	15	14	93
J Worrall*	Associate Non-Executive Director	5	5	100

*denotes those FIC members who previously attended in a non-voting capacity prior to the membership changes in November 2022:-

In attendance	Role	Possible	Actual	% attendance
A Carruthers*	Chief Information Officer	6	6	100
G Collins-Punter*	Associate Non-Executive Director	6	4	67
M Simpson*	Director of Estates and Facilities	6	4	67
J Worrall*	Associate Non-Executive Director	10	10	100

There was also strong attendance from the following attendees who had standing invitations to attend FIC meetings: Chief Executive, Trust Chair, Other Non-Executive Directors, representatives of Internal and External Audit, Director of Corporate and Legal Affairs, Deputy Director of Finance, Director of Strategic Finance, Head of Procurement, Head of Risk and Assurance, and Director of Quality, Transformation, Efficiency and Improvement (for part of 2022-23 only).

All of the meetings held were quorate. The FIC quorum is 4 members (to include 2 Non-Executive Directors and 2 Executive Directors) and quoracy is confirmed at the start of each meeting. FIC provides a written escalation report of its meetings to the Trust Board, aligning the discussions to the BAF risks within FIC's remit and highlighting information needing to be flagged to the Trust Board.

3. Effectiveness of the Finance and Investment Committee in delivering its Core Functions

This section provides an overview of the core areas where the Committee is expected to operate its statutory function and provides assurances that the Finance and Investment Committee has fulfilled its duties. ***The position listed below reflects the new terms of reference effective from December 2022.***

The purpose of the Committee is to seek and receive assurance on the stewardship of the Trust's finances and investments; including planning, financial performance, capital expenditure, and the delivery of the financial plan and annual capital programme. The Committee is also responsible for holding to account the delivery of the Estates and Facilities Strategy, and the IM&T Strategy.

General Composition and establishment		Yes	No
1	Does the Finance and Investment Committee have written terms of reference and have they been approved by the Trust Board?	✓	
2	Are the terms of reference reviewed annually?	✓	
3	Has the committee formally considered how it integrates with other committees that are reviewing risk?		✓
4	Are the outcomes of each meeting and any formal recommendations reported to the next Trust Board meeting?	✓	
5	Does the committee prepare an annual report on its work and performance for the Trust Board?	✓	
6	Has the committee established a work programme for the year?	✓	
7	Are committee papers distributed in sufficient time for members to give them due consideration?	✓	

The Finance and Investment Committee terms of reference were last reviewed by FIC in November 2022 and subsequently approved by the Trust Board in December 2022. A plan is now in place to review these annually going forwards. The Committee has not been completing an annual report in recent years (partly due to the Covid-19 pandemic and partly due to the enhanced focus on strengthening the finance function). However, this annual reporting process has now been re-established.

The Board Assurance Framework risks that are within FIC's remit are considered at each meeting.

Subject to availability, the agenda and papers are usually circulated 3 days prior to each meeting via the TeamEngine electronic Board portal. In the event of exceptional circumstances, the Committee Chair would be requested to agree to a report relating to an additional agenda item being circulated at short notice.

Specific Duties of the Committee:		Yes	No
1	Financial Planning and Performance		
1.1	Does the Committee review and monitor the following issues, receiving assurance on progress against plan and (where it is off plan) the controls and mitigations in place to manage any risk? <ul style="list-style-type: none"> • Annual financial plan • Medium term financial plan and underlying financial position • Capital annual and longer-term plan • Cost Improvement Programme • Performance against KPIs of the Trust's subsidiary 	✓	
1.2	Does the Committee receive and scrutinise the Trust's financial forecasting?	✓	
1.3	Does the Committee review and support all business cases valued over £1m, ensuring the outcomes and benefits are clearly defined in order to enable a recommendation to the Trust Board for approval?	✓	
1.4	Does the Committee receive updates on ICS wide finances, risks and opportunities?	✓	

2	Financial Recovery and Improvement		
2.1	Does the Committee receive monthly updates on the progress to delivering the RSP roadmap to sustainable financial improvement and escalations if there is a risk the plan is off-track to be delivered	✓	
2.2	Does the Committee receive assurance that improvements continue to strengthen the culture within financial services across the organisation via quarterly reporting against the agreed KPIs?	✓	
3	Contracting and Procurement		
3.1	Does the Committee receive a monthly update and assurance report from the Procurement Contract Committee (including recommended contract awards)?	✓	
4	IT and Digital		
4.1	Does the Committee monitor progress against the delivery of the Trust's IM&T Strategy?	✓	
4.2	Does the Committee receive regular updates providing assurance on the delivery of the EPR programme via the eHospital Board, noting any items which might be off-track and the controls in place to manage any risk to delivery?	✓	
5	Estates and Facilities		
5.1	Does the Committee monitor progress against the delivery of the Trust's Estates and Facilities Strategy?	✓	
6	Core Responsibilities and Sub-Group reporting		
6.1	Does the Committee review and support the Trust's core strategies associated within the Committee's remit?	✓	
6.2	Does the Committee monitor, review and assess the level of assurance received on the finance risks and infrastructure related risks, controls and governance processes identified in the Board Assurance Framework delegated to the committee by the Board, providing reports to the Trust Board and/or Audit Committee when requested?	✓	
6.3	Has the Committee reviewed the reporting subcommittee structure to ensure both efficiency and effectiveness of reporting, including any addition of new sub groups or working groups as required?		✓
6.4	Does the Committee escalate any issues of concern requiring Board attention?	✓	

