

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 8 JUNE 2023 FROM 1.30PM  
IN SEMINAR ROOMS 2/3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL****Voting Members present:**

Mr M Williams – Deputy Chairman and Audit Committee and OPC Non-Executive Director Chair (deputising for Mr J MacDonald, Trust Chairman)  
 Ms V Bailey – Non-Executive Director and Quality Committee (QC) Non-Executive Director Chair  
 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

**In attendance:**

Dr R Abeyratne – Director of Health Equality and Inclusion  
 Dr D Barnes – Deputy Medical Director (deputising for Mr A Furlong, Medical Director)  
 Mr S Barton - Deputy Chief Executive  
 Ms G Belton – Corporate and Committee Services Officer  
 Ms D Burnett – Director of Midwifery  
 Mr A Carruthers - Chief Information Officer  
 Ms B Cassidy – Director of Corporate and Legal Affairs  
 Ms G Florentin-Lee – Patient's Mother (for Patient Story – Minute 178/23)  
 Ms H Kotecha - Leicester and Leicestershire Healthwatch Chair (virtually via MS Teams)  
 Ms E Moss – Chief Operating Officer, Clinical Research Network: East Midlands (for Minute 183/23/2)  
 Ms A Pook – Matron, Children's ED (for Minute 178/23)  
 Mr M Simpson - Director of Estates and Facilities  
 Ms M Smith - Director of Communication and Engagement  
 Ms C Spreadborough – Children's ED Nurse (for Minute 178/23)  
 Ms C Teeney - Chief People Officer  
 Ms S Wilkinson – Senior Nurse, Patient Experience (for Minute 178/23)  
 Mr J Worrall - Associate Non-Executive Director

**ACTION****173/23 APOLOGIES AND WELCOME**

The Acting Chairman welcomed everyone to the meeting. Apologies for absence were received from Ms G Collins-Punter, Associate Non-Executive Director, Mr A Furlong, Medical Director, Mr J MacDonald, Trust Chairman and Professor T Robinson, Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair.

**174/23 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).

**175/23 DECLARATIONS OF INTERESTS**

**Resolved** – that there were no specific declarations of interest made.

**176/23 MINUTES**

**Resolved** – that the Minutes from the public Trust Board meeting held on 11 May 2023 (paper A refers) be confirmed as a correct record.

**177/23 MATTERS ARISING**

Paper B provided progress updates for the matters arising from the 11 May 2023 Trust Board meeting and any still-outstanding items from previous meetings, the contents of which were received and noted.

**Resolved – that the matters arising report be received and noted as paper B.**

## **178/23 PATIENT STORY – SEBASTIAN’S STORY**

The Chief Nurse introduced and welcomed to the meeting Ms Giji Florentin-Lee, the mother of Sebastian; a UHL patient, Ms Charlene Spreadborough, Children’s ED Nurse, Ms Sharon Wilkinson, Senior Nurse (Patient Experience) and Ms Aimee Pook, Matron in the Children’s ED. During the introductions, the Chief Nurse noted that Charlene had received a Daisy Award (a recognition programme for extraordinary nurses) in May 2023.

A video was played at the meeting which described the very positive experience which Ms Florentin-Lee and her son, Sebastian, had when they had attended the Children’s Emergency Department (ED). Sebastian is autistic and this very positive experience was largely attributable to the care and consideration provided to Sebastian by newly qualified Children’s ED Nurse, Charlene Spreadborough and the team-working exhibited between Charlene and other members of the ED staff in order to make Sebastian feel comfortable; with others in the team taking Charlene’s lead in how best to interact with Sebastian to make him feel safe, in control and understand what was happening during the investigations and treatment.

