UNIVERSITY HOSPITALS OF LEICESTER (UHL) NHS TRUST

MINUTES OF A MEETING OF THE TRUST BOARD HELD ON THURSDAY 8 OCTOBER 2026 FROM 9.30AM IN SEMINAR ROOMS 2/3, CLINICAL EDUCATION CENTRE, GLENFIELD HOSPITAL

Voting Members present:
Dr A Haynes MBE – Acting Trust Board 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
Ms J Hogg – Deputy Chief Executive / Chief Nurse
Ms J Houghton – Non-Executive Director and Quality Committee Non-Executive Director Chair
Mr A Inchley – Non-Executive Director and Finance and Investment Committee Non-Executive Director Chair
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
Dr D Barnes – Deputy Medical Director (for minute 128/26/2)
Professor N Brunskill – Director of Research and Innovation (for minute 131/26/1)
Ms D Burnett – Director of Midwifery (for minutes 127/26/1 & 127/26/2)
Ms E Casteleijn - Director of Communications and Engagement
Dr J Cusack – Clinical Director, Women's and Children's Clinical Management Group (for Minutes 127/26/1 & 127/26/2)
Ms E Ezeala – Consultant Pharmacist – Oncology & Cancer Trials (for minute 123/26)
Mr M McCarthy – Director of Clinical Education / Associate Medical Director (for minute 128/26/1)
Mr W Monaghan - Group Chief Digital Information Officer
Mr S Pizzey – Associate Director, Strategy and Partnerships (for Deputy Chief Executive)
Mr M Reeves – Corporate and Committee Services Officer
M H Stokes – Head of Corporate Governance (for Director of Corporate and Legal Affairs)
Ms S Taylor – Director of Urgent and Emergency Care (for Chief Operating Officer)
Ms C Teeney – Chief People Officer
Ms S Zavery – Head of Equality, Diversity and Inclusion (for minute 123/26)

		ACTION
118/26	**APOLOGIES AND WELCOME**	
	Apologies for absence were received from Mr S Harris, Associate Non-Executive Director, Mr R Mitchell, Chief Executive Officer, Mr S Barton, Deputy Chief Executive, Ms B Cassidy, Director of Corporate and Legal Affairs, and Ms H Kotecha, Healthwatch Representative.	
119/26	**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).	
120/26	**DECLARATIONS OF INTERESTS**	
	There were no declarations of interest for the meeting.	
121/26	**MINUTES**	
	Resolved – that the Minutes of the public Trust Board meeting held on 11 September 2026 (paper A) be confirmed as a correct record.	
122/26	**MATTERS ARISING: BOARD ACTION LOG**	
	Paper B provided progress updates for the matters arising from previous Trust Board meetings, the contents of which were received and noted. It was highlighted that all actions were either underway	