3.3 The Finance and Investment Committee has been confirmed as compliant in respect of 13 out of the 14 core functions set out above (approximately 93% compliant).

4. Operation of the Committee

FIC is invited to consider whether for future annual reports, it would also like to review the mechanics of how it operates as a Committee. Some of the issues to be considered might include questions on whether:-

- a) Committee members feel able to contribute meaningfully to the issues discussed and express challenge;
- b) the committee is aware of the key sources of assurance and who provides them;
- c) the committee has the right balance of experience, knowledge and skills to fulfil its role;
- d) the FIC agenda is structured to reflect key risks and duties;
- e) the relevant Executive Director attends meetings to enable it to understand the reports and information it receives;
- f) decisions and actions are implemented in line with the timescale set down;

- g) the quality of committee papers received allows committee members to perform their roles effectively;
- h) each agenda item is 'closed off' appropriately so that the committee is clear on the conclusion; who is doing what, when and how, and how it is being monitored;
- i) at the end of each meeting the committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc;
- j) the committee chair provides clear and concise information to the Trust Board on committee activities and gaps in control;
- k) the committee is clear about its role in relationship to other UHL committees that play a role in relation to clinical governance, quality and risk management, and
- l) committee meetings are chaired effectively and the committee chair has a positive impact on the performance of the committee.

5. Conclusion and Recommendations

FIC is requested to consider the following recommendations and approve this report for onward submission to the Trust Board in June 2023:-

- 5.1 a regular annual programme to review the effectiveness of FIC be established, and the 2022/23 assessment of Committee effectiveness be used as a baseline to inform the 2023/24 review;
- 5.2 FIC be invited to agree the future arrangements for annual reporting and consider including indicators on the mechanics of how FIC operates for 2023-24;
- 5.3 the FIC work programme to be updated to confirm that the Committee's Annual Review will be reported to FIC in April of each year;
- 5.4 FIC review the reporting subcommittee structure to ensure both efficiency and effectiveness of reporting, including any addition of new sub groups or working groups as required, and
- 5.5 consideration be given to undertaking a review of how FIC integrates with other committees which are reviewing risk.

Appendix 2

Meeting title:	Operations and Performance Committee (OPC)
Date of the meeting:	24 May 2023
Title:	Operations and Performance Committee Annual Report 2022-23
Report presented by:	Mike Williams – Non-Executive Director and Operations and Performance Committee Chair
Report written by:	Kate Rayns – Corporate and Committee Services Project Support

Action – this paper is for:	Decision/Approval	x	Assurance	x	Update	
Where this report has been discussed previously	None					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
This report aligns with the requirements of the Head of Internal Audit Opinion and provides assurance that effective controls are in place to ensure that the Operations and Performance Committee is undertaking its duties and that the Committee is in compliance with its Trust Board approved terms of reference.

Impact assessment
There is no expected impact upon patients or staff.

Acronyms used:
OPC – Operations and Performance Committee

Purpose of the Report

The information contained within the report will provide OPC itself and the Trust Board with assurance that OPC meetings have covered all essential areas within its remit which are also aligned with best practice and its terms of reference. The report covers the period 1 April 2022 to 31 March 2023.

Recommendation

The Operations and Performance Committee is invited to endorse the report prior to submission to the Trust Board in June 2023 (public session).

Key Issues, Options and Risks

1. Introduction

The Operations and Performance Committee's terms of reference require that the Committee produce a report on an annual basis, providing an overview of its effectiveness in undertaking its duties and its compliance with its Trust Board approved terms of reference.

In preparing this Annual Report, it has been recognised that the Operations and Performance Committee was not operating under normal times since its inception in January 2022, due to the strong focus on the arrangements for mitigating the impact of the operational challenges associated with the post Covid-19 elective recovery programme and the ever increasing level of clinical demand. Therefore, a significant amount of the Committee's

time has been dedicated to ensuring that the required changes were implemented and embedded within the agreed timeframe.

