UNIVERSITY HOSPITALS OF LEICESTER (UHL) NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 14 AUGUST 2025 FROM 3.29PM IN THE CUMULUS ROOM, LEICESTER DIABETES CENTRE, LEICESTER GENERAL HOSPITAL

Voting Members present:
Mr A Moore – Trust Board Chair
Mr S Adams – Non-Executive Director and Operations and Performance Committee Non-Executive Director Chair
Mr L Bond – Chief Financial Officer
Mr A Furlong – Medical Director
Ms J Houghton – Non-Executive Director
Mr A Inchley – Non-Executive Director and Finance and Investment Committee Non-Executive Director Chair
Mr J Melbourne, Chief Operating Officer
Mr R Mitchell – Chief Executive
Mr D Moon – Non-Executive Director and Audit Committee Non-Executive Director Chair

In attendance:
Dr R Abeyratne – Director of Health Equality and Inclusion
Mr D Barnes – Deputy Medical Director (for minute 224/25/2)
Mr S Barton – Deputy Chief Executive
Ms D Burnett – Director of Midwifery (for Chief Nurse)
Ms B Cassidy – Director of Corporate and Legal Affairs
Ms E Casteleijn - Director of Communications and Engagement
Ms H Hendley – Director of Planned Care / Chief Operating Officer designate
Dr S Kaur – Associate Non-Executive Director
Ms H Kotecha – Chair, Healthwatch
Mr W Monaghan - Group Chief Digital Information Officer.
Mr E Nartey – Same Day Emergency Care Nurse (for minute 221/25)
Mr M Reeves – Corporate and Committee Services Officer
Ms C Teeney – Chief People Officer
Mr B Widdowson – Director of Estates, Facilities and Sustainability
Ms S Zavery – Head of Equality, Diversity and Inclusion (for minute 221/25)

		ACTION
216/25	**APOLOGIES AND WELCOME**	
	Apologies for absence were received from Professor I Browne OBE, Non-Executive Director, Mr S Harris, Associate Non-Executive Director, Dr A Haynes MBE - Non-Executive Director, Ms J Hogg, Chief Nurse and Professor T Robinson, Non-Executive Director.	
217/25	**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).	
218/25	**DECLARATIONS OF INTERESTS AND UPDATE ANNUAL DECLARATIONS OF INTERESTS**	
	There were no declarations of interest. The updated annual Declarations of Interests were noted.	
219/25	**MINUTES**	
	Resolved – that the Minutes of the public Trust Board meeting held on 14 August 2025 be confirmed as a correct record.	
220/25	**MATTERS ARISING: BOARD ACTION LOG**	

	Paper B provided progress updates for the matters arising from the 14 August 2025 Trust Board meeting and any outstanding items from previous meetings, the contents of which were received and noted. Ms J Houghton, Non-Executive Director sought an update in relation to the action regarding the follow up to the Fragile X presentation. The Chief Executive undertook to provided the Trust Board with an update once progress had occurred.	
	<u>Resolved</u> – that (A) the matters arising report be received and noted as paper B; and **(B) details be shared with Trust Board members, when available, regarding developments of the Fragile X Hub.**	**CE**
221/25	**STAFF STORY: BLACK HISTORY MONTH**	
	The Chief People Officer presented the staff story, which aligned with Black History Month which UHL was supporting through a number of awareness raising activities. Mr E Nartey, Same Day Emergency Care Nurse was introduced to the Trust Board and invited to present his story. Mr E Nartey informed the Trust Board of his background and how he became interested in becoming a nurse. He arrived in the United Kingdom in 1986 and based on positive family influences, he became interested in a career in healthcare and became a qualified nurse in 1993. His focus was on working in intensive care and took a number of roles in order to gain suitable experience for this and eventually gained an intensive care role. His career path took a number of different directions such as exploring work in America and working in London, he moved to Leicester Royal Infirmary in 2019, working in the GP Assessment Unit. At UHL he became involved in supporting international nurses as well as becoming a Royal College of Nursing (RCN) representative, focussing on Health and Safety. More recently, whilst he was hesitant at first, he felt it had been a positive experience to become involved in supporting Black History Month at UHL. Mr E Nartey further spoke about UHL more generally, noting that he had received good support to undertake personal developmental activities, particularly from his current line manager. In terms of areas which he felt could be improved, he noted the particular challenges faced by international nurses who had family responsibilities both locally and overseas and felt that better support for this could be provided. He also suggested that a wholistic approach to staff development could be provided for international nurses, dependent on how individuals wished to develop. Mr E Nartey thanked the Trust Board for the opportunity to share his story. The Director of Midwifery commented that having recently met Mr E Nartey, she could tell he was a compassionate person and thanked him for his service. Reflecting on his comments about things which UHL could improve she felt that there were examples of UHL of creating diverse leaders within the Trust, but also noted the importance of understanding cultural differences. Further, based recent experience working with a midwife colleague from University Hospitals of Northamptonshire, more shared decision making would be implemented. Ms J Houghton, Non-Executive Director asked Mr E Nartey whether there were improvements which UHL could make, particularly in terms of managing workplace culture and challenging bad behaviour. Mr E Nartey commented that he had noted changes particularly with regard to the impact of nurse educators who provided a focus for himself in determining where to take his career. He felt there was a good opportunity to start having more individual conversations with nurse about what they hoped to achieve. He also noted the positive role for Professional Nurse Advocates. The Chief People Officer thanked Mr E Nartey for attending the Trust Board and sharing his story, and his engagement with Black History Month at UHL. Further she thanked him for his work at UHL, his support for colleagues and his role with the RCN. In response to the comments he made regarding working with individuals to support their career development she undertook to give consideration to ways in which this could be implemented. She told Mr E Nartey that he would be welcome to attend the Trust Board again in future. Mr A Moore, Trust Board Chair, thanked Mr E Nartey for sharing his story.	**CPO**