	or closed, but the actions related to the development of a Research and Innovation framework were yet to have a defined timescale.	
	Resolved – that the matters arising report be received and noted as paper B.	
123/26	**STAFF STORY – BLACK HISTORY MONTH 2026**	
	The Chief People Officer briefly introduced paper C and welcomed Ms E J Ezeala, Consultant Pharmacist for Oncology and Cancer Trials, supported by Ms S Zavery, Head of Equality, Diversity and Inclusion, to share her staff story as part of Black History Month 2026. Ms E J Ezeala outlined her career journey and reflected on the challenges experienced during her first leadership role (at another Trust). She highlighted the importance of representation, supportive leadership, mentoring, coaching and access to development opportunities, noting that self-funded leadership training had been pivotal in building her confidence and enabling her to continue as a leader. In discussion, Trust Board members: • recognised Ms E J Ezeala's achievements and the support she had subsequently received while at UHL, while acknowledging that colleagues from different backgrounds did not always have similarly positive experiences; • expressed concern that she had needed to fund her own leadership training and emphasised the need for clearer and more accessible mentoring, coaching and development support, particularly for first-time managers and colleagues from ethnic minority backgrounds; • highlighted the importance of understanding and addressing the barriers underlying the phrase "someone like me", not only removing barriers but actively creating space for diverse colleagues within leadership, and • emphasised that staff voices and lived experiences needed to be heard and acted upon throughout the year, extending beyond Black History Month. In concluding the discussion, the Acting Trust Board Chair thanked Ms E J Ezeala for sharing her powerful story and acknowledged that further work was required to ensure colleagues felt appropriately supported to pursue leadership opportunities.	
	Resolved – that (A) the contents of paper C and the staff story be received and noted, and **(B) the Trust-wide Black History Month 2026 programme be approved and supported.**	**CPO**
124/26	**STANDING ITEMS**	
124/26/1	Chair's Report	
	The Acting Trust Board Chair reported verbally, reflecting upon UHL's position within the wider NHS landscape, noting that there were opportunities from being a small part of larger organisation. Details were provided of recent events and activities which the Acting Trust Board Chair had attended or taken part in, such as the UHL Recognition Awards for 2026 which had demonstrated both the excellence and compassion of UHL staff, with particular recognition for the Same Day Emergency Care and Security Teams. The Communications Team and People Services were thanked for their involvement in arranging the event. The Acting Trust Board Chair also reported details of a visit to Belgrave Community Centre in Leicester where positive health promotion activities were being undertaken, such as community walks around the local park. Other activities reported were a meeting with staff side representatives and discussions with the Charitable Funds Lead, where positive change was underway. The Acting Trust Board Chair undertook to provide a written report to future meetings outlining details of his activity and places visited.	**Acting Chair**
	Resolved – that this verbal information be noted.	

124/26/2	CEO Update	
	The Deputy Chief Executive / Chief Nurse presented paper E on behalf of the Chief Executive, and specifically reported on the following: (i) **CQC -** a recent CQC Inspection into medical care at Glenfield Hospital had resulted in a rating of 'Good' with a rating of 'Outstanding' awarded against the 'Well Led' domain; (ii) **NHS Oversight Framework (NOF) –** UHL had achieved a ranking of 65th out of 134 acute Trusts nationally and was placed in segment 3, which was the highest level of achievement since NOF rankings had been in place. (iii) **Staff Survey –** the latest response rate was noted as 15.6% which was trending lower than the previous year, but engagement with Clinical Management Groups was underway with an aim of achieving a 60% response rate overall. The Acting Trust Board Chair stressed the importance of hearing staff views, particularly people who did not feel that the organisation was 'for them'.	
	Resolved – that the contents of paper D be received and noted.	
124/26/3	Integrated Performance Report and Executive Summary (Month 5)	
	The Deputy Chief Executive/Chief Nurse presented paper E, summarising Trust performance for August 2026. The Director of Urgent and Emergency Care noted the continuing pressure within Urgent and Emergency Care, including increased Emergency Department attendances and challenges against the four-hour standard, although ambulance handover performance remained positive. New virtual ward and clinical assessment arrangements were due to commence shortly. For elective care, the focus remained on eliminating 65-week waits by December 2026, reducing the number of patients waiting more than 52 weeks and improving outpatient performance. Orthopaedics remained the principal area of challenge and would be subject to further scrutiny by the UHL Operations and Performance Committee. Cancer pathway improvements were progressing, although sustained reductions in the backlog were required. The Director of Urgent and Emergency Care undertook to provide the Chief Financial Officer with further information on the admitted and non-admitted composition of the 52-week waiting cohort and associated resource requirements. It was queried whether the previously proposed community-based schemes were helping to reduce Urgent and Emergency Care demand. The Director of Urgent and Emergency Care confirmed these were being delivered but were not yet sufficient to offset demand, and same-day provision within the city was not being fully utilised, but discussions were ongoing with partners to ensure delivery. The Director of Urgent and Emergency Care also noted that the changes to the Discharge Hub in November 2026 were expected to provide increasing benefits during the subsequent winter months. Members emphasised the importance of appropriate admission avoidance and working with local authority and system partners to address the wider societal causes of demand. 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 Medical Director highlighted that quality indicators, including mortality, remained broadly stable; however, overcrowding within Urgent and Emergency Care represented an ongoing risk. The Deputy Chief Executive / Chief Nurse noted that work continued through a system-wide Task and Finish Group to address Gram-negative and device-related infections, supported by regional learning and action to address environmental and practice issues. **(2) People –** the Chief People Officer noted that staff turnover had reduced and team stability had improved, although bank usage remained above plan. Improvement plan actions were being monitored through existing performance arrangements. The winter vaccination programme had commenced, supported by 365 peer vaccinators, with approximately 700 colleagues vaccinated to date. The Chief People Officer undertook to consider the presentation of bank staffing targets within the IPR to improve their clarity. The challenge of meeting current sickness absence	**DoUEC** **CPO**