2. Meeting Attendance

During the period of this report, the Operations and Performance Committee met on 10 occasions. The Committee membership consists of four Non-Executive Directors, Chief Executive, Chief Operating Officer, Medical Director or Chief Nurse, Director of Planned Care, LLR and Trust Board Chair.

Voting Members	Role	Possible	Actual	% attendance
M Williams	NED	10	10	100
A Haynes	NED	10	7	70
B Patel	NED	10	10	100
Vacancy	NED			
Non Voting Members	Role	Possible	Actual	% attendance
R Mitchell	Chief Executive	10	7	70
J Melbourne	Chief Operating Officer	10	9	90
A Furlong/J Hogg	Medical Director/Chief Nurse	10	7	70
H Hendley	Director of Planned Care LLR	10	9	90
J MacDonald	Trust Board Chair	10	6	60
Attendees	Role	Possible	Actual	% attendance
G Collins-Punter	Associate NED	10	6	60
J Worrall	Associate NED	10	10	100

All of the meetings held were quorate. The quorum shall be 2 Non-Executive Directors and quoracy is now confirmed at the start of each meeting.

3. Effectiveness of the Operations and Performance Committee in delivering its Core Functions

This section provides an overview of the core areas where the Committee is expected to operate its function and provides assurances that the Operations and Performance Committee has fulfilled its duties. ***The position listed below reflects the terms of reference effective from December 2021.***

The purpose of the Committee is to enhance Trust Board oversight and assurance around all matters relating to our short term operational performance and two-year transformation programme.

General Composition and establishment		Yes	No
1	Does the Operations and Performance Committee have written terms of reference and have they been approved by the Board?	✓	
2	Are the terms of reference reviewed annually?*		✓
<i>The Committee was established as a 12 month period. The Terms of Reference were most recently reviewed in April 2023 and it was established as a standing committee.</i>			
3	Has the committee formally considered how it integrates with other committees that are reviewing risk?		✓
4	Are the outcomes of each meeting and any formal recommendations reported to the next Board meeting?	✓	
5	Does the committee prepare an annual report on its work and performance for the Board?	✓	

6	Has the committee established a work programme for the year?	✓	
7	Are committee papers distributed in sufficient time for members to give them due consideration?	✓	

The Operations and Performance Committee terms of reference were last reviewed by OPC in April 2023 and subsequently approved by the Trust Board in May 2023. A plan is now in place to review these annually together with an review of effectiveness and annual report to the Trust Board.

The Board Assurance Framework risks that are within the Committee's remit are considered at each meeting.

Subject to availability, the agenda and papers are usually circulated 3 days prior to each meeting via the electronic Board portal. In the event of exceptional circumstances, the Committee Chair would be requested to agree to a report relating to an additional agenda item being circulated at short notice.

Specific Duties of the Committee:		Yes	No
1.	Oversee Trust performance around Emergency Care, including ambulance handovers, to seek assurance that: the risks to delivery are known; robust action plans are in place to address these issues (with a focus on both short-term recovery and longer term improvement); and that the implementation of these plans are having the right impact and are resulting in intended outcomes.	✓	
2.	Oversee Trust performance around Elective care, with a particular emphasis initially around 104-week waits, recovery of activity to 19/20 levels, 62 day cancer performance, including backlog and improving access to timely diagnostics. The Committee will seek assurance that: <ul style="list-style-type: none"> ○ key underlying issues and risks in these areas are known and evidence based. ○ clear actions, impact and owners are in place and supported to deliver agreed improvement trajectories. ○ elective transformation programmes are aligned with national, system and service priorities and are set to deliver tangible gains within 1 year and longer term. 	✓	
3.	Oversee any other significant operational and performance issues which may arise, including but not limited to, cardiac care. <ul style="list-style-type: none"> ● Promote a positive focus on working with system partners to address any operational or performance issues in the short term, and to support working across the Leicester, Leicestershire and Rutland Integrated Care System in respect of longer term transformational aims. ● Seek assurance that supporting governance and performance management structures within the organisation are robust, effective and embedded within the Trust, and that where gaps are identified action plans are in place and are being implemented to address these concerns. 	✓	
4.	Regularly review the Corporate Risk Register and Board Assurance Framework to ensure that risks pursuant to the Committee's duties are appropriately captured and monitored.	✓	
5.	To alert the Board and inform the Audit Committee where assurance cannot be given or further work or consideration at Board level is recommended.	✓	

6.	Ensure that appropriate, timely and accurate information is being captured and utilised in order for the Committee to fulfil its duties effectively.	✓	
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3.3 The Operations and Performance Committee has been confirmed as compliant in respect of 6 out of the 6 core functions set out above (100 % compliant).