Following the video, discussions took place as follows:-

- (a) the Chief Executive thanked Ms Florentin-Lee for telling her story so well and thanked Charlene for the care she had provided to Sebastian and queried how the Trust could help Charlene and her colleagues provide the care they wanted to. In response, Ms Pook, Children’s ED Matron, noted that the department had needed to undertake a re-design due to covid, which had required them to remove the play area in order to provide more seating and she informed the Trust Board that the department had submitted an application to the Leicester Hospitals Charity in order to provide improvements for the children and some means of providing distractions for them whilst awaiting treatment. Mr Patel, Charitable Funds Committee NED Chair, welcomed the application submitted to the Charity. The Chief Operating Officer undertook to make contact with Ms Pook outside the meeting to discuss potential ways by which to provide distractions for children awaiting treatment in the Children’s ED;
- (b) Ms Florentin-Lee noted that she had observed a ‘parents as experts’ approach within the Children’s ED whereby staff saw how she interacted with Sebastian and then replicated this. She had observed a pervasive learning culture with other professionals learning and following the lead set by others. The Chief Operating Officer agreed that adopting a ‘parents as experts’ approach was fundamental. Ms Florentin-Lee considered that there was recognition that play and feelings of safety and security were essential and that by meeting these needs, this then facilitated the treatment of medical conditions which might otherwise not have been possible. She noted that she had valued observing Charlene lead the play team. In response, the Chief Executive noted that UHL was privileged to have such good facilities and staff in its Children’s ED, however he noted that the department was far busier than had originally been expected. The Chief Nurse undertook to provide further assistance to Charlene and Aimee in facilitating any further improvements they wished to implement;
- (c) In response to the Chief Operating Officer’s comment about Charlene’s personal approach being world class, Charlene noted that her own child had complex needs and she treated her patients in the way she would want her own child to be treated. She also noted that she had previously worked with autistic children;
- (d) members debated how best to ensure that all staff received training in caring for children with additional needs; noting that such cases were not rare and it was noted that this was a matter which was considered in the Children’s ED, albeit previously not one for which there had been a formal training course. The Chief Nurse advised that the Trust was rolling out a national initiative (the Oliver McGowan training) that recognised neuro-diversity and reflected upon a parent’s lived experience, and
- (e) the Chief People Officer highlighted the power in sharing stories and suggested sharing this story more widely given the strong impact of hearing about the experience from a parent’s and child’s perspective. Ms Florentin-Lee noted the potential benefits in speaking directly to parents about their experiences and what could have been done differently, noting that

parents did want to work with services and that it would be beneficial for the Trust to reach out to them.

In concluding discussion on this item, the Acting Chair thanked those attending for speaking to the Board about their experiences.

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

**(B) the Chief Operating Officer be requested to make contact with the Children's ED Staff members present for the Patient Story item to discuss potential ways by which to provide distractions for children awaiting treatment in the Children's ED.**

COO

## 179/23 STANDING ITEMS

### 179/23/1 Chief Executive's Update – June 2023

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

1. New Hospital Programme
2. East Midlands Acute Providers
3. NHS Finance Leadership Council
4. University of Leicester Leadership Programme
5. Long Service Awards
6. Armed Forces
7. Monitoring May
8. Best City to Live

In presenting his report, the Chief Executive specifically highlighted the following:-

- (a) in terms of the announcement relating to the New Hospital Programme (NHP) – section 1 of paper C refers - it was fantastic news for UHL that it had national support for its re-build and the opportunity therefore to strengthen and improve the environment in which people were working. The Chief Executive emphasised that the capital investment was not just about the buildings, but also about strengthening working in partnership across community services and home services etc, acknowledging the world class research programme at UHL. Funding was constrained nationally and the Trust would need to ensure that its spend was effective. The Chief Executive also referenced the additional capital the Trust had received over the last couple of years which had facilitated re-development of the Brandon Unit on the LGH site, the anticipated provision of three more wards at Glenfield Hospital and on-going work at the LRI site. All of these developments represented an exciting future for UHL; a sentiment echoed by the Deputy Chief Executive, who noted that this represented a substantial investment in UHL. The Chief Information Officer highlighted the opportunity this represented for the Trust in terms of its ability to implement improvements more quickly, noting the ongoing close working between the IM&T teams and the Estates and Facilities teams and he highlighted that this was a very exciting time for the Trust and represented a great opportunity, and
- (b) section 2 of paper C (East Midlands Acute Providers), specifically the Mental Health Collaborative and the need to work together in partnership. The Chief Executive also highlighted that by the time the Trust Board next met on 13 July 2023, Mr MacDonald, UHL Chair, would have taken up his additional post as Chair of NGH (as reported at the Trust Board meeting on 11 May 2023 – Minute 140/23 refers).

