

**UNIVERSITY HOSPITALS OF LEICESTER (UHL) NHS TRUST****MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 12 FEBRUARY 2026 FROM 1.30PM IN THE CUMULUS ROOM, LEICESTER DIABETES CENTRE, LEICESTER GENERAL HOSPITAL****Voting Members present:**

Professor T Robinson – Acting Chair for the meeting & Non-Executive Director and Charitable Funds Committee Non-Executive Director Chair  
 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  
 Dr A Haynes MBE – Non-Executive Director and Quality Committee and Our Future Hospitals & Transformation 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  
 Dr G Xu – Medical Director

**In attendance:**

Dr R Abeyratne – Director of Health Equality and Inclusion  
 Mr S Barton – Deputy Chief Executive  
 Ms D Burnett – Director of Midwifery  
 Ms B Cassidy – Director of Corporate and Legal Affairs  
 Ms E Casteleijn - Director of Communications and Engagement  
 Dr S Kaur – Associate Non-Executive Director  
 Ms S Kaya – Freedom to Speak Guardian (for minute 34/26/1)  
 Ms J McCarthy – Head of Learning and Development (for minute 31/26)  
 Mr W Monaghan - Group Chief Digital Information Officer  
 Ms R Moss - Freedom to Speak Guardian (for minute 34/26/1)  
 Ms H Morzaria – Audit Data Quality Officer (for minute 31/26)  
 Mr M Reeves – Corporate and Committee Services Officer  
 Dr R Singh – Guardian of Safe Working (for minute 34/26/2)  
 Ms S Taylor – Director of Urgent Care (for Chief Operating Officer)  
 Ms C Teeney – Chief People Officer

		<b>ACTION</b>
<b>27/26</b>	<b>APOLOGIES AND WELCOME</b>	
	Apologies for absence were received from Mr A Moore, Trust Board Chair, Ms H Hendley, Chief Operating Officer, Mr S Harris, Associate Non-Executive Director.	
<b>28/26</b>	<b>CONFIRMATION OF QUORACY</b>	
	<b>Resolved</b> – 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).	
<b>29/26</b>	<b>DECLARATIONS OF INTERESTS AND UPDATE ANNUAL DECLARATIONS OF INTERESTS</b>	
	The Trust Board received an updated annual declaration of interest, to record the interests declared by Dr G Xu, Medical Director.  There were no declarations of interest for the meeting.	
	<b>Resolved</b> – the update to the 2025/26 annual declaration of Trust Board declarations of interests be noted.	
<b>30/26</b>	<b>MINUTES</b>	