	targets was acknowledged as a stretch target, but some teams had achieved and sustained the required level. With regard to meeting the requirements of the Workforce Plan, the Chief People Officer advised that improvement activity was tracked through the UHL Results Delivery Office arrangements. Some bank usage reflected increased planned and urgent care activity, while actions within the Trust's control continued to be progressed. Mr A Inchley, Finance and Investment Committee (FIC) Non-Executive Director Chair noted that performance was currently ahead of plan, but forecasts currently indicated a higher workforce at the end of the year, than at the beginning, as Transformation programmes were not delivering as intended. The FIC would continue to monitor Workforce Plan performance. **(3) Finance –** the Chief Financial Officer outlined the latest financial position for the Trust, reporting a Month 5 deficit of £9.9m, £0.6m better than plan, the position was supported by additional Urgent and Emergency Care income. However, the reduced cash balance of £17.8m was becoming increasingly challenging. Capital expenditure was ahead of plan.	
	<u>Resolved</u> – that (A) the contents of paper E be received and noted; and **(B) the Chief People Officer consider the presentation of bank staff targets within the IPR to improve clarity.**	**CPO**
126/26/4	<u>Board Committee Escalation Reports</u>	
	<u>Quality Committee (QC) – 24 September 2026</u> Ms J Houghton, Quality Committee Non-Executive Director Chair, reported details of discussions regarding the challenges of children facing prolonged stays in the Emergency Department where social issues were a factor in preventing timely discharge. Members of the Quality Committee agreed to meet with System partners and deliver a presentation to the Leicester City Health and Wellbeing Board. It was highlighted for the Board's awareness that the Quality Committee had considered the Patient Experience Annual Report for 2025/26 and the Infection Prevention Annual Report 2025/26 at its July and August 2026 meetings respectively. Further, the Mortality and Learning from Deaths quarterly report which was included as a standalone item of business on this Trust Board agenda was commended to the Board as it highlighted a welcome reduction in neonatal deaths. <u>Finance and Investment Committee (FIC) – 30 September 2026</u> Mr A Inchley, Finance and Investment Committee Non-Executive Director Chair presented the public escalation report from the FIC meeting held in September 2026, noting discussions regarding the Estates and Facilities quarterly report where there was moderate assurance regarding the need for continued investment and capacity to drive progress. The Committee's Terms of Reference had also been reviewed with minor changes to the membership and scope of the Committee, which were now approved by the Trust Board. <u>Operations and Performance Committee (OPC) – 24 September 2026</u> Dr A Haynes, Acting Trust Board Chair and Operations and Performance Committee member, presented the public escalation report. He reported details of discussions regarding the NHS Midlands Frailty Opportunity Identifier which received moderate assurance. A deep dive into Orthopaedics led by a Getting It Right First Time (GIRFT) team which focussed on learning from peers was discussed and determined that a quarterly report would be welcomed going forward. A report on cancer performance noted the benefit of non-medical interventions by peers. <u>Our Future Hospitals and Transformation Committee (OFHTC) – 23 September 2026</u> Mr D Moon, Our Future Hospitals and Transformation Committee Non-Executive Director member, provided details of discussions regarding data quality, where progress was noted. Further, the Trust Board was recommended to accept the items which were recommended from the Committee as the meeting was inquorate, which it duly did. <u>People and Culture Committee (PCC) – 24 September 2026</u> Professor I Browne, People and Culture Committee Non-Executive Director Chair, presented the public escalation report. He reported that the committee had received positive assurance from the Employability, Social Mobility and Workforce Development Update, particularly regarding work in	