	Resolved – that consideration be given to and action taken as appropriate regarding the points made in the story regarding individualised career development plans.	**CPO**
222/25	**STANDING ITEMS**	
222/25/1	Chair's Report	
	In view of the time pressures at the meeting, the Chairman did not present his report in the Trust Board meeting, but it was circulated outside of the meeting. *In it, the Chairman covered the following matters:* • *Conferences and events – national political conferences, UHL leadership event and UHL Recognition Awards.* • *The three Trust priorities and the importance of culture.* • *Finance – including the wider government position and delivery of UHL's financial plan.* • *The need to be transformative to be sustainable going forward.* • *The development of the UHL / University Hospitals of Northamptonshire NHS Group collaboration.* • *CQC inspections and the need to be positive to the learning involved.*	
222/25/2	CEO Update	
	The Chief Executive presented paper D, and particularly highlighted the following: a) The 3 UHL priorities - transforming patient care, strengthening our culture, and delivering our financial plan were important and they required ongoing and deliberate focus. b) Behaviour – it was the intention to engage with staff networks to develop standards of behaviour, particularly for the winter period, and within the standards, there would need to be a focus on staff empowerment. c) Chief Operating Officer – it was noted that this was the last meeting for Mr J Melbourne, Chief Operating Officer before he left to take up a new role. He was thanked for his service to UHL.	
	Resolved – that the report and updates be noted.	
222/25/3	Integrated Performance Report and Executive Summary (Month 5)	
	The Chief Executive introduced paper E, Integrated Performance Report, highlighting the monthly basis of the report which provided data from August 2025. With regard to Urgent and Emergency Care, the Chief Operating Officer reported that August was significantly more challenged than July, particularly in adult attendances, with over 1,000 patients presenting to the Emergency Department (ED) in a single day—among the highest ever recorded. While this reflected ongoing system pressures, the Trust entered winter following good progress due to initiatives such as the new Preston Lodge community rehabilitation facility and expanded Same Day Emergency Care (SDEC). The winter plan had been signed off, and there had been recent engagement with ED consultants regarding winter, as well as plans for collaboration with East Midlands Ambulance Service and wider system partners. Risks remained around mental health presentations and patients not requiring ED care. The need for enhanced Urgent Treatment Centre (UTC) capacity was emphasised. In respect of Planned care and cancer the Chief Operating Officer reported that elective care remained challenged, with a focus on reducing 65-week waits and managing the impact of PAS implementation. Three priority areas were identified: • Patient Administration System recovery plans • Business cases (including endoscopy) • Broader elective care business planning Cancer performance had worsened due to seasonal factors, particularly in breast, head, and neck specialties. Improvements were expected from September onwards. Workforce shortages in	

