

UNIVERSITY HOSPITALS OF LEICESTER (UHL) NHS TRUST**MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 14 AUGUST 2025 FROM 3.53PM IN THE CUMULUS ROOM, LEICESTER DIABETES CENTRE, LEICESTER GENERAL HOSPITAL****Voting Members present:**

Mr A Moore – Trust Board Chair (until minute 184/25)
 Dr A Haynes MBE - Non-Executive Director and Trust Board Vice Chair (in the Chair from 185/25)
 Mr S Adams – Non-Executive Director and Operations and Performance Committee Non-Executive Director Chair
 Mr L Bond – Chief Financial Officer
 Professor I Browne OBE – Non-Executive Director and People and Culture Committee Non-Executive Director Chair
 Ms J Hogg – Chief Nurse
 Ms J Houghton – Non-Executive Director
 Mr A Inchley – Non-Executive Director and Finance and Investment Committee Non-Executive Director Chair
 Mr R Mitchell – Chief Executive
 Mr D Moon – Non-Executive Director and Audit Committee Non-Executive Director Chair
 Professor T Robinson – Non-Executive Director and Charitable Funds Committee Non-Executive Director Chair

In attendance:

Dr R Abeyratne – Director of Health Equality and Inclusion
 Mr S Barton – Deputy Chief Executive
 Dr J Barwell – Consultant in Clinical Genetics (for minute 191/25/2)
 Professor N Brunskill – Group Director of Research and Innovation (for minute 191/25/2)
 Ms D Burnett – Director of Midwifery
 Mr A Carruthers – Group Chief Technology Officer (for Group Chief Digital Information Officer)
 Ms B Cassidy – Director of Corporate and Legal Affairs
 Dr A Goyal – NExT Director Scheme – Observing
 Mr S Harris – Associate Non-Executive Director
 Ms H Kotecha – Chair, Healthwatch
 Ms K Lomme – Strategic Development Director, East Midland Regional Research Development Network (for minute 191/25/1)
 Ms R Moss – Freedom to Speak Up Guardian (for minute 189/25/1)
 Mr C McQuade – Patient Parent (for minute 191/25/2)
 Mr M Reeves – Corporate and Committee Services Officer
 Dr T Singhal – Consultant Obstetrician and Gynaecologist (for minute 185/25)
 Ms M Smith – Director of Communications and Engagement
 Ms S Taylor – Deputy Chief Operating Officer (for Chief Operating Officer)
 Ms C Teeney – Chief People Officer
 Dr G Xu – Deputy Medical Director

		<u>ACTION</u>
180/25	APOLOGIES AND WELCOME	
	Apologies for absence were received from Mr A Furlong – Medical Director, Dr S Kaur – Associate Non-Executive Director, Mr J Melbourne – Chief Operating Officer / Deputy Chief Executive and Mr W Monaghan – Group Chief Digital Information Officer.	
181/25	CONFIRMATION OF QUORACY	
	<u>Resolved</u> – the meeting was confirmed as quorate (i.e. at least one-third of the whole number of Directors were present, including at least one Executive Director and one Non-Executive Director).	
182/25	DECLARATIONS OF INTERESTS AND UPDATE ANNUAL DECLARATIONS OF INTERESTS	
	There were no declarations of interest.	
	The updated annual Declarations of Interests were noted.	