4. Operation of the Committee

OPC is invited to consider whether for future annual reports, it would also like to review the mechanics of how it operates as a Committee. Some of the issues to be considered might include questions on whether:-

- a) Committee members feel able to contribute meaningfully to the issues discussed and express challenge;
- b) the committee is aware of the key sources of assurance and who provides them;
- c) the committee has the right balance of experience, knowledge and skills to fulfil its role;
- d) the OPC agenda is structured to reflect key risks and duties;
- e) the relevant executive director attends meetings to enable it to understand the reports and information it receives;
- f) decisions and actions are implemented in line with the timescale set down;
- g) the quality of committee papers received allows committee members to perform their roles effectively;
- h) each agenda item is 'closed off' appropriately so that the committee is clear on the conclusion; who is doing what, when and how, and how it is being monitored;
- i) at the end of each meeting the committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc;
- j) the committee provides a written escalation report of its meetings to the Board. The committee chair provides clear and concise information to the Board on committee activities and gaps in control;
- k) the committee is clear about its role in relationship to other committees that play a role in relation to clinical governance, quality and risk management, and
- l) committee meetings are chaired effectively and the committee chair has a positive impact on the performance of the committee.

5. Conclusion and Recommendations

The Operations and Performance Committee is requested to consider the following recommendations and approve this report for onward submission to the Trust Board in June 2023:-

- 5.1 A regular programme of Operations and Performance Committee reviews be established and the 2022/23 assessment of Committee Effectiveness be used as a baseline to inform the 2023/24 review;
- 5.2 The Operations and Performance Committee be invited to agree the future arrangements for annual reporting and consider a focus on how OPC operates for 2023-24;
- 5.3 The Operations and Performance Committee Work Programme to be updated to confirm that the Committee's Annual Review will be reported to the Committee in April of each year.
- 5.4 if applicable, the Operations and Performance Committee review the reporting subcommittee structure to ensure both efficiency and effectiveness of reporting, including any addition of new sub groups or working groups as required, and

- 5.5 Consideration be given to undertaking a review of how the Operations and Performance Committee integrates with other committees which are reviewing risk.

Kate Rayns
Corporate and Committee Services Project Support

Appendix 3

Meeting title:	UHL Quality Committee (QC)
Date of the meeting:	25 May 2023
Title:	Quality Committee Annual Report 2022-23
Report presented by:	Vicky Bailey – Non-Executive Director and Quality Committee Chair
Report written by:	Kate Rayns – Corporate and Committee Services Project Support

Action – this paper is for:	Decision/Approval	x	Assurance	x	Update	
Where this report has been discussed previously	None					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
This report aligns with the requirements of the Head of Internal Audit Opinion and provides assurance that effective controls are in place to ensure that the Quality Committee is undertaking its duties and that the Committee is in compliance with its Trust Board approved terms of reference.

Impact assessment
There is no expected impact upon patients or staff.

Acronyms used: QC – Quality Committee

Purpose of the Report

The information contained within the report will provide QC itself and the Trust Board with assurance that QC meetings have covered all essential areas within its remit which are also aligned with best practice and its terms of reference. The report covers the period 1 April 2022 to 31 March 2023.

Recommendation

The Quality Committee is invited to endorse the report prior to submission to the Trust Board in June 2023 (public session).

Key Issues, Options and Risks

1. Introduction

The Quality Committee’s terms of reference require that the Committee produce a report on an annual basis, providing an overview of its effectiveness in undertaking its duties and its compliance with its Trust Board approved terms of reference.

2. Meeting Attendance

During the period of this report, the Quality Committee met on 11 occasions. The Committee membership consists of 3 Non-Executive Directors, 2 Associate Non-Executive Directors, the Chief Nurse, the Medical Director, the Chief Operating Officer and the Director of Health Equality and Inclusion.

Members are required to attend a minimum of 75% of meetings on a rolling 12 month basis. Attendance throughout the period was as follows:-

Voting Members	Role	Possible	Actual	% attendance
V Bailey	Non-Executive Director (Chair)	11	11	100
R Abeyratne *	Director of Health Equality and Inclusion	3	1	33
A Furlong	Medical Director	11	10	91
A Haynes	Non-Executive Director	11	10	91
J Hogg (from May 2022)	Chief Nurse	10	8	80
J Melbourne *	Chief Operating Officer	3	3	100
E Meldrum (until May 2022)	Acting Chief Nurse	1	0	0
G Sharma *	Associate Non-Executive Director	3	2	67
T Robinson	Non-Executive Director	11	6	55
J Worrall *	Associate Non-Executive Director	3	3	100

*denotes those QC members who attended in a voting capacity further to the membership changes in December 2022

There was also strong attendance from the following attendees who had standing invitations to attend QC meetings: Director of Corporate and Legal Affairs, ICB Representative, Patient Partner, Head of Risk and Assurance, and Director of Quality, Transformation, Efficiency and Improvement (for part of 2022-23 only).