	relation to addressing the wider determinants of health and it was recommended that the Board receive this report in future. Amended PCC Terms of Reference were recommended to the Trust Board for approval, and this was confirmed. It was noted that the Resident Doctor's Contract – Guardian of Safe Working Report would be presented to the Trust Board in December to enable both Guardians to attend. <u>Audit Committee – 14 September 2026</u> Mr D Moon, Audit Committee Non-Executive Director Chair, presented the public escalation report from the Audit Committee meeting. Discussions highlighted included the outstanding Internal Audit report actions where low priority actions would be approved by the Lead Executive rather than followed up by the Internal Auditor and would require a targeted focus going forward to close high priority actions. Also, the Provider Capability Assessment process was discussed where significant assurance had been received. In summary, the Acting Trust Board Chair reflected that this meeting was the first time that the Board had received a full suite of escalation reports in the BAF-risk aligned quadrant format, which was positive as these reports provided a clear indication of important matters for escalation.	
	<u>Resolved</u> – that (A) the escalation reports from the Quality Committee meeting held on 24 September 2026, Finance and Investment Committee meeting held on 30 September 2026, Operations and Performance Committee meeting held on 24 September 2026, the Our Future Hospitals and Transformation Committee meeting held on 23 September 2026, the People and Culture Committee meeting held on 24 September 2026 and the Audit Committee meeting held on 14 September 2026, be noted, and any recommendations within be endorsed; and **(B) the amended Terms of Reference for the Finance and Investment, and People and Culture Committees, be approved.**	**ALL** **ALL**
127/26	**HIGH QUALITY CARE FOR ALL**	
127/26/1	<u>UHL Perinatal Report</u>	
	The Director of Midwifery presented paper G, summarising the current position and key risks across UHL's maternity and neonatal services. As a separate but related matter, the Director of Midwifery first highlighted the perinatal exceptions within the monthly Integrated Performance Report (IPR). Members were invited to comment on the developing perinatal metrics, noting that a core set would feature in the IPR but the full scorecard would not be presented monthly going forward. The eight stillbirths reported in August 2026 related to preterm and complex pregnancies and were undergoing multidisciplinary review, with no safety signals identified. The impact upon the families was acknowledged in advance of the upcoming Baby Loss Awareness Week. Severe postpartum haemorrhage was the second exception report area; case reviews and improvement work continued, with UHL's national comparative position remaining favourable. The wider perinatal position remained broadly stable despite operational pressures. One-to-one care in labour had been maintained, full-term neonatal admissions remained below the national comparator and improvements were noted in reducing smoking in expectant mothers. Key risks included maternity medical and neonatal nursing capacity, induction-of-labour delays, patient experience and the estate. Recruitment to obstetric consultant posts was progressing, alongside work on workforce retention, future service requirements and capital opportunities. Further improvement was required in communication, compassionate care and shared decision-making. The developing Perinatal Health Equity Partnership would work with community partners to improve access, experience and outcomes. In discussion, the Trust Board: • welcomed the inclusion of perinatal data within the IPR and noted that a metric for timely access to theatre for emergency caesarean sections was in development. It was agreed to include Perinatal details in the IPR summary going forward; • congratulated the service on its pre-term prevention recognition at the House of Lords; • noted the improving maternity-triage position and the 90% stretch target, with a fuller improvement update due in November 2026;	**DoM /COO**