	Mr D Moon, Non-Executive Director noted that he would be making a change to his declaration.	
183/25	MINUTES	
	<u>Resolved</u> – that the Minutes of the public Trust Board meeting held on 12 June 2025 be confirmed as a correct record.	
184/25	MATTERS ARISING: BOARD ACTION LOG	
	Paper B provided progress updates for the matters arising from the 12 June 2025 Trust Board meeting and any outstanding items from previous meetings, the contents of which were received and noted.	
	<u>Resolved</u> – that the matters arising report be received and noted as paper B.	
185/25	STAFF STORY: SOUTH ASIAN HERITAGE MONTH	
	<p>The Chief People Officer introduced Dr T Singhal, Consultant Obstetrician and Gynaecologist to present her story, as this aligned with South Asian Heritage Month, a celebration and commemoration of the history, culture and contributions of South Asian communities.</p> <p>Dr Singhal explained details of her background, coming from a family where many members were doctors and there was a strong emphasis on education. As part her own interest in learning, she sought to come to England, and this was not initially daunting as she had moved home a number of times within India during her childhood. However, the change in country did have its challenges, particularly when applying for jobs where despite being highly qualified this did not seem to carry weight when applying for roles and it was not always clear why she was unable to be appointed to suitable opportunities. The first role that Dr Singhal was appointed to was in Scotland, which was welcoming and supportive and this was followed by a role in Birmingham which was unpleasant. Then a role in Leicester where there was good support and she was happy to make it her home, being part of an enriching diverse community. There were a number of learning experiences in this environment, noting that different cultures had different ways of viewing medical matters such as hysterectomy and breast feeding. In adapting her approach and providing guidance and education, she hoped that she had contributed to the wider community. She also talked about her role within the UHL Clinical Fellowship Programme which she felt was something really beneficial to those supported by the programme. She talked further about the importance of respect, opportunity and support for those doctors who come from overseas to work at UHL, noting the challenges of having family overseas.</p> <p>Dr A Haynes, Trust Board Vice Chair, thanked Dr Singhal for sharing her story, particularly noting the importance of supporting doctors from overseas.</p> <p>Mr A Inchley, Non-Executive Director asked about any concerns that international doctors had at UHL and if there was anything which could provide support. Dr Singhal, noting the financial context of the Trust commented that all staff had concerns. She felt that there was an opportunity to provide greater awareness of the development and learning opportunities within UHL.</p> <p>Professor I Brown, Non-Executive Director noted the points made about respect, opportunity and support should be an important focus for the Trust Board, particularly as it could be difficult for people from overseas working in the NHS. Dr Singhal welcomed the comment but noted that there were also positive experiences when you know that you have made a difference and were thanked for what you do, which made the challenges worth the effort.</p> <p>Mr S Adams, Non-Executive Director thanked Dr Singhal for her story but asked if there was anything more that the Board could do. Dr Singhal commented on the importance treating people as you would like to be treated, help for those people who need guidance and instruction, and more generally awareness and support for those who needed it. She particularly supported the idea of a 'buddying' scheme but was aware of the challenges of setting this up, but recommended that staff should be asked if they were willing to give their time to support such a scheme.</p> <p>Dr A Haynes, Trust Board Vice Chair thanked Dr Singhal for providing her story to the Trust Board, and agreed with the sentiment regarding the need to ensure that international doctors received the</p>	

	same support as British doctors, as well as suitable personal support. He also agreed that implementing further support such as a buddying scheme would be welcome.	
	<u>Resolved</u> – that the staff story be received and noted.	
186/25	STANDING ITEMS	
186/25/1	<u>CEO Update</u>	
	<p>The Chief Executive presented paper D, and particularly highlighted the following:</p> <ul style="list-style-type: none"> a) Director of Communications and Engagement – Ms M Smith was congratulated on appointment to her new role at Manchester University NHS Foundation Trust. She was thanked for her work and improvements delivered during her time at UHL. b) Honorary Professors – The Director of Health Equality and Inclusion and the Chief Nurse were congratulated their appointments as honorary professors at the University of Leicester. c) Trust Priorities – the 3 Trust priorities of transforming patient care, strengthening our culture, and delivering our financial plan were highlighted. However, it was acknowledged within the priorities there were tensions where a focus on finance would mean impacts on quality of care and safety. The challenge was to have a focus on all of the priorities. 	
	<u>Resolved</u> – that the report and updates be noted.	
186/25/2	<u>UHL Oversight Framework Metrics</u>	
	The Deputy Chief Operating Officer introduced a paper which provided an overview of Trust metrics and assessed whether these should be included in the Integrated Performance Report (IPR). The next steps from the report were to work with data owners to confirm the sources and include in the October IPR.	
	<u>Resolved</u> – that the report be received and noted.	
186/25/43	<u>Integrated Performance Report and Executive Summary (Month 3)</u>	
	<p>The Chief Executive introduced paper E, Integrated Performance Report, highlighting the monthly basis of the report which provided data from June 2025.</p> <p>The Deputy Chief Operating Officer reported an improved position in relation to Urgent and Emergency Care (UEC), with good performance in Month 4, particularly with regard to repeat attendances in both adults and children's services. The 12 hour wait target was also highlighted as being an area of positive performance. The need to maintain momentum on productivity was noted, as this was delivering a positive impact. Challenges remained with regard to ambulance handover times which were the focus of improvement efforts. There was also a focus on improvements in Same Day Emergency Care and on length of stay metrics.</p> <p>With regard to planned care, the Deputy Chief Operating Officer noted a welcome reduction in the overall waiting list where there had been a focus on reducing 65 week and above waits as well as a focus on improvements in reducing the 62- and 31-day cancer waits.</p> <p>Each of the Executive Director IPR leads were invited to provide an overview of the key aspects of paper E relating to their portfolios as follows:-</p> <p>(1) Quality – The Chief Nurse reported that there had been a focus on reducing hospital acquired infections such as Clostridium Difficile and Methicillin-susceptible Staphylococcus Aureus with a change in Infection Prevention management arrangements to enable Estates and Facilities to have a better focus on cleaning. This would be backed up by a communications plan to improve infection control. Welcome improvements in the management of Hospital Acquired Pressure Ulcers were also reported which had been a long term challenge, which would be further improved when new mattresses were received at Glenfield Hospital. There were also improvements in complaints responses where the 60-day target had been met with work</p>	