	theatres and cancer services continued to impact delivery, with ongoing collaboration with University Hospitals of Northamptonshire NHS Group (UHN) to address gaps. Diagnostics were showing signs of improvement, with further initiatives in progress. Mr A Inchley, Non-Executive Director referred to the Impact of PAS implementation in the report noting the reference to the missing procedure options and unavailable Patient Informed Follow Up (PIFU) choices, and queried when this would be resolved. The Group Chief Digital Information Officer noted that all tariff related options had been resolved with work ongoing on the remaining items. Ms H Kotecha, Chair, Healthwatch noted that there had been some negative patient feedback regarding PAS implementation, such as communication with no names on it, and queried when matters would be resolved. The Group Chief Digital Information Officer confirmed that there was an optimisation plan in place and agreed to share this with the Healthwatch Chair. Ms J Houghton, Non-Executive Director raised queries with regard to staff shortages and possible impacts on theatre activity; and further, noting the challenges in relation to reduced capacity Breast, Skin and Head & Neck cancer, whether there would be mutual aid from UHN to assist with resolving problems. The Chief Operations Officer acknowledged that workforce shortages were likely to have resulted in the loss of approximately £1.5–2 million income on the elective waiting list year on year, with this remaining a key area of focus. With regard to cancer care, the main area of concern in cancer care was breast, with continued efforts to address head and neck workforce gaps with UHN support. Dr S Kaur, Associate Non-Executive Director noted proposals to improve elective cancer waits over the winter period and queried the likelihood of this being achieved. The Director of Planned Care / Chief Operating Officer Designate confirmed that the Trust was striving to improve elective and cancer wait times over the winter period. While there was confidence in day case elective plans, there remained a degree of caution regarding winter pressures. Overall, the Trust remains cautiously confident in its position, with robust plans in place to address performance challenges. 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:- **(1) Quality –** The Director of Midwifery reported no deterioration of key safety metrics. Infection prevention actions under the Leicester Excellence Accreditation Framework (LEAF) and Fundamentals of Care were driving positive behavioural change. The Trust was piloting new methodologies through the Patient Safety Incident Response Framework to better understand root causes of healthcare-associated infections. The Medical Director confirmed that Quality metrics were stable. He referred to national framework scores in relation to leadership and infection prevention which were felt to be inaccurate. Two Never Events were reported—one moderate harm and one minor—with Duty of Candour completed and learning underway via a Patient Safety Incident Investigation. **(2) People –** The Chief People Officer highlighted continued focus on the workforce plan, with controls on recruitment and temporary staffing. Bank and agency usage remained compliant utilising the Midlands regional approach. Mandatory training levels were below target but expected to recover. Appraisal delivery plans were progressing and would be reported to the People and Culture Committee. Flu vaccination uptake had improved significantly, with over 3,000 staff vaccinated in the first week compared to 1,000 in the same period last year. **(3) Finance –** The Chief Financial Officer provided an overview of the Trust's financial position. The Deficit at Month 5 was £14.1m, driven by reduced income and PAS-related impacts. A capital programme underspend of £10m was noted, attributed to delays in digital, Urgent Treatment Centre, and aseptic suite projects. Despite this, the cash position remained above plan, with improvements in creditor payments and balance sheet management. The Board members reflected on the strategic risks facing the Trust this winter. The Chief Operating Officer identified the greatest concern as demand overwhelming capacity. The Medical Director noted the moral implications for staff in delivering patient care in an inappropriate setting. The Chief Executive noted the importance of balancing priorities as focus in one area would lead to failure in another.	**GCDIO**