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	<b><u>Resolved</u> – that the Minutes of the public Trust Board meeting held on 11 December 2025 be confirmed as a correct record.</b>	
<b>31/26</b>	<b>MATTERS ARISING: BOARD ACTION LOG</b>	
	Paper B provided progress updates for the matters arising from the 11 December 2025 Trust Board meeting and any outstanding items from previous meetings, the contents of which were received and noted.	
	<b><u>Resolved</u> – that the matters arising report be received and noted as paper B.</b>	
<b>32/26</b>	<b>STAFF STORY – APPRENTICESHIPS AND SOCIAL MOBILITY</b>	
	<p>The Chief People Officer introduced the staff story which focussed on apprenticeships and was joined by Ms H Morzaria, Audit Data Quality Officer and Mr J McCarthy, Head of Learning and Development.</p> <p>The Head of Learning and Development gave a brief outline of the programmes which UHL supported in order to provide local jobs for local people in its role as a training provider.</p> <p>Ms H Morzaria, Audit Data Quality Officer presented her story to the Trust Board, where following a number of years working in a factory, an opportunity arose to undertake a role in the NHS. Ms Morzaria outlined the various roles she had held within the Trust, including her current role as Audit Data Quality Officer. Ms H Morzaria spoke of her love of her role, how she takes up every possible training and development opportunity and was now undertaking an apprenticeship to become a Team Leader. Ms H Morzaria praised the support she had received in progressing her personal development.</p> <p>In discussion, the Trust Board:</p> <ul style="list-style-type: none"> <li>• Discussed how the Trust developed talent and built confidence. Ms H Morzaria spoke of the importance of taking opportunities, using available resources and encouraging others to gain skills and knowledge. The Chief People Officer highlighted programmes and placements provided by the Trust, particularly through its work with the King’s Trust and working with local colleges and expanding the number of apprenticeships.</li> <li>• Noted the challenges that Ms H Morzaria had overcome to develop herself and the support she had received, but also the opportunities to learn, such as through the UHL Connect intranet site through being self-motivated.</li> <li>• Invited Ms H Morzaria to meet with the Digital and Data Training Team to discuss her experience in promoting digital training opportunities and opportunities to take this further.</li> <li>• Heard about how Ms H Morzaria balanced work, training and outside of work responsibilities, taking advantage of flexible working opportunities, but also starting work early to undertake bite-size training, and supporting others which helped generate positive wellbeing.</li> <li>• Welcomed the positive messages from staff stories and suggested that this could be harnessed as inspiration to staff more generally.</li> <li>• Heard about the recent Ofsted inspection of the apprenticeship programme which was an intense inspection of the accredited programmes which the Trust delivered, where the initial feedback was mainly positive with some further learning to be implemented.</li> </ul> <p>The Acting Trust Board Chair thanked Ms H Morzaria for sharing her inspirational story.</p>	<b>GCDIO</b>
	<b><u>Resolved</u> – that a meeting be arranged with Ms H Morzaria to take forward any learning from a user experience perspective and consider any opportunities, such as digital ambassadorship or training going forward.</b>	<b>GCDIO</b>
<b>33/26</b>	<b>STANDING ITEMS</b>	
<b>33/26/1</b>	<u>Chair’s Report</u>	
	This item was deferred.	

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33/26/2	<u>CEO Update</u>	
	<p>The Chief Executive presented paper E, and reported the following:</p> <p><u>Trust Priorities</u> – the 3 Trust priorities, transform patient care, strengthen our culture and deliver our financial plan were highlighted, but the possible tension between delivering those priorities was acknowledged.</p> <p><u>University Hospitals of Northamptonshire NHS Group (UHN) Collaboration</u> – the strengthening relationship with UHN was outlined, through examples such as joint Executive and Non-Executive Director appointments and digital technology developments which covered the Group. There were further opportunities to work on shared priorities and taking advantage of the benefits of scale and improvements to patient care. This would be discussed further in a joint Board development session in March 2026.</p> <p><u>Culture, Leadership and Behaviours</u> – the importance of listening to colleagues was highlighted, particularly when there may be colleagues who, despite being proud of the care they deliver, may feel concerned that patients are waiting longer than would be wanted. It was highlighted that the staff survey results would be published in March 2026 and this was an opportunity for UHL to learn from its staff to become the best possible employer.</p> <p><u>Financial Plan</u> – there were 47 days left in the current financial year and it was acknowledged that it was challenging to meet the financial plan and these challenges may impact on people who work in the Trust. There needed to be both a focus on the basics of cost control and a focus on bigger strategic changes to meet the challenges of the financial plan.</p> <p><u>Stabbing incident</u> – the recent sad incident in Leicester, where De Montfort University cyber security student, Khalid Oladipo was stabbed was noted. The UHL staff who supported the victim were thanked for their involvement.</p> <p><u>Nick Moore</u> – the sad passing of former Medical Director Nick Moore was noted with condolences passed to his family. Dr Moore devised the current Clinical Management Group structure. The Acting Trust Board Chair spoke of setting up a clinic for older patients with breast cancer with Dr Moore and the invaluable help Dr Moore had provided.</p>	
	<b><u>Resolved</u> – that the report be received and noted.</b>	
33/26/3	<u>Integrated Performance Report and Executive Summary (Month 9)</u>	
	<p>The Chief Executive introduced paper F, Integrated Performance Report (IPR), highlighting the monthly basis of the report which provided a high-level assessment of themes covering the organisation.</p> <p>The Director of Urgent Care provided details of the implementation of the Winter Plan which was felt to be working effectively; noted increased demand in Urgent and Emergency Care (UEC) but performance compared well; and the ongoing challenges and actions in place with regarding waiting lists which remained challenging. The ongoing challenges in cancer performance were also noted with improvements in head and neck, and skin cancer but further work to improve breast cancer was highlighted. Assurance was provided that the current position was not accepted but progress continued to be made.</p> <p>In discussion, the Trust Board:</p> <ul style="list-style-type: none"> <li>• Considered a recent Health Service Journal article about high demand at Urgent Treatment Centres (UTC) and what this meant in terms of patient behaviour and taking personal responsibility. It was noted that there were many factors which determined UTC attendance such as access to a local service or opening hours, but the importance of education and targeted awareness raising was stressed. Factors regarding prevention such as making better health choices and wider determinants of health were also noted.</li> <li>• Queried the impact of sprint funding on access to elective activity. It was agreed to provide detailed forecast data of the anticipated reduction in waiting lists.</li> <li>• Welcomed improvements and stability in UEC performance.</li> </ul>	<b>COO</b>