	<p>ongoing to now meet the 25 day target, but also the number of formal complaints were now reducing.</p> <p>The Deputy Medical Director reported that the mortality rate remained low, with the Summary Hospital Level Mortality Indicator (SHMI) being below 100, which provided assurance. Also highlighted was the positive development of a Sepsis tool being developed within Nervecentre software to create automated reporting.</p> <p>(2) People – The Chief People Officer highlighted some key performance measures related to workforce. Appraisal performance at was below target, but assurance was provided that focussed work was ongoing to improve performance. Performance in relation to the workforce plan, agency approvals and spend were noted as being areas of positive performance.</p> <p>Mr D Moon, Non-Executive Director noted that there were vacancy targets listed in the report, but there was no data for these. The Chief People Officer agreed to look into this as they should have been there. It was also confirmed that there was work ongoing to determine what the overall vacancy rate was for the Trust.</p> <p>(3) Finance – The Chief Financial Officer provided an overview of the Trust's financial position. The deficit was £9m, which was £2.8m adverse to plan. Patient and other income was under plan, but this was being partly off-set by positive performance in relation to pay and non-pay expenditure. There was small amount of slippage in relation to the Capital Plan. The cash position had deteriorated, therefore financial modelling was being reviewed in order to maintain the Income and Expenditure Plan, to avoid possible impacts on the overall Financial Plan.</p> <p>Dr A Haynes, Trust Board Vice Chair sought a financial view on the overall position with regard to the level of activity. The Chief Executive noted that the ideal position would be to increase planned care and reduce UEC. It was acknowledged that activity was behind plan in some areas, particularly with regard to the East Midland Planned Care Centre, but there was confidence that plan targets would be achieved by the end of the financial year. The challenges regarding UEC related to payment being at a fixed level, therefore additional care was not funded. It was noted that adult care was above plan, but paediatric care was below plan. The importance of a good Winter Plan was highlighted and a better winter period than the previous year.</p>	CPO
	<u>Resolved</u> – that vacancy figures be included in future IPR reports.	CPO
186/25/4	<u>Board Committee Escalation Reports and Board Committee Annual Reports (where available)</u>	
	<p><u>Operations and Performance Committee – 26 June 2025 and 31 July 2025</u> Mr S Adams, Operations and Performance Committee Non-Executive Director Chair referenced discussions at the committee regarding operational performance; the positive impacts from, but also challenges arising from the Patient Administration System; the feedback from the Committee to the ICB regarding their draft Winter Plan and changes to the Committee's work programme.</p> <p><u>Quality Committee – 26 June 2025 and 31 July 2025</u> Dr A Haynes, Quality Committee Non-Executive Director Chair reported details of challenges with regards to Histopathology, where there had been staffing shortages which had affected service provision, but this was a national issue, where it was felt that the national level solution had not had a positive impact. Positive improvements in Maternity had shown that UHL Maternity was now fourth best in the region, which was a significant achievement.</p> <p><u>Finance and Investment Committee – 25 June 2025 and 30 July 2025</u> Mr A Inchley, Finance and Investment Committee Non-Executive Director Chair highlighted discussions on the Board Assurance Framework where financial risks were now split into short and longer term risks to enable better monitoring. There would be a more detailed review of Estates and Facilities risks at a forthcoming meeting. The financial position was noted as being on an improving trajectory.</p> <p><u>Our Future Hospitals and Transformation Committee – 27 June 2025 and 25 July 2025</u> Dr A Haynes, Our Future Hospitals Committee Non-Executive Director Chair noted detailed discussion regarding the implementation of the Patient Administration System (PAS), where after a positive go live implementation, there was a stabilisation phase where fixes were being put in place</p>	

