

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF THE UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST ANNUAL PUBLIC MEETING HELD ON TUESDAY 24 SEPTEMBER 2024 AT DEVONSHIRE PLACE, 78 LONDON ROAD, LEICESTER LE2 0RA (5.30PM)**  
*(meeting BSL signed)*

**Trust Board:**

Mr A Moore – Trust Chairman  
Dr R Abeyratne – Director of Health Equality and Inclusion  
Mr S Barton – Deputy Chief Executive  
Mr L Bond – Chief Financial Officer  
Professor I Browne – Non-Executive Director  
Ms B Cassidy – Director of Corporate and Legal Affairs  
Mr M Farmer – Associate Non-Executive Director  
Dr A Haynes – Non-Executive Director  
Ms J Hogg – Chief Nurse  
Mr J Melbourne – Chief Operating Officer  
Mr R Mitchell – Chief Executive  
Ms M Smith – Director of Communications and Engagement

**In attendance:**

Dr D Barnes – Deputy Medical Director  
Ms S Burton – Deputy Chief Nurse  
Ms E Casteleijn – Deputy Director of Communications  
Ms K Ceesay – Deputy Chief People Officer  
Dr G Garcea – Deputy Medical Director  
Dr X Gu – Deputy Medical Director

1.	<b>APOLOGIES, WELCOME AND INTRODUCTION</b>	
	<p>The Trust Chairman welcomed everyone to the meeting, and was pleased to see so many different community groups represented. Apologies for absence were received from Ms V Bailey Non-Executive Director, Mr A Furlong Medical Director, Mr S Harris Non-Executive Director, Professor T Robinson Non-Executive Director and Charitable Funds Committee (CFC) Non-Executive Director Chair, and Ms C Teeney Chief People Officer.</p> <p>The Trust Chairman outlined the main purpose of the meeting as being to approve the Trust's 2023/24 annual accounts and Annual Report – both documents were accessible via the Trust's external website and printed copies could be provided on request. The Trust Chairman noted that providing safe and high quality care for its communities remained the Trust's key focus, although the continued challenging financial context for the NHS as a whole was recognised. The Trust Chairman also described the care delivery and performance improvements made during 2023/24, and commented on the key role of culture in making the Trust a good place to work. He thanked staff colleagues for their continued hard work during 2023/24, and also made special mention of the contribution made by the Trust's former Chair Mr J MacDonald. The minutes of the 2023 APM were approved accordingly.</p>	
2.	<b>OUR YEAR IN REVIEW: 2023/24</b>	
	<p>The Chief Executive presented a video showcasing UHL activity and developments during 2023/24, and noted that his focus today would be on pride and commitment. Although recognising the scope for continued improvement, he emphasised his personal commitment to working for the Trust and the community it served. The achievements and developments highlighted in the video included: the East Midlands Planned Care Centre (EMPCC) Phase I, the health equality and inclusion summit, reduced waits for planned care, the recruitment of more than 250 new midwives and nurses, the robotic theatre at the LRI, and the launch of the Institute for Excellence in Healthcare in partnership with the University of Leicester.</p>	
3.	<b>ANNUAL ACCOUNTS AND ANNUAL FINANCIAL REPORTING 2023/24</b>	
	<p>The Chief Financial Officer presented the Trust's annual accounts and annual report for 2023/24, and detailed the improvements made to UHL's financial governance over the past 12 months. The Trust had achieved 3 out of its 4 statutory financial duties in 2023/24, ending the year with a deficit position of</p>	