	Mr A Moore, Trust Board Chair sought a view on the mitigations in place for the Winter period. The Chief Executive felt that the Trust Board should feel assured as there had been considerable preparation but asked that Committees be robust in monitoring challenges as they arose in what was expected to be a difficult winter period. However, he stressed the need to shift from reactive operational focus to strategic transformation, including digital innovation and partnership development in order to make long term change. Mr A Moore, Trust Board Chair agreed with this point commenting that this should be the focus of Trust Board development sessions to consider necessary fundamental changes, including through partnership working. The Chief Executive noted the recent peak in ED attendance as evidence that the Leicester, Leicestershire and Rutland Integrated Care System (System) was not managing demand effectively and the System as a whole needed to address such demand. Ms H Kotecha, Chair Healthwatch queried whether it was felt that the Integrated Care Board (ICB) were in agreement regarding the management of demand challenges. The Chief Executive recognised the opportunity to strengthen relationships with ICB partners, Leicestershire Partnership Trust, and general practice. Conversations with System leaders were underway to establish shared priorities for winter and beyond.	
	Resolved – that the PAS optimisation plan be shared with Ms H Kotecha, chair, Healthwatch.	**GCDIO**
222/25/4	Board Committee Escalation Reports	
	Operations and Performance Committee – 28 August 2025 and 25 September 2025 Mr S Adams, Operations and Performance Committee Non-Executive Director Chair highlighted discussions regarding MRI and CT scan demand and scanning capacity planning, noting possible positive productivity gains from using AI based technology which could assist in keeping growth demand at a manageable level. The proposed plan was commended to the Board. Quality Committee – 28 August 2025 and 25 September 2025 Ms J Houghton, Quality Committee Non-Executive Director Member reported discussions regarding positive assurance through the Mortality and Learning from Deaths Report; three annual reports, New Interventional Procedures Advisory Group (NIPAG) Annual Report, Infection Prevention Annual Report and Dementia Services Annual Report which provided positive assurance. With regard to discussions on the Surgical Site Surveillance report, it was felt that this report would stimulate enhanced activity. A further point was noted in relation to the discussion regarding complaints where there was a recommendation that Non-Executive Directors have a role in complaint responses. Mr A Moore, Trust Board Chair noted the discussion on the Surgical Site Surveillance report, he queried details and asked whether there were areas of concern. Ms J Houghton, Quality Committee Non-Executive Director Member explained that the report covered a review of infection issues in all areas of surgery, and noted a possible concern in relation to theatre staffing levels. The Medical Director provided assurance that issues raised by the review had been taken up by the Trust Infection Prevention Operational Group and actions would be reported to the Quality Committee. Finance and Investment Committee – 27 August 2025 and 2 October 2025 Mr A Inchley, Finance and Investment Committee Non-Executive Director Chair reported that the Committee considered the BAF assurance risk for Estates and Facilities, where following a recent score increase to 20, the Director of Estates, Facilities and Sustainability was actively progressing further initiatives to reduce the risk rating back to 16. Mr A Moore, Trust Board Chair queried what the score increase would mean in practice. Mr A Inchley, Finance and Investment Committee Non-Executive Director Chair noted it meant a clear recognition of the severity and impact of challenges and stimulated action to reduce the score. There may be considerations for the Trust Board in terms of resource allocation to address the risk. Mr A Inchley, Finance and Investment Committee Non-Executive Director Chair also referred to discussions regarding the Green Plan, which was supported by the Committee, but acknowledged challenges in delivering the plan, which may require new approaches to working practices and the development of further comprehensive actions to meet the Plan's aims. Our Future Hospitals and Transformation Committee – 27 August 2025 and 24 September 2025 Mr S Adams, Our Future Hospitals and Transformation Committee Non-Executive Director Member highlighted a positive report regarding developments in automation, with further reports requested to consider expanded developments in the use of AI in data analysis and intelligence. People and Culture Committee – 28 August 2025 and 25 September 2025	

	Ms J Houghton, People and Culture Committee Non-Executive Director Member noted that the Committee had considered the Annual Organisational Audit and Board report and recommended this to the Trust Board. Further, the Committee had received a detailed presentation on matters relating to the Medical workforce, and highlighted the point that there were no national standards on safe staffing. Audit Committee – 15 September 2025 Mr D Moon, Audit Committee Non-Executive Director Chair reported details of consideration of a report regarding emergency preparedness and took assurance regarding the plans in place and those who were responsible for the plans. The Chief Operating Officer noted that this report was a request from the Trust Board, therefore the action was now complete. The Director of Corporate and Legal Affairs noted that the Committee had considered a proposed change to the Internal Audit Plan, where within the approved plan, there was due to be an audit on benefits arising from the Patient Administration System. It was proposed that it was not the right time for that audit and it was therefore deferred to the following year. In it's place it was proposed to include an audit on the governance of the Cost Improvement Plan (CIP) which was felt relevant due to the current position of the CIP programme. The Audit Committee confirmed approval to this change to the Internal Audit Plan.	
	Resolved – that the escalation reports from the Operations and Performance Committee on 28 August 2025 and 25 September 2025, the Quality Committee on 28 August 2025 and 25 September 2025, the Finance and Investment Committee on 27 August 2025 and 2 October 2025, the Our Future Hospitals and Transformation Committee on 27 August 2025 and 24 September 2025, the People & Culture Committee on 28 August 2025 and 25 September 2025, and Audit Committee on 15 September 2025 be noted, and any recommendations be endorsed.	
223/25	**HIGH QUALITY CARE FOR ALL**	
223/25/1	Perinatal Quality Surveillance Scorecard – August 2025	
	The Director of Midwifery presented the Perinatal Quality Surveillance Scorecard which provided an update on monitoring and oversight and detailed core safety metrics. High levels of activity were reported in the month which created challenges, but assurance was provided that one to one care was maintained and assistance was sought from neighbouring units. The experience of care was continually monitored, although an increase in complaints were received, particularly regarding induction of labour. This issue was not unique to Leicester and actions such as bed modelling were undertaken to manage demand Other developments noted were the 'Leicester Maternity Matters' podcast which sought to raise awareness of the induction of labour, particularly as it was noted that some patients had refused moved to alternative hospitals. Assurance was provided that there were ongoing positive outcomes in Neonates, with no observed impacts due to capacity related delays. Metrics on haemorrhages also showed no negative effect from increased activity, indicating good oversight. Recruitment remained strong, with robust induction processes and ongoing focus on qualifications and compliance with British Association of Perinatal Medicine standards. Consultant appointments were being prioritised, with the Deputy Clinical Director leading efforts to increase workforce capacity. The detail in the report regarding postpartum haemorrhage prevention activity was specifically noted.	
	Resolved – that the report be received and noted.	
223/25/2	Perinatal Assurance Committee Highlight Report	