**Resolved – that the contents of paper C and the additional verbal information be received and noted.**

### 179/23/2 UHL Performance Update and Integrated Performance Report (M1)

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

In presenting paper D, the Chief Operating Officer particularly highlighted that ambulance handovers had proven to be a significant challenge within the urgent and emergency care (UEC) pathway however, due to extensive efforts, the number of hours lost due to ambulance handover delays had reduced by 80%. Challenges continued in other areas, with no significant inroads yet having been made in respect of 12 hour waits due to underlying capacity challenges. The UEC Plan had been launched with a particular focus on productivity and pathways. Progress continued to be made in respect of elective care, with the waiting list having reduced for the first time in four years. There had been specific challenges linked to the Easter Bank Holiday weekend and industrial action which had caused a slight deterioration, however progress remained on the right track overall. Another round of industrial action by Junior Doctors was due to be undertaken and the Trust had developed plans to ensure safe patient care during this time.

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

- Quality – the Chief Nurse reported that April 2023 had proven to be a strong month in terms of performance against quality indicators with only one reported exception relating to the Trust not meeting its stretch target and a plan to address this was in place. The prevalence of pressure ulcers continued to reduce, however performance against this indicator remained fragile. The Deputy Medical Director noted that there had been strong performance for the Trust during April 2023 in terms of the mortality indicator.
- People – the Chief People Officer reported verbally, noting that performance had not yet improved in relation to mandatory training and appraisal rates and this was expected to be the consequence of now being in a period of recovery following winter and the undertaking of industrial action. Plans were in place to recover and improve this position and improvements were expected to be observed as a consequence. There had been a slight increase in sickness absence and the Trust was aiming to prioritise well-being and ensure that staff were off when they needed to be. Whilst there had been a significant reduction in vacant Maternity Healthcare Support Workers posts, challenges remained generally in terms of vacancies and note was made that it would take time to grow the domestic pipeline.
- Finance – the Chief Financial Officer reported verbally, noting that this report represented the first monthly report of the new 2023/24 financial year and some of the challenges were already materialising in Month 1, with the Trust reporting a year-to-date deficit of £9.4m which was £4.2m adverse to plan. The key drivers for this position included lower inpatient and outpatient activity, impact of the industrial action and high use of agency in addition to on-going inflation pressures. The Trust had a good understanding of the risks and the Chief Financial Officer was confident that the right actions were being undertaken in response. There would be a further round of industrial action in June 2023 and the Chief Financial Officer highlighted that the risks were real and material and action was required in mitigation.

In discussion on the contents of paper D:-

- (i) in response to a query raised by the Chief Executive as to whether the format of the IPR document had changed, the Chief Operating Officer advised that it had and further updated versions would be presented in the coming months;
- (ii) the Board considered where the Trust was as a whole one month into the new financial year and acknowledged that progress was being made, however there were significant risks and such an assessment would be more indicative at the end of the first quarter. The Trust employed a large number of people who continued to undertake considerable volumes of work and whilst the Trust managed to assure itself, on the whole, with regard to safety and quality, maintaining this took a large systematic effort and the issue would be sustaining this alongside the financial challenges, and
- (iii) in response to a query raised as to where the Trust was positioned in the context of the ICS, the Chief Operating Officer noted that the planning risks were playing out, albeit this felt like a system issue rather than a UHL issue which was a better position to be in and he further noted that, in some areas, there would be a need to spend in order to deliver. The Chief Executive acknowledged that the operational environment across the NHS was tough; as was maintaining the status quo and he noted the relentlessness of staff at UHL in pursuit of improvements. He further noted that some organisations were able to better balance all of the risks across all of the elements

whereas, at the moment, the majority of the risk was playing out in finance for UHL. The right actions were being undertaken and a close eye would be kept on progress. The Chief Executive further noted that it was important to have these conversations within the Trust's formal committees and for this information to be public.