- Queried the impact of increased use of diagnostics arising from the National Cancer Plan for England. Specific data would be provided outside of the meeting. The challenge of utilising finite diagnostics resource at the optimal time was noted and a growth in diagnostic capacity may present a future revenue implication.

Each of the Executive Director IPR leads were invited to provide an overview of the key aspects of paper F relating to their portfolios as follows:-

- (1) Quality** – The Chief Nurse noted that metrics overall were showing improvements as a result of improved Emergency Department performance. Rates of Meticillin-sensitive Staphylococcus aureus (MSSA) had appeared to show an increase but the rate per 1000 bed days showed a stable picture. The Fundamentals of Care programme continued to be rolled out promoting good infection prevention practice. Hospital Acquired Pressure Ulcers (HAPUs) remained at a constant level. Ambulance waiting times had improved. Friends and Family Test responses for the Emergency Department had improved. Complaints performance had improved in December 2025 following a downturn in November 2025.

The Medical Director highlighted positive work within UEC to mitigate the impacts of overcrowding during the winter period. The Summary Hospital Level Mortality Indicator (SHMI) remained stable and would be continually monitored. One never event was reported which would be investigated in line with the Patient Safety Incident Response Framework (PSIRF) and no patient harm was reported. A review of all never events would take place at the end of the year.

Ms J Houghton, Non-Executive Director noted that fundamental metrics had remained stable over the winter period despite extra attendances, and it was queried how this compared to the previous year. The Chief Nurse commented that the 5% improvement target for metrics deliverables within the Operational Plan had been achieved. There was also stability in the number of HAPUs and deep tissue injuries which compared well to peers.

- (2) People** – The Chief People Officer provided an overview of key metrics in relation to workforce noting that the Trust's whole time equivalent (WTE) figure was just over 18,000, which was adverse to plan, mainly as a result of increased use of bank staff due to winter pressures. Use of agency staff remained low, as did turnover of staff which improved stability of service. The appraisal position was below target, felt to be as a result of demand pressures. Sickness absence was at expected seasonal levels, but there had been good staff vaccination uptake at 45%.

- (3) Finance** – The Chief Financial Officer presented the month 9 financial position, noting ongoing challenges with the deficit position, which was mainly due to the withdrawal of deficit support funding but also undelivered Cost Improvement Programme (CIP) schemes which was forecast to deliver 80% of plan. It was noted that there had been a downturn in elective care income. Capital expenditure was expected to be significant for the remainder of the financial year. An issue was noted regarding the management of creditor payments due to the loss of deficit support funding.