	The Director of Midwifery presented a summary on the key discussions at the UHL Perinatal Assurance Committee held on 3 September 2025. Details highlighted were discussions on the National Neonatal Audit Programme; work ongoing to improve Baby Friendly Initiative accreditation; a presentation received on prem prevention; the planned implementation of the Badgernet Maternity Electronic Patient Record (EPR) and progress with regard to the meeting the requirements of the Saving Babies Lives Care Bundle and the Maternity Incentive Scheme. Also noted were discussions regarding the changes to arrangements for the Maternity and Neonatal Voices Partnership, which received support from Healthwatch regarding positive community engagement. Mr A Moore, Trust Board Chair enquired about arrangements for the go live of the Badgernet EPR and sought assurance regarding contingencies. The Group Chief Digital Information Officer confirmed that the system was contained within one area and normal disaster recovery protocols were in place. The new system would be implemented over the course of one night and be in place the next day. Assurance was provided that the system was well used and established at 120 hospitals therefore there was considerable awareness of the system. It recently successfully went live at Kettering General Hospital. Assurance was provided that Midwives from other Trusts would be providing assistance when the system went live. The Director of Midwifery further commented that there had been a positive uptake regarding training, but there were some level of anxiety about using the live system, as it represented a different way of working, therefore support was key.	
	Resolved – that the report be received and noted.	
223/25/3	NHS Maternity and Neonatal Three-Year Delivery Plan: UHL Progress Report	
	The Director of Midwifery presented a report which outlined progress made by UHL in delivering the NHS Maternity and Neonatal Three-Year Delivery Plan, as the plan reached its end with future delivery guided by the NHS 10 Year Plan. A number of delivery improvements were highlighted, such as; work towards improving inclusion; an improved workforce position, including better retention; improvements in safety; development in standards and structures such as use of the Janam App for translation and such as reductions still births and neonatal brain injuries; improved patient experience and sustainability. It was acknowledged that there were challenges to be addressed, within difficult financial circumstances, such as a major rise in patients on the diabetes pathway. It was overall felt that there was strong evidence of an improved service and the Head of Midwifery and her team were thanked for delivering this. Ms J Houghton, Non-Executive Director raised queries and comments regarding; complaints, particular in relation to induction of labour and whether any peers could share good practice; positive improved performance in the use of antibiotics and whether there was any learning from UHN peers regarding the introduction of Badgernet. Overall, it was felt that excellent progress had been delivered. The Director of Midwifery commented regarding complaints about induction of labour, that this had been raised regionally, but it was also felt there were opportunities for improvement through the Estate facilities. Further, it was felt there were opportunities to engage with UHN peers more generally regarding quality improvement. Dr S Kaur, Associate Non-Executive Director raised a query regarding service transformation and the extent to which families and communities were engaged. The Director of Midwifery highlighted the role of the Maternity and Neonatal Voices Partnership, which covered the entirety of Leicester, Leicestershire and Rutland and used to have 1,000 volunteers involved. The Partnership took a key role shaping services and opportunities to listen to views. The leadership of the Partnership was changing, but the aim was to maintain relationships and continue to be a two way co-production process. Further, work was ongoing with the Director of Health Equality and Inclusion and the Head of Equality and Diversity to develop community engagement, such as through social media. Mr A Moore, Trust Board Chair thanked the Director of Midwifery for her and her team's work.	
	Resolved – that the report be received and noted.	
223/25/4	National Maternity Investigation	
	The Director of Midwifery presented a report which outlined details of an announcement from the Secretary of State for Health and Social regarding a national independent investigation into NHS maternity and neonatal services. The announcement noted that the review would be rapid and UHL was one of 14 NHS Trust selected for local investigation, with assurance provided that selection was	