All of the meetings held were quorate. The quorum is 4 members (to include 2 Non-Executive Directors and 2 Executive Directors) and this is confirmed at the start of each meeting. QC provides a written escalation report of its meetings to the Trust Board, aligning the discussions to the BAF risks within QC's remit and highlighting information needing to be flagged to the Trust Board.

3. Effectiveness of the Quality Committee in delivering its Core Functions

This section provides an overview of the core areas where the Committee is expected to operate its statutory function and provides assurances that the Quality Committee has fulfilled its duties. ***The position listed below reflects the new terms of reference effective from December 2022.***

The purpose of the Committee is to seek and receive assurance on the appropriateness and effectiveness of the Trusts overall quality governance arrangements. This committee has delegated authority from the Board to gain assurance on the robustness of quality governance across the Trust to ensure safe care to patients.

General Composition and establishment		Yes	No
1	Does the Quality Committee have written terms of reference and have they been approved by the Board?	✓	
2	Are the terms of reference reviewed annually?	✓	
3	Has the committee formally considered how it integrates with other committees that are reviewing risk?		✓
4	Are the outcomes of each meeting and any formal recommendations reported to the next Board meeting?	✓	
5	Does the committee prepare an annual report on its work and performance for the Board?	✓	
6	Has the committee established a work programme for the year?	✓	

7	Are committee papers distributed in sufficient time for members to give them due consideration?	✓	
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The Quality Committee terms of reference were last reviewed by QC in November 2022 and subsequently approved by the Trust Board in December 2022. A plan is now in place to review these annually going forwards. The Committee has not been completing an annual report in recent years (partly due to the Covid-19 pandemic), however, this annual reporting process has now been re-established.

The Board Assurance Framework risks that are within the Committee's remit are considered at each meeting.

Subject to availability, the agenda and papers are usually circulated 3 days prior to each meeting via the TeamEngine electronic Board portal. In the event of exceptional circumstances, the Committee Chair would be requested to agree to a report relating to an additional agenda item being circulated at short notice.

Specific Duties of the Committee:		Yes	No
1	Quality and Effectiveness		
1.1	Does the Committee agree the Trust Quality Priorities and receive assurance for the performance against those priorities agreed?	✓	
1.2	Does the Committee receive CQC updates in a timely manner and monitor ongoing compliance with CQC fundamental standards and oversight of the implementation of agreed action plans?	✓	
1.3	Does the Committee monitor the Trust's compliance with CQC registration requirements and where there are changes?	✓	
1.4	Does the Committee receive assurance the Trust has appropriate staffing establishments which are reviewed in a timely manner via the Nursing, Midwifery and AHP committee?	✓	
1.5	Does the Committee receive, review and approve the Annual Quality Report prior to formal approval at the Board?	✓	
1.6	Does the Committee monitor the impact on the Trust's quality of care of cost improvement programmes?	✓	
1.7	Does the Committee receive assurance that the Trust's approach to Quality Improvement is robust and embedded across the organisation. Does the Committee receive updates on the outcomes of Quality Improvement initiatives?	✓	
1.8	Does the Committee receive quarterly updates on Quality Transformation?	✓	
1.9	Does the Committee receive and approve the clinical audit plan, receive assurance on the progress against the plan and approve the annual report?	✓	
1.10	Does the Committee receive quarterly assurance reports from the Patient Involvement and Patient Experience Committee?	✓	
1.11	Does the Committee receive all limited assurance internal audit reports pertinent to the remit of this committee seeking assurance on the actions being taken to address the risks identified?	✓	
1.12	Does the Committee escalate appropriate concerns to the System Clinical Quality Executive Group?	✓	
2	Safety		