Mr D Moon, Non-Executive Director questioned whether the target was still being met for creditor payments. The Chief Financial Officer confirmed that the 90% target was still being met, but performance was expected to diminish.

The Acting Trust Board Chair queried whether there were any capital project which would not be going forward. The Chief Financial Officer noted the challenge of a significant number of projects commencing in the final quarter of the financial year and this meant there was an almost daily focus on delivery.

In summary, the Chief Executive summarised the discussion in line with the three Trust priorities; transform patient care, strengthen our culture and deliver our financial plan; commenting that progress continued to be made with many quality metrics improving and the winter period had benefited from good planning. It was also felt that there was progress in safety and positive workforce metrics. He acknowledged the pressures faced by staff and noted the importance of learning from the staff survey. The remaining 47 days of the financial year were noted, with some progress in finance highlighted, but there remained work to do, to ensure the Trust was in a good position for the start of the new financial year.

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	<p><b>Resolved – that (A) data be provided to Mr D Moon, Non-Executive Director regarding the expected elective activity increase as a result of Sprint funding; and</b></p> <p><b>(B) details be provided to Dr A Haynes, Non-Executive Director regarding the impact on cancer targets from increased diagnostics arising from the National Cancer Plan for England.</b></p>	<p><b>COO</b></p> <p><b>COO</b></p>
33/26/4	<p><u>Board Committee Escalation Reports</u></p>	
	<p><u>Operations and Performance Committee – 18 December 2025 &amp; 29 January 2026</u>  Mr S Adams, Operations and Performance Committee Non-Executive Director Chair highlighted discussions at the December 2025 meeting regarding additional winter capacity; the 65 week wait position; the Ophthalmology service and improvements in ambulance handover times. With regard to the January meeting, there were discussions regarding improvements in discharge arrangements; elective activity; electronic prescribing; Patient Administration System (PAS) implementation and noted that moderate assurance was taken in relation to the Committee’s 3 Board Assurance Framework (BAF) risks.</p> <p>The Group Chief Digital Information Officer commented in relation to PAS that there was general recognition that the system was working well and there was evidence of hundreds of thousands of patients being successfully booked into care.</p> <p>Professor T Robinson, Acting Trust Board Chair enquired about the Committee’s request for a further report on Ophthalmology. Mr S Adams, Operations and Performance Committee Non-Executive Director Chair noted that the Committee had requested more information on the structure of the service. Ms J Houghton, Non-Executive Director, welcomed the deep dive into Ophthalmology and noted there had been a rising number of complaints regarding the service and queried whether there was any evidence of patient harm. The Medical Director was not aware of any instances of patient harm, the Chief Nurse however felt there may have been one example. Dr A Haynes, Non-Executive Director, commented that challenges for Ophthalmology were not unique to Leicester and were not a new issue. The service had retained a backlog since the Covid period, but there had been actions to reduce the backlog and monitoring of any harms or near misses, but despite these actions there remained risk within the service. There were also ongoing demographic challenges from growth in the older population. It was felt that there were opportunities within community services to provide Ophthalmology capacity and checks were being made to ensure that this capacity was being fully utilised. Professor T Robinson, Acting Trust Board Chair highlighted that there had been charitable fund grants awarded to support Ophthalmology investment in community hospitals. The Director of Urgent Care noted that additional Ophthalmology capacity which was put in place during the COVID period had since been decommissioned but discussion was underway with System partners about bringing this service back. In summary, Professor T Robinson, Acting Trust Board Chair noted that the Operations and Performance Committee were undertaking oversight of the Ophthalmology Service configuration and would seek assurance regarding patient harm.</p> <p><u>Quality Committee – 18 December 2025 &amp; 28 January 2026</u>  Dr A Haynes, Quality Committee Non-Executive Director Chair highlighted discussions regarding; the action plan in response to the Fuller report regarding Mortuary systems and processes; the national review of Breast Cancer screening which highlighted good detection rates but some concerns regarding staffing levels; positive news regarding the Waste Management Team winning a team of the year award from NHSE and an award for reducing carbon emissions.</p> <p>The Acting Trust Board Chair put on record the Trust Board’s thanks and congratulations to the Waste Management Team.</p> <p><u>Finance and Investment Committee – 22 December 2025 &amp; 28 January 2026</u>  Mr A Inchley, Finance and Investment Committee Non-Executive Director Chair noted points from the meeting including; a change to the Terms of Reference following the ending of Leicester, Leicestershire and Rutland Integrated Care Board (ICB) attendance; the finance position and what this meant for the forthcoming year; and Estates and Facilities priorities in order to reduce the Board Assurance Framework (BAF) score.</p> <p><u>Our Future Hospitals and Transformation Committee – 17 December 2025 &amp; 28 January 2026</u></p>	