	<p>to deal with identified issues. Positive achievements were also highlighted in regard to the Green Plan and the Audit Quality and Improvement Plan.</p> <p>The Chief Executive, noting the 17% reduction in carbon emissions related to the Green Plan enquired whether this generated a cost saving or increase. Dr A Haynes, Our Future Hospitals and Transformation Committee Non-Executive Director Chair felt that a benefit was delivered, but it was a challenge to associate costs. The Chief Nurse noted that financial savings related to waste and lighting could be identified. It was anticipated that future bids to make buildings more sustainable would generate more savings.</p> <p><u>People and Culture Committee – 26 June and 31 July 2025</u> Professor I Browne, People and Culture Committee Non-Executive Director Chair reported discussions in relation the flu vaccination plans which showed the importance of vaccination; recommendations from Freedom to Speak Up, which showed effective use of the service; and recognition in the Sunday Times that UHL was rated 65th out of the top 100 apprenticeship employers.</p> <p><u>Audit Committee – 23 June 2025</u> Mr D Moon, Audit Committee Non-Executive Director Chair informed the Trust Board about discussions on the Trust annual accounts; fragile services where it was felt there was a need to understand costs to support these services; the use of waivers and understanding reasons for their use; and the changes to Counter Fraud Functional Standard score applied by new Internal Auditors.</p>	
	<p>Resolved – that the escalation reports from the Operations and Performance Committee on 26 June 2025 and 31 July 2025, the Quality Committee on 26 June 2025 and 31 July 2025, the Finance and Investment Committee on 25 June 2025 and 30 July 2025, the Our Future Hospitals and Transformation Committee on 27 June 2025 and 25 July 2025, the People & Culture Committee on 26 June 2025 and 31 July 2025, and Audit Committee on 23 June 2025 be noted, and any recommendations be endorsed.</p>	
187/25	HIGH QUALITY CARE FOR ALL	
188/25/1	<u>UHL's Deliverables for 2025/26 – Quarter 1 Progress</u>	
	<p>The Deputy Chief Executive presented a summary of progress to date, at the end of Quarter 1 in delivery of the Trust's 3 priorities (transform patient care, strengthen our culture and deliver our financial Plan) and 10 key deliverables for 2025/26. He felt that it was an overall positive position in areas such as the delivery of the People Strategy, PAS implementation and developments in the Group model with University Hospitals of Northamptonshire NHS Group. Further he felt there was improvement in the Emergency Department attendances trajectory, improvements to quality and staff sickness absence. It was noted that there would be a focus on the Financial Plan in the forthcoming quarters.</p> <p>Dr A Haynes, Trust Board Vice Chair, commented that the format of the report was helpful as it allowed triangulation between different areas such as cost and quality. He noted a point in relation to non-elective admissions which he felt remained at a high level, despite attendance at plan level and suggested that these be tracked through the deliverables process. The Deputy Chief Executive that this could be included in future.</p>	DCE
	Resolved – that non-elective admissions be monitored through the deliverables review process and included in future reports.	DCE
188/25/2	<u>Perinatal Quality Surveillance Scorecard June 2025</u>	
	<p>The Director of Midwifery presented the Perinatal Quality Surveillance Scorecard. Overall, it was reported that all quality metrics were in a stable range of variation. Detailed points highlighted included; actions to work towards receiving Baby Friendly status regarding breastfeeding; improvements in perineal trauma rates; winter planning and actions to improve vaccination rates; and actions to improve induction of labour delays. In terms of workforce, positive recruitment rates were noted in relation to both midwifery and neonatal nurses, and job offers made to those shortly due to qualify. It was acknowledged that risks remained in some areas and the importance of working towards achievement of the Maternity Incentive Scheme was highlighted.</p>	