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

**180/23 DELIVER TIMELY, HIGH QUALITY, SAFE, SUSTAINABLE CARE**

**180/23/1 Quality Account 2022-23**

The Chief Nurse presented paper E, which detailed information on the Trust's Quality Account for 2022/23 and sought Trust Board approval of this document ahead of publication on 30 June 2023.

The aim of the Quality Account was to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda. Quality Accounts were for the public and reported on the quality of services provided looking at three domains: safety, effectiveness and patient experience. Quality Accounts (QA) were annual reports to the public from providers of NHS healthcare about the quality of services they delivered. There was a legal requirement under the NHS (Quality Accounts) Regulations 2010 for all bodies who provided or arranged to provide (sub-contracted) NHS services to produce a Quality Account. There was one outstanding data source to be included, prior to publishing, which was the CQC rating for Maternity Services that was Inspected at the end of February 2023. The report had not been received but was expected prior to the publication deadline.

In response to the Acting Chairman's request for confirmation that UHL had consulted everyone required in relation to its Quality Account, the Chief Nurse confirmed that this was the case, and noted that the document would also be presented to the System Quality Group after having been received at today's Trust Board meeting.

In conclusion of discussion on this item, the Trust Board formally approved the Quality Account for 2022/23.

**Resolved – that the Quality Account 2022/23 be formally approved as presented (with note that one final data source would be included, once received, prior to the publication date).**

**180/23/2 Changes to the CQC Statement of Purpose**

The Chief Nurse presented paper F, which provided an update to the Trust's CQC Statement of Purpose to include a new location address for the Northampton Renal Dialysis Unit from 30 April 2023. The nominated individual email address had also been updated as the post holder had left the Trust. The Trust Board was requested to approve the changes to the CQC Statement of Purpose to include the new location address for the Northampton Renal Dialysis Unit and the change to the nominated individual.

**Resolved – that the updated CQC Statement of Purpose be approved as presented.**

**180/23/3 Mortality and Learning from Deaths Quarterly Report**

In the absence of the Medical Director, the Deputy Medical Director presented paper G, which provided an update on UHL's mortality rates and learning from deaths programme and was presented to the Trust Board for assurance, having been discussed in detail at the meeting of the Quality Committee held in May 2023.

The report also included information in respect of the following: Bereavement Services Office – Death Certification, the Medical Examiner Process; both within UHL and across the Leicester, Leicestershire and Rutland (LLR) Healthcare System, the Bereavement Support Service, Specialty Mortality Reviews using the national Structured Judgement Review tool, LLR Child Death Overview Panel reviews and Perinatal Mortality Review Group reviews using the national Perinatal Mortality Review Tool, Clinical Team reviews and reflections, Learning identified through complaints and incidents and HM Coroner's Inquests.

In presenting this report, the Deputy Medical Director specifically highlighted the following:-

- (a) the 2021 MBBRACE report had been published on 12 May 2023; UHL's still birth and neonatal mortality rates remained more than 5% higher than its peer group. The Medical Director and Chief Nurse had updated the Quality Committee verbally on further actions that had been agreed following publication of the report. The report would be further discussed at the June 2023 Maternity Assurance Committee and a written report detailing work to date and further actions would be presented to the June 2023 Quality Committee, and
- (b) 2 adult and 1 perinatal death had been felt to be more likely than not due to problems in care in the last quarter. All had been investigated as a Serious Incident with learning identified and actions being taken forward.