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	<p>Dr A Haynes, Our Future Hospitals and Transformation Committee Non-Executive Director Chair reported that the following matters were considered; Green Plan investment which meant a reduced risk score which was recommended for Board approval; funding available and opportunities to bid for Community Diagnostic Centres; and Patient Administration System and automation progress. benefits.</p> <p>The Acting Trust Board Chair confirmed that the Board approved the BAF risk 05-Estate-02 (sustainability and delivery of net zero targets) score reduction from 16 to 12.</p> <p><u>People and Culture Committee – 28 January 2026</u> Professor I Browne, People and Culture Committee Non-Executive Director Chair noted that any matters for escalation were covered by reports on the agenda.</p>	<p><b>CN</b></p>
	<p><b><u>Resolved</u> – that (A) the escalation reports from the Operations and Performance Committee on 18 December 2025 &amp; 29 January 2026, the Quality Committee on 18 December 2025 &amp; 28 January 2026, the Finance and Investment Committee on 22 December 2025 &amp; 28 January 2026 the Our Future Hospitals and Transformation Committee on 26 November 2025, the People and Culture Committee on 28 January 2026, be noted, and any recommendations within be endorsed; and</b></p> <p><b>(B) the BAF risk 05-Estate-02 (sustainability and delivery of net zero targets) score be reduced from 16 to 12.</b></p>	<p><b>CN</b></p>
<p><b>34/26</b></p>	<p><b>HIGH QUALITY CARE FOR ALL</b></p>	
<p>34/26/1</p>	<p><u>Perinatal Quality Surveillance Scorecard – December 2025 / Perinatal Assurance Committee (PAC) Highlight Report</u></p>	
	<p>The Director of Midwifery presented the Perinatal Quality Surveillance Scorecard and Perinatal Assurance Committee Highlight Reports which provided an update on monitoring and oversight and detailed core safety metrics. A detailed introduction was provided which outlined the increased level of activity in December and the position regarding workforce, but assurance that care remained safe. Further details were provided regarding PAC discussions including; compliance with the Maternity Incentive Scheme; a deep dive into the home birth service with assurance that the service met national expectations; the ongoing embedding of the Badgernet Electronic Patient Record; and efforts to achieve UNICEF baby friendly status which was affected by participation in the National Maternity and Neonatal Investigation. An update was also provided regarding UHL’s participation in the National Maternity and Neonatal Investigation which was currently undertaking leadership interviews. Assurance was provided that the PAC provided good oversight of metrics which were safe and improving.</p> <p>The Chief Nurse provided further detail on the processes for evidence gathering for the Maternity Incentive Scheme, for which compliance had been delegated to the PAC who were assured by the evidence they had received. The Trust Board was recommended to approve the progression of the submission and authorise Chief Executive Officer sign off.</p> <p>In discussion the Trust Board:</p> <ul style="list-style-type: none"> <li>• Welcomed the ongoing improvement of safety standards.</li> <li>• Discussed the possible reasons for the rise in pre-term births, noting that there were likely to be both population factors and the impact of transfers, noting that as UHL was a level 3 centre it meant higher levels of acuity and families seeking higher levels of care.</li> <li>• Agreed to receive feedback from discussions with partners regarding infant mortality.</li> <li>• Considered the reasons for an increase the number of home births which was felt to be mainly due to meaningful discussions with families and focussing on supporting their choices, but ensuring that all options were outlined. The current pause in service from the standalone midwife led birth centre could also be a factor.</li> <li>• Queried any learning from Maternity and Newborn Safety Investigation (MNSI) cases, where it was noted that one case had been accepted for review, but feedback was awaited for any learning, which could take some time.</li> <li>• Noted that the development of the inclusivity dashboard was ongoing, where a prototype had been developed with the aim of providing real-time data, but capacity for development was constrained, although it was hoped to confirm it was operational in April 2026.</li> </ul>	<p><b>CE</b></p> <p><b>CN</b></p>