	<p>The Chief Financial Officer, noting the proposed appointment of newly qualified staff, queried whether it was reasonable to over recruit from this cohort in order to address future turnover and staff shortages. The Director of Midwifery confirmed that this was a potential way forward, but noted that UHL generally had a low turnover of staff in Midwifery, but this would be considered.</p> <p>Mr D Moon, Non-Executive Director and Maternity Champion welcomed the progress which had been reported, but asked the Director of Midwifery if she had any particular general concerns. The Director, in response noted she had previously highlighted challenges in relation to the sustainability of the service, and highlighted the importance of investment, but recognised the wider financial position. She further highlighted the national scrutiny on maternity, which was welcome, but felt that it was important that the voices women and families should be highlighted and engagement and inclusion were also important factors.</p> <p>Ms J Houghton, Non-Executive Director noted the challenges which arose from the outdated estate in which Maternity was based and enquired whether this would be addressed in the near future. Dr A Haynes, Trust Board Vice Chair noted that this had been discussed at the Our Future Hospitals and Transformation Committee and provided assurance that there would be action to addressing risks in relation to the Maternity estate.</p> <p>Dr A Haynes, Trust Board Vice Chair enquired about the use of antibiotics. The Director of Midwifery confirmed that this was an area which required focus and would be considered in more detail going forward.</p> <p>Dr A Haynes, Trust Board Vice Chair queried the data relating to age at booking, deprivation and ethnicity not being included in the Integrated Performance Report. The Director of Midwifery noted that a dashboard was being developed to improve the use of data in this area and would be the focus for a data analyst who was joining the service.</p>	
	<u>Resolved</u> – that the report be received and noted.	
188/25/3	<u>Perinatal Assurance Committee Highlight Report</u>	
	<p>The Director of Midwifery presented a summary of the key discussions at the UHL Perinatal Assurance Committee from 2 July 2025. A key focus of the discussions was in relation to meeting the requirements of the Maternity Incentive Scheme, where it was confirmed that progress was on track. Two action areas from the scheme, action 3 (Transitional Care) and Action 7 (Maternity and Neonatal Voices Partnership infrastructure) were identified as being at risk and actions were in place to increase assurance that these requirements would be met. Also discussed was progress in relation to addressing the recommendations of the Operational Delivery Network Neonatal Peer Review where measures had been put in place to address consultant cover challenges due to the split site operation. Other areas of discussion at the Committee included leadership structure development, improved data analysis, the Enhanced Maternity Continuity of Carer programme which aimed to improve working within Leicester City communities and the proposed national enquiry into Maternity Services, but few details were known about this at the time of the meeting.</p>	
	<u>Resolved</u> – that the report be received and noted.	
188/25/4	<u>Health Equality and Inclusion Update</u>	
	<p>The Director of Health Equality and Inclusion presented a report on health inequalities improvement at UHL. In introducing the report, the following areas were highlighted; the new approach to Equality and Health Inequality Impact Assessments which had been piloted and well received; consideration of which health equality metrics should be reported as part of the Integrated Performance Report; the use of a performance management approach in health equality, utilising a multi-disciplinary team which had reduced attendances and improved engagement with those who did not attend; and details of research into demographics of attendance in the Emergency Department and key findings, which required a detailed deep dive into the data.</p> <p>The Deputy Medical Director enquired whether deprivation was a protected characteristic. The Director of Health Equality and Inclusion clarified that it was not, but it was recognised by the Equality Act 2010.</p>	

	<p>Ms J Houghton, Non-Executive Director commended the work ongoing regarding health equality. She further queried the future arrangements of the multi-disciplinary team pilot which provided support to homeless persons. The Director of Health Equality and Inclusion confirmed that there was ICB funding until March 2026 for the project.</p> <p>The Chief Executive also expressed his support and recognition of the importance of the work detailed in the report. He queried whether the benefit of the work in the report could be expressed in financial terms. The Director of Health Equality and Inclusion felt it was not possible to define the work in financial benefit, however there were often clear health economic costs which were addressed, such as improvements to attendance rates, but patients may continue to attend the Emergency Department regardless. The Deputy Chief Operating Officer noted that research was being undertaken in relation to high frequency attenders to the Emergency Department. Dr A Haynes, Trust Board Vice Chair stressed the importance of using data in the right way to make decisions and it was a challenge for the Trust Board to ensure this was done.</p>	
	<u>Resolved</u> – that the report be received and noted	
189/25	GREAT PLACE TO WORK	
189/25/1	<u>Freedom to Speak Up Quarter 1 Report</u>	
	<p>Ms R Moss, Freedom to Speak Guardian presented the Quarter 1, April – June 2025 Freedom to Speak Up report. Details within the report were highlighted in relation to; overall case numbers, which had reduced; the highest reporting staff group which had changed to Nursing and Midwifery and the possible reasons why; the breakdown between safety and wellbeing concerns; the increase in concerns raised within Estates and Facilities, the possible reasons and work to address the concerns; the work in response to the recent CQC inspections and extra support provided in areas which had been inspected; proposals to make Access to Work centralised to improve access to the service; and assurance that Freedom to Speak would remain in place following the ceasing of NHSE and the development of the NHS 10 year plan.</p> <p>The Deputy Medical Director, noting the number of concerns raised from an external renal unit enquired about possible reasons for the concerns. Ms R Moss, Freedom to Speak Guardian noted that there were challenges for staff who felt pressured due to work targets, staffing levels and the wider financial position and this had led to above average sickness absence levels. There were also felt to be some concerns from international staff not feeling respected or supported.</p> <p>The Chief Nurse noted the increase in concerns from Nursing and Midwifery staff. Assurance was provided that staff were often moved to ensure that patient safety requirements were met, but it was acknowledged that this could create challenges for staff. Further, assurance was provided that planned staffing numbers had not changed, and the importance of having qualified staff in the right place was stressed. Ms R Moss, Freedom to Speak Guardian commented that the report provided the views of those raising concerns, but noted that changes could take some time to get used to.</p> <p>Dr A Haynes, Trust Board Vice Chair, noted the importance of triangulation in relation to Freedom to Speak Up Reports, as the reports demonstrated where support may be needed for staff, or whether support in place was being effective.</p>	
	<u>Resolved</u> – that the report be received and noted.	
189/25/2	<u>EDI Update: WRES and WDES</u>	
	<p>The Chief People Officer presented a report which outlined the Trust's performance against the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES), which was a requirement of the NHS contract. The background to the standards was detailed noting they were set nationally and were in alignment with meeting the Trust's 3 operational plan priorities. Details of the indicators within the standards were also outlined and the data sources which informed the indicators. A brief overview of the headline performance was provided noting that UHL was generally in the middle of the benchmark, but there was an acknowledgement of improvements to be made particularly in terms of addressing bullying and harassment for those persons with protected characteristics and improving diversity in Board and senior leadership roles, but this would be addressed in the forthcoming Equality, Diversity and Inclusion Strategy. A key piece of feedback</p>	