The Quality Committee NED Chair made reference to the long discussion on this report at the last meeting of the Quality Committee (paper I, Minute 180/23/5 below also refers).

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

180/23/4 Perinatal Surveillance Scorecard

The Chief Nurse presented paper H, which was produced in line with the Perinatal Quality Surveillance Model designed by NHSE to support sharing safety intelligence from floor to board and included five areas of focus: patient safety, workforce, training, friends and family and outcomes. The exception report highlighted actions to improve compliance against each underperforming metric.

The Trust Board was requested to be assured by progress to date, note the areas where improvement was required and note the work in progress to further develop the perinatal quality scorecard, including planned work with the public to determine if UHL was publishing information which was of relevance to them.

In presenting this report, the Chief Nurse noted that the Trust continued to await the outcome of the CQC Inspection of maternity services. She also referenced the workforce plan in place with the Trust undertaking all possible actions to attract staff and also referenced the large social media campaign to be launched.

In discussion on this item:-

- (i) Ms D Burnett, Director of Midwifery, highlighted the importance of the service and the Trust really understanding its data in terms of its demographics and workforce, noting that the data previously presented had been transactional in nature. She noted that the Trust was data-rich but did not always utilise the data in the right way, and
- (ii) note was made of the significant progress in recruitment to Maternity Healthcare Support worker posts compared to the continuing vacancies for midwives and a query was raised as to the interplay between the two and the potential to upskill the non-registered workers to further assist the midwifery staff. In response, the Director of Midwifery referenced the active recruitment campaign for Healthcare Support Workers, for whom there was no lead-in time to their employment, as opposed to midwifery staff for whom there was a lead-in time in terms of waiting for each cohort to graduate. Success would be judged on the retention (or otherwise) of the support workers. There were currently 250 student midwives in training. The Trust was increasing the number of its placements and focusing on ensuring that the student midwives felt part of the UHL family. The Chief Nurse noted that work was currently underway to determine what actions the Trust could take to encourage its student midwives to continue working for UHL upon graduation; the Trust having not been particularly successful at this in the past (accepting that there would always be some student midwives not originally from the Leicester area who would want to return home). The Chief Nurse also noted that there did not exist an international pipeline for qualified midwives as was in place for qualified nurses.

**Resolved – that the contents of this report be received and noted.**

180/23/5 Escalation report from the Quality Committee – 25 May 2023

Ms V Bailey, Quality Committee Non-Executive Director Chair, presented paper I, which detailed the escalation report from the Quality Committee meeting held on 25 May 2023. She particularly highlighted section 4.10 of the report (the achievements and work of the Safeguarding Assurance Committee) for the attention of the Trust Board.

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

180/23/6 Escalation report from the Operations and Performance Committee – 24 May 2023

Mr M Williams, Audit Committee Non-Executive Director Chair, presented paper J, which detailed the escalation report from the Operations and Performance Committee (OPC) meeting held on 24 May 2023. Particular discussion took place regarding management of the waiting list, with acceptance of the risks within the waiting list whilst awaiting IT developments. An action plan was in place which would facilitate the Trust being in a much stronger position in this respect.

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

181/23 **LOOKING AFTER OUR PEOPLE, DEVELOPING WORKFORCE CAPACITY AND CAPABILITY AND A COMPASSIONATE AND INCLUSIVE CULTURE**

181/23/1 Safer Staffing Bi-Annual Establishment Review

The Chief Nurse presented paper K, the purpose of which was to assure the Board of the six-monthly establishment review which took place for Nursing across March and April 2023 for all CMGs except for Gynaecology, CSI and Theatres due to the specialist nature of these areas requiring a more bespoke approach to safer staffing, as there was currently no national process. The results of the establishment reviews for these areas would be provided in the December 2023 Annual Safer Staffing Board report.