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	<p><b><u>Resolved</u> – that (A) the recommendations in the reports be supported; and</b></p> <p><b>(B) the year 7 Maternity Incentive Scheme progression be approved and the Chief Executive Officer be authorised to sign off the submission.</b></p>	<b>CE</b>
34/26/2	<u>UHL's Deliverables for 2025/26 – Q3 Progress Update</u>	
	<p>The Deputy Chief Executive presented a report summarising the progress to date in delivery of the Trust's 10 key priorities and deliverables for 2025/26. Key areas of progress were noted, such as research excellence in Diabetes and a review of progress over 2 years of deliverables which noted improvements in infection prevention, a stable position in the Stabilised Hospital Mortality Indicator (SHMI), increases in outpatient appointments and a 20% increase in research spend. Cancer performance was noted as an area requiring improvement.</p> <p>Mr A Inchley, Non-Executive Director highlighted the 40% reduction in the use of paper generated at the point of care which was felt to be a considerable achievement.</p> <p>The Chief Executive queried what areas of performance should the Trust be most proud of. The Deputy Chief Executive felt that UEC improvements had been significant particularly in terms of the 4-hour wait target and reduction in ambulance waiting times. He further noted significant improvements in the reduction of hospital acquired infections, as well as progress on finance and use of agency staff. There were examples of achievement related to all 3 main Trust priorities.</p> <p>The Chief Executive thanked the Director of Urgent Care for her role in improving UEC services.</p> <p>The Acting Trust Board Chair welcomed the positive performance regarding research.</p>	
	<b><u>Resolved</u> – that the report be received and noted.</b>	
<b>35/26</b>	<b>GREAT PLACE TO WORK</b>	
35/26/1	<u>Freedom to Speak Up Q3 report</u>	
	<p>Ms S Kaya, Freedom to Speak Up Guardian presented the Freedom to Speak Up Quarter 3 report. Key points from the report were highlighted regarding upward trend in number of concerns, and those locations, CMGs and job groups within the Trust that were generating the most concerns. Details of activity focus going forward and the deep dive into discrimination were also highlighted.</p> <p>In discussion, the Trust Board:</p> <ul style="list-style-type: none"> <li>• Noted that there would be a programme of communications regarding action taken in response to discrimination.</li> <li>• Requested that themes for concerns arising during the Winter period be included as part of the review of the Winter programme.</li> <li>• Heard that a deep dive at the People and Culture Committee considered some of the detail behind concerns, and provided a greater understanding and assurance regarding action being taken.</li> <li>• Noted that there would be triangulation from the staff survey results with deep dives into Freedom to Speak Up theme areas.</li> <li>• Noted that the areas of the Trust undergoing change in the forthcoming financial year would be highlighted to the Freedom to Speak Up Guardians in order to focus support.</li> <li>• Heard that there were low levels of concerns raised at the Leicester General Hospital and the Cancer, Haematology, Urology, Gastroenterology and General Surgery (CHUGGS) CMG and these would be focus areas going forward to understand the relative low numbers of concerns.</li> <li>• Requested that details of anonymous complaints be included in future reports.</li> <li>• Noted that there were zero cases of detriment reported, but it was accepted that there may be some cases of detriment across the Trust which were not picked up through Freedom to Speak Up reporting.</li> <li>• Discussed Civility Saves Lives software and resources, but it was noted that the Trust had different resources which it could use for this purpose.</li> </ul>	<p><b>COO / DCLA</b></p> <p><b>DCLA</b></p>