	<p>£52.8m and therefore not achieving break-even. He welcomed the clean, unqualified Audit opinion received on the Trust's 2023/24 annual accounts, and confirmed that they had been submitted in line with the national timetable. He also highlighted the Trust's good performance (94%) on the invoice payment requirements of the Better Payments Practice Code. 62% of UHL's costs related to staffing, and the Chief Financial Officer advised also that more than half of all UHL's income related to the fixed block contract. He commented also that the national NHS financial position for 2024/25 would likely be very challenging. The 2023/24 annual accounts and Annual Report were approved.</p>	
<b>4.</b>	<b>LOOKING TO THE YEAR AHEAD</b>	
	<p>The Chief Executive acknowledged that the year ahead would undoubtedly be challenging for the NHS as a whole. He recognised the importance of financial rigour, and emphasised that the Trust would also continue to focus on its priorities including providing high quality care for all, being a great place to work, and creating and embedding partnerships for impact. Research and innovation was also a key focus area echoing the Darzi review findings, and UHL was also working towards a single EPR provider being procured by multiple local NHS organisations.</p> <p>The Chief Executive thanked everyone for attending the 2024 UHL Annual Public Meeting, and opened the meeting to questions.</p>	
<b>5.</b>	<b>QUESTIONS FROM THE PUBLIC</b>	
	<p>A significant number of questions were asked, both from the floor and from those who had submitted in advance and which were now read out to attendees. The Trust Board's responses to the questions are shown at appendix 1.</p>	
<b>6.</b>	<b>EVENT CLOSE</b>	
	<p>The Trust Chairman reiterated his thanks to everyone for attending UHL's Annual Public Meeting 2024, and for the range of questions raised and the interest shown in the work of the Trust. He felt incredibly proud to be the Chair of UHL, and while welcoming the continuing progress being made by the Trust he recognised that there was still plenty to achieve.</p>	

The meeting closed at 7.10pm

# **Q&A session from the 2024 UHL NHS Trust Annual Public Meeting (24 September 2024)**

**Those questions which were either received in advance and which were read out at the meeting, or those asked in person at the meeting:**

No.	Questions (in the order raised at the meeting)	Trust response
1	Can you discuss what the plans are for senior practitioners to complete the Oliver McGowan mandatory training ? How many have completed this already ?	The Chief Nurse outlined what the Oliver McGowan training related to and advised that 84% of Trust staff had undertaken the tier 1 training. 700 staff had also undertaken the tier 2 face-to-face training, and UHL was working closely with partners to increase uptake.
2	Will the NHS move to a more proactive approach to preventive medicine ?	The Director of Health Equality and Inclusion advised that UHL recognised the need to step out of a reactive space and move towards a more preventive space, and UHL had launched its prevention report this year. However, this was a system-wide issue and the Trust was working closely with wider partners to look at uplifting the health of the population as a whole.
3	I am deaf and use BSL and have experienced and see that the NHS have little or no awareness about the AIS. What are your plans to ensure that the AIS is being fully enforceable within the NHS ?	UHL has an AIS working group, and the Director of Health Equality and Inclusion considered that good progress was being made. BSL signing had been provided for today's APM, and the Trust was working with wider stakeholders to progress the AIS.
4	What is the Trust doing to communicate better with people with learning difficulties and autism, and to make their stay in hospital better ?	Although acknowledging that there was further work to do, the Chief Nurse advised that UHL's Chief Allied Health Professional was chairing a group looking at how best to personalise care for learning disability patients. The Trust's estate was a limiting factor but there were rooms which were specifically designed for learning disability patients and UHL also had comfort packs available to help with any sensory issues. The Director of Communication and Engagement also outlined the work being done with community partners through the UHL Equality and Inclusion Partnership which involved around 50 community groups and which others were welcome to join.
5	What is the Trust doing to help women from the local community get back into work ?	The Deputy Chief People Officer outlined the bespoke work which had begun with community groups to improve access to work, and offered to provide further details to the questioner outside the meeting if they wished. A Nursing Associate training programme was also available.