	based on a number of factors, not just those Trust who were failing the most. The review would focus on a number of areas such as the voice of families, models of care, System responses, experiences, outcomes (specifically for Black and Asian communities), health equity, and national level recommendations would be generated. The next steps for UHL were awaited, but a 2-day visit from the review was expected during October. Noting there would be feedback from the public and users, this was confirmed as being welcome, whilst noting the potential for negative feedback. It would be ensured that capacity was available to assist with the review and Communications colleagues would be involved in the response to the review. Mr A Moore, Trust Board Chair enquired how morale was within Maternity services. The Director of Midwifery commented that it was probably similar to that of the rest of the Trust, but the review did feel like another challenge to address. It was however felt that it was also an opportunity to celebrate the positive work in Maternity and there was still considerable pride in working within the service. The Chief Executive noted that he had informally discussed with the NHSE Chief Executive why UHL had been included in the review, which was based on the diversity and deprivation within the communities served by the Trust, not because there was a view that care at UHL was unsafe. He thanked the Director of Midwifery and colleagues for the improvements they had delivered, and acknowledged that supporting the review would be challenging. Mr A Moore, Trust Board Chair, noting the challenges entailed from the review, encouraged the Director of Midwifery to raise any needs for support through the process.	
	Resolved – that the report be received and noted.	
223/25/5	Mortality and Learning from Deaths	
	The Medical Director presented the Mortality and Learning from Deaths report. Summary details of the report were provided where assurance was provided that the Summary Hospital Mortality Index and Hospital Standardised Mortality Ratio indicators were within the expected range. Details were also provided of the improvements and ongoing challenges regarding Medical Examiner turn around times. The position regarding outstanding Structured Judgement Reviews was also highlighted, noting that those outstanding for 2024/25 would soon all be completed, and confirmation that the reviews for 2025 would follow the Patient Safety Incident Response Framework to inform learning. Key points arising from the UHL Perinatal Mortality Quarterly report were also highlighted, where no deaths were identified where care issues were likely to have made a difference to the outcome and 2 deaths where care issues may or may not have made a difference to the outcome. Assurance was provided that actions arising had been identified and were being followed up. Details of the 2023 MBRRACE report were also noted which showed higher than expected rates of neonatal mortality, but a review of the deaths had shown of the 11 deaths reviewed by a Maternity and Newborn Safety Investigation (MNSI), learning was identified in 3, which was being followed up by the Perinatal Assurance Committee. The Trust Board Chair enquired about the time period of higher than expected neonatal mortality. The Medical Director confirmed the data came from the MBRRACE 2023 report, which considered a range of factors such as ethnicity and deprivation when coming to a judgement and due to the finding of higher than expected neonatal mortality a range of actions had been implemented including regular peer reviews.	
	Resolved – that the report be received and noted.	
223/25/6	UHL Green Plan 2025 – 2028 Approval	
	The Director of Estates, Facilities and Sustainability presented the UHL Green Plan 2025-2028 for approval. It was noted that the plan supported the commitment to meet the NHSE target of delivering net zero by 2040. There were reputational risks in not delivering the Plan, but it would require an annual carbon reduction of 7%, compared to the 5.6% which was currently being achieved. The Plan's targets would need to be a consideration in capital developments going forward as this was felt to be a good opportunity for delivery. The Plan's delivery would be led by the Sustainability Working Group. There had already been successful bids to increase solar power and LED lighting within the Trust but there would need to be more sustainability initiatives.	