	<p>was that mentoring support would be welcomed by staff and this would be given consideration. Assurance was provided that work was ongoing on improvement actions.</p> <p>Professor I Browne, Non-Executive Director noted that there had been in depth discussions on the report at the People and Culture Committee and he stressed the importance of ensuring the findings against the standards informed Trust strategy and became a key part of day-to-day work.</p> <p>Mr S Adams, Non-Executive Director commented that mentorship and reverse mentorship programmes, when they were done well could provide useful knowledge for informing the Trust's wider strategic approaches. The Chief People Officer agreed, noting the importance of such schemes to support development and progression, and formed a key part of leadership programmes.</p> <p>Mr A Inchley, Non-Executive Director highlighted developments such as cross site working for staff and workforce plan headcount reductions, and urged that these developments did not make the position worse in relation to meeting the WRES and WDES standards. The Chief People Officer provided assurance that the WRES and WDES standards were considered when making changes.</p> <p>The Director of Health Equality and Inclusion noted the importance of aligning the standards with patient safety and this should be maintained despite the challenges of the current financial environment. On a related point, it was queried whether disabled people were under-represented in medical roles, and whether this was reflected within student cohorts. Professor T Robinson, Non-Executive Director stated that he could explore the data on this area which was held by the University of Leicester and discuss further with the director and report back to the Trust Board if necessary.</p>	<p>T Robinson NED / DoHE&I</p>
	<p><u>Resolved</u> – that (A) the publication of the Workforce Race Equality Standard and Workforce Disability Standard data on the Trust website be approved; and</p> <p>(B) disability representation within medical student cohorts be reviewed and discussed with the Director of Health Equality and Inclusion and report back to Trust Board as necessary.</p>	<p>CPO</p> <p>T Robinson NED / DoHE&I</p>
189/25/3	<u>NHS Staff Survey 2025</u>	
	<p>The Chief People Officer presented a report which provided an update on the work undertaken on the delivery plan in response to the 2024 staff survey and also work being undertaken to improve the response rate for the staff survey in 2025. Details were provided of the response rate for the previous year, and how this compared to other trusts.</p> <p>The Director of Communications and Engagement provided details of the communications messaging which would assist in the promotion to encourage staff to complete the survey.</p> <p>Professor I Browne, Non-Executive Director suggested that staff survey promotional messaging include details of changes which had occurred as a result of the previous year's survey. The Chief People Officer noted that the RISE (Recognised, Included, Supported, Equipped) strategy was based on responses in the staff survey and included good examples of action taken in response to the survey. The Director of Communications and Engagement confirmed that the communications aimed to be as clear as possible in terms of providing examples where problems were raised, how they were addressed, such as the provision of new laptops.</p> <p>Ms J Houghton, Non-Executive Director expressed hope that the response rate would improve, but noted feedback from staff on a recent ward walkabout regarding IT changes and uncertainty about job roles could mean a lower response rate. The Chief People Officer stressed the importance of taking a positive approach to encouraging staff to complete the survey, and noted that there would be variability within different areas. The Chief Executive highlighted good previous response rates and accepted that there may be a drop in the current year, but again stressed the importance of encouraging participation.</p> <p>Dr A Haynes, Trust Board Vice Chair noted that a dip in the response rate could provide an indicator of the mood of the organisation, and highlighted that other organisations who implemented a new</p>	