The recommendation from the Chief Nurse and Medical Director was that there was good compliance with the Developing Workforce Safeguards (DWS) and that staffing was safe, effective and sustainable. Evidence for compliance was provided in section nine and within the appendices of the report. The Board was requested to receive this report and note the ongoing plans to provide safe staffing levels within nursing and midwifery across the Trust.

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

181/23/2 People and Culture Committee Escalation Report – 25 May 2023

Mr B Patel, PCC Non-Executive Director Chair, presented paper L which detailed the escalation report from the meeting of the People and Culture Committee held on 25 May 2023. In presenting this report, Mr Patel thanked the Estates Directorate for their involvement in the work outlined under section 3.8 of the report; recognising the significant support they had provided.

In discussing the contents of this report, note was made that whilst the Trust ran an apprenticeship scheme, it did not tend to retain its apprentices after their apprenticeship finished and work was being undertaken to look at the reasons for this. This was also the case in terms of the Prince's Trust Programme and work was underway to review placement opportunities and to provide routes onto employment, noting the desire for UHL to be a good employer and to think creatively. Mr Williams, Acting Chair, highlighted the innumerable benefits for the individuals concerned if the Trust was further able to assist them in this way.

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

182/23 **SUSTAINABLE WELL-GOVERNED FINANCES**

182/23/1 Escalation report from the Finance and Investment Committee – 26 May 2023

Mr S Harris, FIC Non-Executive Director Chair, presented paper M, which detailed the escalation report from the Finance and Investment Committee meeting held on 26 May 2023. In presenting this

report, Mr Harris noted that whilst the CIP workstream was RAG-rated as 'green', it represented a significant challenge.

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

**183/23 CORPORATE GOVERNANCE / REGULATORY COMPLIANCE**

**183/23/1 Board Committee Annual Reports – Finance and Investment Committee, Operations and Performance Committee, Quality Committee and People and Culture Committee**

The Director of Corporate and Legal Affairs presented paper N, which detailed the Annual Reports for the following Trust Board sub-committees: Finance and Investment Committee, Operations and Performance Committee, Quality Committee and People and Culture Committee, noting that a consistent element amongst all four was how the Committees escalated and shared risks. She noted that this was a good opportunity to recognise the achievements of the Committees to-date.

**Resolved – that the contents of the Annual Reports for the Finance and Investment Committee, Operations and Performance Committee, Quality Committee and People and Culture Committee be received and noted and approved accordingly.**

**183/23/2 CRN East Midlands Quarterly Board Report**

The Deputy Medical Director introduced Ms E Moss, Chief Operating Officer of the Clinical Research Network (CRN): East Midlands who attended the meeting virtually to present the latest quarterly board report from the CRN: East Midlands (paper O refers). In presenting this report, Ms Moss highlighted the reconfiguration the organisation was undergoing and the fact that they were currently in the process of transitioning the programme, noting that there would be further information to share in the coming months. Whilst there were no significant risks to highlight, there were risks involved in the reconfiguration of the organisation of which they remained mindful.

In response to a query raised by Mr Williams, Acting Chair, as to what Ms Moss would particularly wish to highlight from the previous year, Ms Moss noted that the network had achieved all of its targets, delivering all research studies to time, noting that efficiency was a particular strength of the past year. Mr Williams thanked Ms Moss for presenting this report to the Trust Board.

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

**183/23/3 Proposed Amendments to the Special Leave Policy**

The Director of Corporate and Legal Affairs presented paper P, which detailed proposed amendments to the Special Leave Policy. As this policy was designated a Category A Policy, these amendments required formal Trust Board approval, which was granted.