	Mr A Moore, Trust Board Chair enquired about costs arising from the increase in carbon reduction. The Director of Estates, Facilities and Sustainability commented that feasibility work in relation to the increase was ongoing. The Deputy Chief Executive raised queries regarding commitments within the Plan and consideration of New Hospital Programme (NHP) developments. The Director of Estates, Facilities and Sustainability noted commitments within the plan that new building developments should meet the Building Research Establishment Environmental Assessment Method (BREEAM) standards of sustainability and there was a commitment that new buildings would not grow the carbon output. It was further commented that the plan would be reviewed in light of any NHP developments. The Chief Executive commented that he wished to amend his introduction within the plan. The Chief Executive queried the relative importance of the Green Plan. The Director of Estates, Facilities and Sustainability noted that there was a political focus on delivering the Green Plan, but it would need to compete with other priorities. He further noted that there would be a reputational issue should the plan not be approved. The Medical Director noted the significant Green Plan focus within the recent Well Led assessment questionnaire he had completed and suggested that this needed to be refocussed. Mr A Inchley Non-Executive Director referred to discussions at the Finance and Investment Committee regarding the increased requirement for carbon reduction, noting that existing budgets would be sufficient for the three-year plan, but beyond that it would become more challenging to deliver the required reductions and this would require further consideration. The Deputy Chief Executive noted the importance of the plan, but its relative importance to other priorities would need to be considered on an annual through the planning process. Mr A Moore, Trust Board Chair stressed the need to consider the plan within business as usual processes. The Chief Financial Officer referred to opportunities within capital funded developments and bidding for specific funding to assist with Green Plan targets. He also however highlighted opportunities which had no cost such as reduced packaging.	**CE**
	<u>Resolved</u> – that the Green Plan 2025 – 2028, be approved.	**DoEF&S**
224/25	**GREAT PLACE TO WORK**	
224/25/1	<u>10 Point Plan on Getting Back to Basics for Resident Doctors</u>	
	The Medical Director presented a report which outlined the UHL response and further plans in relation to the letter received from NHS England in August 2025, which detailed the 10-point plan on getting back to basics for resident doctors. The Medical Director outlined the 10 points and noted where UHL had already addressed the points such as the timely provision of rotas, appointment of Board level leadership, confirmed participation in the national payroll improvement plan, addressed mandatory training duplication and confirmed that processes were in place to meet course related reimbursement targets. He acknowledged that there was still work to do in other areas, particularly around exception reporting and out of hours car parking, which would be a challenge to address at the Leicester Royal Infirmary, but provided assurance that there would be ongoing engagement and action regarding these matters. The Chief Executive enquired about how much money was being spent on meeting these requirements and noted the need to ensure that one group of staff was not prioritised above another. The Medical Director confirmed that there was no specific expenditure related to the plan at the current point, but a gap analysis would be undertaken to consider if expenditure was required. He acknowledged the need to avoid the perception that one staff group was not prioritised above any other.	
	<u>Resolved</u> – that the recommendations, as outlined in the report, be approved.	**MD**
224/25/2	<u>Annual Organisational Audit & Board Report (RO report)</u>	
	The Medical Director introduced the Deputy Medical Director, who took the role of the Trust's Responsible Officer, to present the Annual Organisational Audit and Board Report, and also noted	

	the Trust Board's statutory responsibility to ensure that Responsible Officer had sufficient resources to undertake the role. The Deputy Medical Director presented the report, outlining its purpose to provide assurance that the Responsible Officer role was being adequately discharged. He provided details about the appraiser conference; support given to colleagues who were struggling find an appraiser; noted the increase in doctors attached to UHL to approximately 1600, confirmed that the rate of appraisals had improved to be at 94% and the challenges in relation to finding sufficient appraisers. He further noted that benchmarking had been undertaken regarding the time provision for appraisals and arising from this, an amended proposal had been made for the next round of appraisals. In summary, the Deputy Medical Director felt there were no significant concerns to raise with the Trust Board and requested support for the recommendations in the report. Mr A Moore Trust Board Chair enquired about the increase of approximately 100 doctors at UHL. The Deputy Medical Director noted that a number of this increase could be bank doctors and would include those who were attached to UHL as a designated body, but may be limited in the shifts they had worked at UHL. He further noted that changes were planned regarding rules around becoming connected to designated bodies. Mr A Moore, Trust board Chair enquired about the criteria to become an appraiser and whether the use of locums had been considered. The Deputy Medical Director confirmed that an appraiser needed to be an employed consultant, or Specialty, Associate Specialist or Specialist Doctor who undertook regular training and attended the annual conference. He noted that appraisers generally enjoyed the role and liked to give something back. He confirmed that locum doctors could be used as appraisers. The Chief Financial Officer queried details of the challenges regarding appraisers being able to allocate sufficient time, and any increase in time allocate for appraisals would be put further pressure on job plans. The Deputy Medical Director noted that this issue had been the subject of considerable discussion at the Clinical Cabinet. He confirmed the ongoing improvements in numbers of appraisals being completed, but acknowledged feedback from appraisers was that they did not have sufficient time for appraisals. Benchmarking had shown that UHL provided the least time allowance for appraisals amongst peers, therefore there had been a proposal to increase the time allocation. The Medical Director highlighted that time allocated for appraisals was a priority for supporting professional activity time, and direct clinical care time was not used. He noted that UHL was close to the point where not all doctors could be appraised which was why other options had been explored, such as the use of locum appraisers.	
	<u>Resolved</u> – that the report be received, the recommendations in the report be approved, and the Chief Executive be authorised to sign off the report.	
225/25	**PARTNERSHIPS FOR IMPACT – no items**	
226/25	**RESEARCH AND EDUCATION EXCELLENCE – no items**	
227/25	**CORPORATE GOVERNANCE/REGULATORY COMPLIANCE**	
227/25/1	<u>UHL Counter Fraud, Bribery and Corruption Policy - Approval</u>	
	The Chief Financial Officer presented an updated Counter Fraud, Bribery and Corruption policy for approval. Mr A Moore, Trust Board Chair, enquired what training was undertaken within the Trust on these topics. The Chief Financial Officer confirmed that there was mandatory training for all employees, and this was promoted each year. The Director of Corporate and Legal Affairs confirmed that there was more in-depth training for Procurement employees. The Chief Financial Officer noted that the biggest area of fraud related to hours fraud for example where staff worked second jobs when sick or falsified timesheets. The Chief People Officer confirmed there were actions in place to address such fraud. Mr A Inchley, Non-Executive Director pointed out that an increased focus on digital approaches could create greater risk, particularly through impersonation, for example an approach to Accounts Payable and requesting bank account details. The Chief Financial Officer confirmed that cyber	