	Does the Committee gain assurance via quarterly reports on patient safety, particularly focussing on:-		
2.1	Harms as a result of Cancer performance	✓	
2.2	Mortality and Learning from Deaths	✓	
2.3	Maternity safety and CNST	✓	
2.4	Learning from Claims and Inquests		✓
2.5	Complaints and Serious Incidents	✓	
2.6	Deteriorating patient, Resuscitation and End of Life and Palliative Care	✓	
2.7	Falls	✓	
2.8	Pressure Ulcers	✓	
2.9	Safeguarding	✓	
2.10	IPC	✓	
2.11	Receive themes, trends and learning from serious incidents across the Trust, including application of the Duty of Candour	✓	
2.12	Receive assurance on the Trust's oversight of appropriate medicines management, prescribing, administration and safety and medication errors	✓	
2.13	Oversee the implementation of the mental health strategy		✓
2.14	Receive the IPC Board Assurance Framework before being presented to the Board	✓	
3	Core Responsibilities and Sub-Group reporting		
3.1	Does the Committee review and support the Trust's core strategies associated within the committee's remit?	✓	
3.2	Does the Committee monitor, review and assess the level of assurance received on the quality risks, controls and governance processes identified in the Board Assurance Framework delegated to the committee by the Board, providing reports to the Board of Directors and/or Audit Committee when requested?	✓	
3.3	Has the Committee reviewed the reporting subcommittee structure to ensure both efficiency and effectiveness of reporting, including any addition of new sub groups or working groups as required? <i>* NB: a significant review of quality substructures is underway by the Chief Nurse and Medical Director linked to the BAF and quality governance, and will be reported to QC during 2023/24. This work has already been reported to the Risk Committee</i>		✓*
3.4	Does the Committee escalate issues of concern requiring Board attention?	✓	
3.5	Does the Committee develop and maintain an annual work programme to reflect and enable assurance in relation to the above duties?	✓	
3.6	Does the Committee Annually review the committee terms of reference to ensure they remain fit for purpose and align with annual work programme?	✓	
3.7	Does the Committee produce an annual report incorporating its effectiveness to adhere to the duties placed upon it?	✓	
3.8	Does the Committee receive and approve a biannual report re: organ donation?	✓	
3.9	Does the Committee receive and approve annual reports from:?		
	➤ Complaints	✓	

	➤ Safeguarding and Learning Disability	✓	
	➤ Infection Prevention Control	✓	
	➤ Serious incidents	✓	
	➤ Patient involvement and experience	✓	
	➤ Clinical audit	✓	
	➤ Dementia		✓

3.3 The Quality Committee has been confirmed as compliant in respect of 31 out of the 35 core functions set out above (approximately 88.5% compliant).

4. Operation of the Committee

QC is invited to consider whether for future annual reports, it would also like to review the mechanics of how it operates as a Committee. Some of the issues to be considered might include questions on whether:-

- a) Committee members feel able to contribute meaningfully to the issues discussed and express challenge;
- b) the committee is aware of the key sources of assurance and who provides them;
- c) the committee has the right balance of experience, knowledge and skills to fulfil its role;
- d) the QC agenda is structured to reflect key risks and duties;
- e) the relevant executive director attends meetings to enable it to understand the reports and information it receives;
- f) decisions and actions are implemented in line with the timescale set down;
- g) the quality of committee papers received allows committee members to perform their roles effectively;
- h) each agenda item is 'closed off' appropriately so that the committee is clear on the conclusion; who is doing what, when and how, and how it is being monitored;
- i) at the end of each meeting the committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc;
- j) the committee provides a written escalation report of its meetings to the Board. The committee chair provides clear and concise information to the Board on committee activities and gaps in control;
- k) the committee is clear about its role in relationship to other committees that play a role in relation to clinical governance, quality and risk management, and
- l) committee meetings are chaired effectively, and the committee chair has a positive impact on the performance of the committee.

5. Conclusion and Recommendations

The Quality Committee is requested to consider the following recommendations and approve this report for onward submission to the Trust Board in June 2023:-

- 5.1 A regular annual programme to review the effectiveness of QC be established and the 2022/23 assessment of Committee Effectiveness be used as a baseline to inform the 2023/24 review;
- 5.2 The Quality Committee be invited to agree the future arrangements for annual reporting and consider including indicators on the mechanics of how QC operates for 2023-24, and

- 5.3 The Quality Committee Work Programme to be updated to confirm that the Committee's Annual Review will be reported to the Committee in April of each year.
- 5.4 A review of quality substructures is underway, and an update will be reported to the QC during 2023-24.

Updated 20.5.23

Appendix 4

Meeting title:	UHL People and Culture Committee (PCC)
Date of the meeting:	25 May 2023
Title:	People and Culture Committee Annual Report 2022-23
Report presented by:	Ballu Patel – Non-Executive Director and People and Culture Committee Chair
Report written by:	Kate Rayns – Corporate and Committee Services Project Support

Action – this paper is for:	Decision/Approval	x	Assurance	x	Update	
Where this report has been discussed previously	None					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
This report aligns with the requirements of the Head of Internal Audit Opinion and provides assurance that effective controls are in place to ensure that the People and Culture Committee is undertaking its duties and that the Committee is in compliance with its Trust Board approved terms of reference.

Impact assessment
There is no expected impact upon patients or staff.

Acronyms used: PCC – People and Culture Committee

Purpose of the Report

The information contained within the report will provide PCC itself and the Trust Board with assurance that PCC meetings have covered all essential areas within its remit which are also aligned with best practice and its terms of reference. The report covers the period 1 April 2022 to 31 March 2023.

Recommendation

The People and Culture Committee is invited to endorse the report prior to submission to the Trust Board in June 2023 (public session).