**Resolved - that the proposed amendments to the Special Leave Policy, as detailed within paper P, be approved.**

**184/23 ANY OTHER BUSINESS**

**Resolved – that there were no further items of business.**

**185/23 QUESTIONS FROM THE PRESS AND PUBLIC**

Members of the press and public had been invited to submit any questions relating to the business on the agenda by typing them into the 'chat' function of the live-streamed meeting. The following questions were read out and responded to during the meeting:

- 1) I note that there is no reference in the reports of Board Committees to the involvement of patients and the public. Please could you tell me which Board Committee is responsible for the effectiveness of patient and public involvement in the planning and delivery of UHL services?**

The Director of Corporate and Legal Affairs responded verbally to advise that responsibility for this element sat with the Quality Committee. The Patient Involvement and Assurance



Committee was a sub-committee of the Quality Committee and note was also made of the planned appointment of a Head of Patient Experience for UHL.

- 2) **The Minutes of the Board meeting in May include at 143/20 some discussion of co-production in UHL. In the light of the recent NHSE Guidance on co-production in the planning design and delivery of NHS services (PAR1498\_i) please can you tell me how UHL intends to follow this national guidance?**

The Director of Communication and Engagement noted that co-production had been covered at the Trust Board meeting held in May 2023 and more examples of this would be seen over the next few months. In reference to the NHSE report regarding co-production being embedded in quality improvement, this was not mandatory but would be for the Trust to reflect on good practice. The Trust would be publishing its Strategy later in the year and expected to follow this with an Involvement Strategy; with the need to be strategic and systematic about practice recognised.

- 3) **Unfortunately, I could not hear what was said by the Chief Executive as the sound (of the livestream) is so distorted. Apologies if this has been stated but what is the confirmed funding for Building Better Hospitals for the Future? and**
- 4) **What funding is being made available for the Treatment Centre at the Glenfield?**

In response to questions 3 and 4 above, firstly apologies were expressed to those watching today's Trust Board meeting via the livestream link on the Trust's website due to the technical issues that had been encountered. The Chief Executive responded that the Secretary of State had spoken about the cohort 3 schemes in Parliament which would now be proceeding and were fully funded. Further information would be shared as it became available.

- 5) **Will the revised scheme meet in full the commitment in Building Better Hospitals for the Future of a net increase of 7 theatres for UHL? If no funding has been confirmed what is the timescale for communicating this to the public and for communicating the planned revised proposals to the public?**

The Deputy Chief Executive advised that this was not yet known at this stage as the New Hospitals Programme had requested that the Trust undertake a Demand and Capacity Refresh. If there were any material changes as a consequence, a further public consultation would be undertaken.

**186/23      REPORTS AND MINUTES PUBLISHED AND UHL'S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS):**

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

- Quality Committee Minutes of 27 April 2023
- Operations and Performance Committee Minutes of 26 April 2023
- Finance and Investment Committee Minutes of 2 May 2023
- People and Culture Committee Minutes of 30 March 2023

**187/23      REPORTS DEFERRED TO A FUTURE MEETING**

**Resolved** – that it be noted that the following item had been deferred to a future Trust Board agenda:-

- NHS Provider Licence Self-Certification - this item was scheduled to be submitted to the June 2023 Audit Committee meeting and thereafter the July 2023 meeting of the Trust Board.

**188/23      DATE AND TIME OF NEXT MEETING**

**Resolved** – that the next public Trust Board meeting be held on Thursday 13 July 2023 from 1.30pm in the GDC Board Room, George Davis Centre, University of Leicester, Lancaster Road, Leicester, LE1 7HA.

The meeting closed at 3.23pm.

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	3	2	67	J Melbourne	3	2	67
V Bailey	3	3	100	R Mitchell	3	3	100
A Furlong	3	1	33	B Patel	3	3	100
S Harris	3	2	67	T Robinson	3	1	33
A Haynes	3	2	67	G Sharma (until 30.4.23)	1	0	0
J Hogg	3	3	100	M Williams	3	3	100
L Hooper	3	3	100				

**Non-Voting Members:**

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	3	3	100	H Kotecha	3	2	67
S Barton	3	2	67	M Simpson	3	3	100
A Carruthers	3	2	67	M Smith	3	3	100
B Cassidy	3	3	100	C Teeney	3	2	67
G Collins-Punter	3	0	0	J Worrall	3	2	67