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	<ul style="list-style-type: none"> <li>Received details of learning from where services had improved as a result of Freedom to Speak Up, and this was now possible through culture based metrics being reported to the People and Culture Committee.</li> </ul>	
	<p><b><u>Resolved</u> – that (A) themes from Freedom to Speak Up concerns relating to the winter period be incorporated into the winter programme review; and</b></p> <p><b>(B) details of anonymous complaints be included in future reports.</b></p>	<p><b>COO / DCLA</b></p> <p><b>DCLA</b></p>
35/26/2	<u>Resident Doctors Contract, Guardian of Safe Working</u>	
	<p>Dr R Singh, Guardian of Safe Working (GOSW) presented the report, produced in line with the 2016 Resident Doctors' Contract and meeting the requirement for the Guardian of Safe Working to provide a report on exception reporting to the Trust Board.</p> <p>The Medical Director noted that there was a general increase in the number of exception reports which it was felt indicated that there was a greater awareness of the Guardian of Safe Working service.</p> <p>The reference in the report to a trainee doctor working at a GP practice raising 13 exception reports was highlighted. Dr R Singh, Guardian of Safe Working noted that because the doctor was in training, then the Guardian of Safe Working had a level of accountability (despite the training taking place in a GP surgery), but the level of influence of the Guardian was limited, but could become more involved should the reports be of a serious nature. There were no specific concerns in relation to the exception reports raised in this case.</p> <p>Dr R Singh, Guardian of Safe Working highlighted a number of technical reforms to the exception reporting process which were now being incorporated into the Standard Operating Procedure, along with stakeholder engagement, and the development of guidance and training. There were no specific concerns with this process to highlight.</p>	
	<b><u>Resolved</u> – that the report be received and noted.</b>	
35/26/3	<u>Equality, Diversity and Inclusion Strategy Progress</u>	
	<p>The Chief People Officer presented an update for assurance on progress against year 1 delivery of the Trust's Equality, Diversity and Inclusion (EDI) Strategy 2025-2030. A detailed introduction outlined the focus of work to date and actions undertaken including; the development of staff networks; increasing the number of ambassador roles; the roll out of active bystander training; progression of the diverse leadership programme, which had received positive feedback and development of the reciprocal mentoring programme which was due to launch in April 2026.</p> <p>Mr S Adams, Non-Executive Director welcomed the progress detailed in the report and questioned how far the strategy had become embedded across the Trust, also whether there were any metrics which were of concern. The Chief People Officer noted that there had been awareness raising through pledges made to sign up to the anti-discrimination statement, and the development of inclusion ambassador roles and promotion of values, but it was noted that staff stories would be included in future awareness raising for greater impact. Data and metrics regarding EDI were considered in detail at the People and Culture Committee with a focus on key EDI metrics such as the gender pay gap.</p>	
	<b><u>Resolved</u> – that the report be received and noted.</b>	
35/26/4	<u>Nursing and Midwifery Annual Establishment Reviews Board Report 2025</u>	
	<p>The Chief Nurse presented a report for assurance of the six-monthly establishment reviews for UHL which took place for Nursing and Midwifery in September / October 2025. The Chief Nurse described the review process which provided recommendations on the level of safe staffing, and it was noted that changes were recommended in 31 units, particularly in regard to increasing the number of registered staff on duty. Assurance was provided that this was considered safe and</p>	