Key Issues, Options and Risks

1. Introduction

The People and Culture Committee’s terms of reference require that the Committee produce a report on an annual basis, providing an overview of its effectiveness in undertaking its duties and its compliance with its Trust Board approved terms of reference.

2. Meeting Attendance

During the period of this report, the People and Culture Committee met on seven occasions. The Committee membership consists of four Non-Executive Directors and four Executive Directors. Members are required to attend a minimum of 75% of meetings on a rolling 12-month basis. Noting that the terms

of reference were revised in January 2023 (which changed the Executive Directors), attendance throughout the period was as follows:-

Voting Members	Role	Possible	Actual	% attendance
Ballu Patel	Non-Executive Director	7	6	86
Vicky Bailey	Non-Executive Director	7	6	86
Andy Haynes	Non-Executive Director	7	7	100
Tom Robinson/G Sharma	Non-Executive Director	7	2	29
Jon Melbourne	Chief Operating Officer	7	3	43
Eleanor Meldrum/Julie Hogg	Chief Nurse	7	4	57
Joanne Fantom-Tyler/Clare Teeney	Chief People Officer	7	7	100
Mike Simpson (until January 2023)	Director of Estates and Facilities	6	3	50
Ruw Abeyratne (from January 2023)	Director of Health Equalities and Inclusion	2	0	0
Andrew Carruthers (from January 2023)	Chief Information Officer	2	2	100
Non-voting Members	Role	Possible	Actual	% attendance
Andrew Carruthers (until December 2022)	Chief Information Officer	5	5	100
J MacDonald (until January 2023)	Trust Board Chair	5	0	0
G Collins-Punter (until January 2023)	Associate Non-Executive Director	5	1	20
G Sharma (until October 2023)	Associate Non-Executive Director	4	4	100

All of the meetings held were quorate. The quorum shall be four voting members (to include two Non-Executive Directors and two Executive Directors) and this is confirmed at the start of each meeting.

3. Effectiveness of the People and Culture Committee in delivering its Core Functions

This section provides an overview of the core areas where the Committee is expected to operate its function and provides assurances that the People and Culture Committee has fulfilled its duties.

The position listed below reflects the new terms of reference effective from May 2022 and January 2023.

The purpose of the Committee was stated in the terms of reference as:

May 2022: To enhance Trust Board oversight of all matters relating to our people and culture.

January 2023: to act as a point of triangulation which seeks assurance from officers on the appropriateness and effectiveness of, and the adequacy of risk management arrangements associated with progress against the People Strategy.

General Composition and establishment		Yes	No
1	Does the People and Culture Committee have written terms of reference and have they been approved by the Board?	✓	
2	Are the terms of reference reviewed annually?	✓	

3	Has the committee formally considered how it integrates with other committees that are reviewing risk?		✓
4	Are the outcomes of each meeting and any formal recommendations reported to the next Board meeting?	✓	
5	Does the committee prepare an annual report on its work and performance for the Board?	✓	
6	Has the committee established a work programme for the year?	✓	
7	Are committee papers distributed in sufficient time for members to give them due consideration?	✓	

The People and Culture Committee terms of reference were approved by the Trust Board in May 2002 and January 2023. A plan is now in place to review these annually going forwards. The Committee has not been completing an annual report in recent years (partly due to the Covid-19 pandemic and partly due to the enhanced focus on elective recovery). However, this annual reporting process has now been re-established.

The Board Assurance Framework risks that are within the Committee's remit are considered at each meeting.

Subject to availability, the agenda and papers are usually circulated 3 days prior to each meeting via the electronic Board portal. In the event of exceptional circumstances, the Committee Chair would be requested to agree to a report relating to an additional agenda item being circulated at short notice.

In accordance with the Terms of Reference agreed in May 2022

Specific Duties of the Committee:		Yes	No
1	To oversee the implementation of the NHSE/I People Plan and the Trust's People Strategy.	✓	
2	To seek assurance that people management systems and processes are robust, effective and embedded within the Trust.	✓	
3	To promote a positive workplace culture and ensure Equality, Diversity and Inclusivity (EDI), aligned with the Trust's values.	✓	
4	To oversee Workforce and Organisational and Development (O&D) support for the Trust's Reconfiguration and Transformation programme.		N/A
5	To regularly review the Board Assurance Framework Principal Risk 3 – Workforce Sustainability.	✓	
6	To oversee and develop all aspects of staff health and wellbeing.	✓	
7	To oversee and ensure the delivery of Trust Leadership programmes.	✓	
8	To promote 'freedom to speak up' and ensure mechanisms are in place to monitor and survey staff opinions and concerns.	✓	
9	To ensure the effectiveness and fairness of all disciplinary and performance processes.	✓	
10	To oversee all Training and Education undertaken in the Trust.		✓
11	To oversee all appraisal, validation and revalidation processes in accordance with the requirements of governing bodies.	✓	
12	To support the working of the Leicester, Leicestershire and Rutland Integrated Care System in respect of workforce matters.	✓	
13	To oversee the making and submission of nominations for Queen's Honours and Awards and recognition from other bodies.		✓