	Patient Administration System had faced organisational challenges. He encouraged there to be effort to seek the views of people who did not typically respond to the survey.	
	<u>Resolved</u> – that the report be received and noted.	
190/25	PARTNERSHIPS FOR IMPACT – no items	
191/25	RESEARCH AND EDUCATION EXCELLENCE	
191/25/1	<u>East Midlands Regional Research Development Network</u>	
	<p>Ms K Lomme, Strategic Development Director, East Midlands Regional Research Development Network (RRDN) presented an update report on current RRDN priorities and assurance regarding the latest RRDN financial position and risks & issues.</p> <p>The Strategic Development Director, EM RRDN noted that the organisation had been through a period of transition and as part of becoming established as the RRDN a new governance framework had been developed, whilst it was based on the previous framework, there had been some changes. It was noted that the draft framework had been reviewed through the RRDN Host Governance Group and it was now recommended for Trust Board approval. The Trust Board approved the RRDN Governance Framework.,</p> <p>The Strategic Development Director EM RRDN provided updates on key activities undertaken recently which included the development of a new organisational structure for the Agile Research Delivery Team across all settings in the network. Details of key engagement events were also noted such as the Breathe: Speak Out event promoting respiratory research, as well as the promotion of the Be Part of Research national register for the public to express interest in taking part in research.</p> <p>Dr A Haynes, Trust Board Vice Chair thanked the Strategic Development Director EM RRDN for attending the meeting and noted the importance to UHL for hosting the network.</p>	
	<u>Resolved</u> – that the RRDN Governance Framework, as appended to the report at appendix 2, be approved.	MD / RRDN
191/25/2	<u>Research and Innovation Quarterly Update</u>	
	<p>The Group Director of Research and Innovation presented a report which provided assurance regarding UHL Research and Innovation activity and Performance. Points from the report which were highlighted included; the challenges to provide funded time for staff to take part in research; the approval for UHL to host the Commercial Research Delivery Centre (CDRC) UK Network which aims to improve coordination between regional CDRCs; new areas of research into Huntingdon's Disease and Fragile X and a small deficit in research finances which it was planned to address the issue.</p> <p>Dr A Haynes, Trust Board Vice Chair queried whether there were any specific reasons why there was a poor uptake of research opportunities from UHL staff. The Group Director of Research and Innovation commented that there were no specific reasons, but another round of recruitment was planned.</p> <p>The Group Director of Research and Innovation, introduced Mr C McQuade a parent of 2 male children who had the condition, Fragile X and Dr Julian Barwell, Consultant in Clinical Genetics. Mr C McQuade presented a proposal to the Trust Board regarding the development of a National Fragile X Syndrome Clinical Service & Research Hub. The presentation covered the follow areas:</p> <ul style="list-style-type: none"> - Definitions and symptoms of Fragile X, including its heritable nature. - The story so far in terms of research, academic and community development. Also highlighted was Leicester's academic and research excellence in this area. - The proposed steps which would need to be taken in the development of the Fragile X hub, including family support and increased research opportunities. - The current work ongoing in terms of studies, family involvement and commercial opportunities. - The potential for UHL to attract related commercial research opportunities if a Fragile X centre of excellence was developed as well as what was hoped to be provided by UHL in terms of resources. 	