	security risks were a key part of Data Protection Toolkit, which was an annual process which had a comprehensive communications programme as part of the process.	
	Resolved – that the updated UHL Counter Fraud, Bribery & Corruption Policy be approved.	**CFO**
228/25	**CORPORATE TRUSTEE BUSINESS**	
228/25/1	Escalation Report from the Charitable Funds Committee – 15 August 2025	
	The Director of Corporate and Legal Affairs presented the Charitable Funds Committee Escalation report from 15 August 2025. With regard to Charity performance against plan, it was noted that it was difficult to provide a clear forecast as income was below plan, as was expenditure, due to a lower spend on salaries.	
	Resolved – that the that the escalation report from the Charitable Funds Committee held on 15 August 2025 be noted, and any recommendations be endorsed.	
229/25	**ANY OTHER BUSINESS**	
	Mr A Moore, Trust Board Chair referred to a recent visit he undertook to the UHL Creative Health and Heritage Centre, noting that there was a large collection of historical health related artefacts, and specifically shared with the Board, details from Board minutes from 1937. He commended the Creative Health and Heritage Centre and encouraged people to visit.	
230/25	**QUESTIONS FROM THE PRESS AND PUBLIC**	
	There were no questions from the press or public.	
231/25	**REPORTS AND MINUTES PUBLISHED AND UHL'S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS):**	
232/25/1	**Resolved – that it be noted that the following Minutes of meetings had been published on UHL's website alongside the Trust Board papers:-** • Quality Committee – Minutes of 31 July 25 & 28 August 25 • Operations and Performance Committee – Minutes of 31 July 25 & 28 August 25 • Finance and Investment Committee – Minutes of 30 July 25 & 27 August 25 • Our Future Hospitals and Transformation Committee – 25 July 2025 & 27 August 2025 • People and Culture Committee – Minutes of 31 July 2025 & 28 August 2025 • Audit Committee – Minutes of 23 June 2025 • Charitable Funds Committee – Minutes of 20 June 2025	
233/25	**REPORTS DEFERRED TO A FUTURE MEETING**	
	None.	
234/25	**DATE AND TIME OF NEXT MEETING**	
	Resolved – that the next Public Trust Board meeting be held on Thursday 13 November 2025, at 1.30pm in Seminar Rooms 2/3, Clinical Education Centre, Glenfield Hospital.	

The meeting closed at 5.41pm **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	5	4	80	J Houghton	5	5	100
S Adams (from 1.5.25)	4	4	100	A Inchley	5	5	100
L Bond	5	5	100	J Melbourne	5	4	80
I Browne	5	3	60	R Mitchell	5	5	100
A Furlong	5	4	80	D Moon	5	4	80
A Haynes	5	4	80	T Robinson	5	3	60

J Hogg	5	4	80				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	5	4	80	H Kotecha	5	3	60
S Barton	5	4	80	W Monaghan	5	4	80
B Cassidy	5	5	100	M Smith (until 11.9.25)	4	4	100
S Harris	5	1	20	C Teeney	5	4	80
S Kaur	5	3	60				