<b>5a</b>	What % of UHL staff are agency staff ? How does this compare to last year ?	The Chief Financial Officer advised that agency spend had reduced in 2024/25 to date. UHL was at 1%-1.5% compared to the national target cap of 3.2% agency spend, which was welcomed. The Chief Nurse confirmed that UHL did not use any agency staff for Health Care Support Workers.
<b>6</b>	Is any of the UHL R&I money spent externally, and does R&I engage with community organisations ?	The Deputy Medical Director provided assurance that Trust and University colleagues were very mindful of the need for research and clinical trials to recruit patients who reflected the community. It was also important to be able to translate the research inclusivity into clinical practice. The Trust continued to work with the University to engage with local communities to understand how preventive care could help all sectors of the community. The Chief Nurse advised that the Institute for Health Excellence would also build research capacity and capability. The Deputy Chief Executive advised that the Leicester Diabetes Centre focused on prevention and aimed to engage with the community on that. He also noted that UHL provided care to the community out of each one of the community hospital sites.
<b>6a</b>	What work is underway to increase diversity in clinical trials ?	
<b>6b</b>	Noted about the Diabetes Centre investment but what investment is going in to the community ?	
<b>7</b>	What is the plan for the next 12 months to reduce ED attendances ? It is hard to get a GP appointment. What is in place to encourage people to take up screening, noting the crucial need to work with community partner groups ?	The Chief Operating Officer recognised the need for continued partnership working across the health and social care system and advised that UHL met regularly with partner organisations to discuss issues. The virtual ward programme was being expanded, and digital transformation would also have a key role in improvements (eg shared care record).
<b>7a</b>	Is appropriate resilience and contingency in place in the event of another pandemic ?	The Chief Executive confirmed that pandemic preparedness planning was undertaken at a national level, and noted his level of confidence in the Trust's preparedness. The Chief Operating Officer echoed this confidence in the Trust's EPRR (Emergency Preparedness, Resilience and Response) arrangements.
<b>8</b>	What is the Trust's care pathway for long Covid ? This condition impacts on lots of different services and the perception is that there is a lack of partnership working.	The Deputy Medical Director advised that the Trust's Respiratory service was sighted to the need to work with other services and partners on long covid treatment.
<b>9</b>	<i>(questioner notes the positive support and engagement from the UHL Chief Executive)</i> Please can a UHL Non-Executive Director be given the role of	The Chief Executive confirmed that Ms Vicky Bailey Non-Executive Director was the UHL NED Champion for carers. The Deputy Chief Executive noted that the Trust would discuss the carers partnership board

	leading on Carers, as committed to by a previous UHL Chairman ? Would the Trust consider establishing a Carers Partnership Board ?	suggestion with the ICB, and he reiterated the Trust's commitment to supporting carers.
<b>10</b>	The talk of partnership and system working is encouraging, but the system for diabetic patients still feels very antiquated from a patient perspective. Is the Trust asking patients the right questions for personalised care ?	The Director of Health Equality and Inclusion outlined the work which had been done to refresh patient information resources, and advised that the Trust planned to work with community partners on making sure that information was fit for purpose and reflected the needs of the community.
<b>11</b>	Ambulance waits seem to be getting worse and so people go to ED instead. The Trust needs to work with the ICB on ensuring timely responses to emergency calls.	The Chief Operating Officer noted that there had been an increase in demand for urgent and emergency care services. Ambulance handover waits had improved but he recognised that there was room for continued improvement.
<b>11a</b>	When will the £450m investment for Leicester's hospitals arrive ?	The Deputy Chief Executive noted that capital investment had already been received for the EMPCC and endoscopy facilities at the Leicester General Hospital. The New Hospital Programme was currently under review nationally with an update expected at the end of October 2024, and he felt confident regarding Leicester's position in that programme. The Trust had not been advised to halt progress on its full business case, which was encouraging, and the LRI enabling outline business case had recently been presented.
<b>12</b>	How far is the Trust Board prepared for the real danger of cyber attacks on the NHS ?	The Chief Operating Officer confirmed that this was covered in the Trust's business continuity plans and related work with partners.