	<p>Dr A Haynes, Trust Board Vice Chair thanked Mr McQuade for the presentation and sharing his journey.</p> <p>The Deputy Chief Executive enquired what the next steps were towards the development of the Fragile X hub and details of any proposed commercial opportunities. Dr J Barwell explained about the challenges faced by families who were affected by Fragile X, and how day to day life, such as children going to school could become impossible. It was felt that the next phase in the development of the hub needed to focus on providing dedicated support for families. Mr C McQuade also spoke of the importance with support for form filling to make the right applications and for dealing with services that would support the Hub. The Group Director of Research and Innovation confirmed that his service could provide some 'pump priming' support in order to start processes.</p> <p>The Chief Executive thanked Mr McQuade for the presentation and noted that he had previous discussions with Mr McQuade, where the follow up was discussions with the Trust's Women's and Children's Clinical Management Group. Capacity issues had prevented further development at that point. The Chief Executive undertook to arrange a meeting in September with himself, the Deputy Chief Executive, the Chief Financial Officer as well as Mr C McQuade and Dr J Barwell to develop a plan for the way forward.</p>	
	<u>Resolved</u> – that the proposals outlined in the Fragile X presentation be discussed and considered and a plan to respond be developed and to inform Trust Board of the plan.	CE
192/25	CORPORATE GOVERNANCE/REGULATORY COMPLIANCE	
192/25/3	<u>BAF and Significant Risk Report</u>	
	<p>The Director of Corporate and Legal Affairs presented a report which provided assurance regarding the effectiveness and robustness of the Trust's overarching system of risk management and internal control. The report was the first since a recent review and refresh of BAF processes and it aligned with objectives. The report proposed no changes to risk scores, but it highlighted the top six risks, and the actions in response to those risks and any gaps in addressing them. Further points noted were the ongoing discussions and update work in respect of risk tolerance and another piece of work in relation to better managing risks to reduce scores and improved indicators to show progression.</p> <p>Dr A Haynes, Trust Board Vice Chair noted that Committee Chairs had discussed the changed approach to the BAF and were supportive and the benefits of discussing the BAF at the beginning of Committee meetings was highlighted.</p>	
	<u>Resolved</u> – that the report be report be received and noted.	
193/25	CORPORATE TRUSTEE BUSINESS	
193/25/1	<u>CFC Escalation Report June 2025 and CFC Annual Report</u>	
	Professor T Robinson, Charitable Funds Committee Non-Executive Director presented the Charitable Funds Committee Escalation report from 20 June 2025 and the Committee Annual Report.	
	<u>Resolved</u> – that the Charitable Funds Committee Annual Report 2024-25 be approved by the Trust Board as Corporate Trustee.	
194/25	ANY OTHER BUSINESS	
	The Director of Health Equality and Inclusion clarified a point of discussion under minute 118/25/4, noting that deprivation was not a protected characteristic, but was recognised by the Equality Act 2010.	
195/25	QUESTIONS FROM THE PRESS AND PUBLIC	

	There were no questions from the press or public.	
196/25	REPORTS AND MINUTES PUBLISHED AND UHL'S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS):	
196/25/1	Resolved – that it be noted that the following Minutes of meetings had been published on UHL's website alongside the Trust Board papers:- <ul style="list-style-type: none"> • Quality Committee – Minutes of 29 May 2025 & 26 June 2025 • Operations and Performance Committee – Minutes of 29 May 2025 & 26 June 2025 • Finance and Investment Committee – Minutes of 28 May 2025 & 25 June 2025 • Our Future Hospitals and Transformation Committee – 30 May 2025 & 27 June 2025 • People and Culture Committee – Minutes of 29 May 2025 & 26 June 2025 • Audit Committee – Minutes of 17 March 2025 • Charitable Funds Committee – Minutes of 11 April 2025 	
197/25	REPORTS DEFERRED TO A FUTURE MEETING	
	None.	
198/25	DATE AND TIME OF NEXT MEETING	
	Resolved – that the next Public Trust Board meeting be held on Thursday 9 October 2025, at 3.00pm in Seminar Rooms 2/3, Clinical Education Centre, Glenfield Hospital. The Trust Annual Public Meeting was due to be held on Thursday 11 September 2025 from 5.30pm at Glenfield Hospital	

The meeting closed at 6.15pm

Matthew Reeves – Committee and Corporate Services Officer

Cumulative Record of Attendance (205/26 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Moore	4	3	75	J Houghton	4	4	100
S Adams (from 1.5.25)	3	3	100	A Inchley	4	4	100
L Bond	4	4	100	J Melbourne	4	3	75
I Browne	4	3	75	R Mitchell	4	4	100
A Furlong	4	3	75	D Moon	4	3	75
A Haynes	4	4	100	T Robinson	4	3	75
J Hogg	4	4	100				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	4	3	75	H Kotecha	4	2	50
S Barton	4	3	75	W Monaghan	4	3	75
B Cassidy	4	4	100	M Smith	4	4	100
S Harris	4	1	25	C Teeney	4	4	100
S Kaur	4	2	50				