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	<p>sustainable as the recommendations had been reviewed by the Corporate Nursing Team and Finance staff. This would also support aims to reduce the number of temporary staff and support compliance with national training standards.</p> <p>Mr S Adams, Non-Executive Director sought assurance regarding the scale of the proposed changes. The Chief Nurse felt that big changes were not being recommended, as it was focussed on the skills mix, and did not affect the numbers of staff on a shift. Some challenges were noted due to number of vacancies in certain areas.</p>	
	<b>Resolved</b> – that the changes proposed for the nursing and midwifery establishments be approved (at a reduction in cost of £65,227).	<b>CN</b>
36/26	<b>SUSTAINABLE FINANCES</b> – no items	
37/26	<b>PARTNERSHIPS FOR IMPACT</b> – no items	
38/26	<b>RESEARCH AND EDUCATION EXCELLENCE</b> – no items	
39/26	<b>CORPORATE GOVERNANCE/REGULATORY COMPLIANCE</b> – no items	
40/26	<b>CORPORATE TRUSTEE BUSINESS</b> – no items	
41/26	<b>ANY OTHER BUSINESS</b>	
	<p>The Acting Trust Board Chair, in summary of the meeting, noted that the Board was invited to consider a range of evidence-based papers which considered a range of topics including patient care, culture and finance, and this had been undertaken comprehensively. He thanked Executive and Non-Executive Director colleagues for their participation.</p> <p>The Acting Trust Board Chair reported that this would be the last meeting for Dr S Kaur, Associate Non-Executive Director as she was standing down from the role. Dr S Kaur was thanked for her contributions and engagement on the Trust Board.</p>	
42/26	<b>QUESTIONS FROM THE PRESS AND PUBLIC</b>	
	There were no questions from the press or public.	
43/26	<b>REPORTS AND MINUTES PUBLISHED AND UHL’S EXTERNAL WEBSITE (NOT INCLUDED IN THE BOARD PACKS):</b>	
43/26/1	<p><b>Resolved</b> – that it be noted that the following Minutes of meetings had been published on UHL’s website alongside the Trust Board papers:-</p> <ul style="list-style-type: none"> <li>• Quality Committee – Minutes of 27 November 2025 &amp; 18 December 2025</li> <li>• Operations and Performance Committee – Minutes of 27 November 2025 &amp; 18 December 2025</li> <li>• Finance and Investment Committee – Minutes of 26 November 2025 &amp; 22 December 2025</li> <li>• Our Future Hospitals and Transformation Committee – 26 November 2025 &amp; 17 December 2025</li> <li>• People and Culture Committee – 27 November 2025</li> </ul>	
44/26	<b>REPORTS DEFERRED TO A FUTURE MEETING</b>	
	None from the workplan.	
45/26	<b>DATE AND TIME OF NEXT MEETING</b>	
	<b>Resolved</b> – that the next Public Trust Board meeting be held in April 2026 – details to be confirmed.	

The meeting closed at 3.49pm

Matthew Reeves – Committee and Corporate Services Officer

Cumulative Record of Attendance (2025/26 to date):

### UHL / UHN Boards in Common Paper B

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Moore	7	6	86	J Hogg	7	6	86
S Adams (from 1.5.25)	6	6	100	J Houghton	7	7	100
L Bond	7	7	100	A Inchley	7	7	100
I Browne	7	5	71	J Melbourne (until 26.10.25)	5	4	80
A Furlong	7	5	71	R Mitchell	7	7	100
A Haynes	7	6	86	D Moon	7	6	86
H Hendley (from 27.10.25)	2	2	100	T Robinson	7	5	71

### Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	7	6	86	S Kaur	7	5	71
S Barton	7	6	86	H Kotecha	7	4	57
B Cassidy	7	7	100	W Monaghan	7	6	86
E Casteleijn (from 12.9.25)	3	3	100	M Smith (until 11.9.25)	4	4	100
S Harris	7	1	14	C Teeney	7	5	71