In accordance with the Terms of Reference agreed in January 2023

Specific Duties of the Committee:		Yes	No
1	Monitor and take assurance against the Trust's approach to Equality, Diversity and Inclusion monitoring and improvements.	✓	
2	Monitor and review the Trust's performance against the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Equality Delivery System 2 (EDS2) progress and corresponding actions.	✓	
3	Receive assurance that the Trust continues to develop and embed an open and safe culture towards Speaking Up. Receive quarterly FTSU reports in relation to concerns raised, themes and outcomes ensuring the Board has sight of any escalations of a concerning nature	✓	
4	Gain assurance that the Trust approach and initiatives connected to the promotion of staff health and wellbeing are aligned to workforce needs and embody the culture and values of the organisation	✓	
5	Receive quarterly assurance reports from the Guardian of Safe Working Hours	✓	
6	Receive assurance there are robust and effective processes in place for the delivery of transactional services	✓	
7	Be assured that the Trust's approach and initiatives connected to attract, recruitment and retention are effective	✓	
8	Seek assurance the Trust has an appropriate workforce plan which aligns with the Trusts broader business plan	✓	
9	To gain assurance on the Trust approach and initiatives connected to culture improvement	✓	
10	Seek assurance there is a positive and open culture to staff engagement and that there are appropriate processes in place for engaging and communicating with staff on Trustwide initiatives	✓	
11	To receive and review the findings of the annual National Staff Survey, and take assurance on the implementation and effectiveness of resultant actions	✓	
12	Receive assurance there are robust systems and processes in place for management and resolution of employee relations matters. The committee should receive regular updates on the status of employee relation cases and any escalations of particular concerns	✓	
13	Seek assurance there are appropriate processes in place to enable the responsible Officer to carry out their statutory duties. Receive the annual completion of Medical Revalidation	✓	
14	To receive assurance the Trust has a learning and organisational development programme to support staff at every level and reinforces the culture and values the Trust is seeking to achieve	✓	
15	To review the Committee's associated risks on the Board Assurance Framework at each meeting. The committee will assess the level of assurances received, risk appetite and tolerance of each risk and determine its status. Reports to the Trust Board and/or Audit Committee will be produced as required	✓	

3.3 The People and Culture Committee has been confirmed as compliant in respect of 15 out of the 15 of the current core functions set out above (100 % compliant).

4. Operation of the Committee

PCC is invited to consider whether for future annual reports, it would like to review how it operates as a Committee. Some of the issues to be considered might include questions on whether:-

- a) Committee members feel able to contribute meaningfully to the issues discussed and express challenge;
- b) the committee is aware of the key sources of assurance and who provides them;
- c) the committee has the right balance of experience, knowledge and skills to fulfil its role;
- d) the PCC agenda is structured to reflect key risks and duties;
- e) the relevant executive director attends meetings to enable it to understand the reports and information it receives;
- f) decisions and actions are implemented in line with the timescale set down;
- g) the People and Culture of committee papers received allows committee members to perform their roles effectively;
- h) each agenda item is 'closed off' appropriately so that the committee is clear on the conclusion; who is doing what, when and how, and how it is being monitored;
- i) at the end of each meeting the committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc;
- j) the committee provides a written escalation report of its meetings to the Board. The committee chair provides clear and concise information to the Board on committee activities and gaps in control;
- k) the committee is clear about its role in relationship to other committees that play a role in relation to clinical governance, People and Culture and risk management, and
- l) committee meetings are chaired effectively and the committee chair has a positive impact on the performance of the committee.

5. Conclusion and Recommendations

The People and Culture Committee is requested to consider the following recommendations and approve this report for onward submission to the Trust Board in June 2023:-

- 5.1 A regular programme of PCC reviews be established and the 2022/23 assessment of Committee Effectiveness be used as a baseline to inform the 2023/24 review;
- 5.2 PCC be invited to agree the future arrangements for annual reporting and consider a focus on how PCC operates for 2023-24;
- 5.3 PCC Work Programme to be updated to confirm that the Committee's Annual Review would be reported to the Committee in April of each year.
- 5.4 PCC review the reporting subcommittee structure to ensure both efficiency and effectiveness of reporting, including any addition of new sub-groups or working groups as required, and
- 5.5 Consideration be given to undertaking a review of how PCC integrates with other committees which are reviewing risk.