	• highlighted that the average induction-of-labour delay remained 33 hours, reflecting significant demand, capacity and workforce pressures. Further work was required on demand and capacity, criteria-led discharge and compassionate patient care; • recognised the significant scrutiny placed upon perinatal services and the need to support psychological safety, staff engagement and the development of medical leaders; • welcomed increased staff engagement through Safety Champion activity and the Your Voice initiative; • discussed the quality, workforce and operational benefits of bringing maternity services onto a single site, together with the need to identify interim improvements ahead of any future women's hospital, and • noted that capital recommendations for interim improvements to address split site service challenges would need to be considered in alignment with the operational planning and Trust Board development timelines.	**CN / DCE / DoM / DCLA**
	<u>Resolved</u> – that (A) perinatal key headlines be included in the Executive Summary in the IPR for November 2026 Trust Board and going forward; **(B) discussions on any future developments/plans related to perinatal split site service challenges appropriately reflect both the need for Board development discussion and operational plan submission timescales.**	**DoM/ COO** **CN / DCE / DoM / DCLA**
127/26/2	<u>Thirlwall Inquiry: Key Recommendations and Implications for UHL</u>	
	The Director of Midwifery and the Clinical Director for the Women's and Children's Clinical Management Group presented paper H, which summarised the findings of the Thirlwall Inquiry, the immediate actions required by NHS England, and UHL's initial response. Assurance was provided that established safety and safeguarding arrangements were in place, and that any further work and investment requirements would be identified through a Trust-wide gap analysis exercise. In discussion, the Trust Board: • noted that relevant work was already underway, including arrangements for Sudden Unexpected Death in Infancy and Childhood, neonatal mortality review and medicines security; • noted the work to strengthen safeguarding responses, including escalation arrangements for neonatal deaths and collapses; • discussed the proposed use of CCTV, including the need to balance additional security with privacy, potential risks and the continuing importance of staff vigilance; • noted that options for secure insulin storage and access controls, including CCTV and biometric access, were being assessed; • welcomed the relationship between the Board and Neonatal services which enabled clear, open and effective communication; and • noted that immediate actions were progressing while the Trust awaited further national guidance. The gap analysis arising would cover the whole organisation and identify any investment required, with further updates provided to the Board.	
	<u>Resolved</u> – that (A) the report, and recommendations contained within be received and noted; and **(B) the Trust-wide gap analysis with named executive and operational ownership, and regular reporting of progress, risks, exceptions and evidence of impact through the relevant committees and Board, be supported.**	
127/26/3	<u>Mortality and Learning from Deaths</u>	
	The Medical Director presented the quarterly Mortality and Learning from Deaths report (paper I), which provided assurance on the Trust's mortality indicators, Medical Examiner Service, bereavement support and learning arising from reviews of deaths. In discussion, the Trust Board: • welcomed the continuing improvement in mortality, noting that this reflected the Trust's quality improvement work, while recognising the need to distinguish genuine improvements in care from changes in coding;	

	• noted the improved timeliness of death certification through the regional Medical Examiner Service and the benefits of Nervecentre and the Electronic Patient Record in supporting scrutiny and coding; • received assurance regarding the reduction in perinatal deaths, while noting the time lag in nationally published comparative data; • noted that feedback from bereaved families was largely positive and that the principal learning themes concerned communication, documentation, recognition and escalation of deterioration, and • discussed assurance arising from Coroners' inquests and the importance of triangulating mortality reviews with complaints, incidents and other patient-safety intelligence. The need to avoid complacency when findings of no cause for concern to ensure no learning points were missed. Further review of the acute bronchitis mortality outlier would focus on coding and case mix before conclusions were drawn.	
	<u>Resolved</u> – that the report be received and noted.	
127/26/4	<u>Health Equality and Inclusion Update</u>	
	The Director of Health Equality and Inclusion presented the report (paper J), highlighting progress and continuing challenges in relation to interpretation and translation services, the Accessible Information Standard, patient information, the Equality Delivery System, neighbourhood health and community engagement. A new UHL interpretation and translation service had commenced following procurement delays, with quality improvement arrangements established with the provider. Delivery of the Accessible Information Standard remained challenging due to estates, digital and cultural barriers. The stakeholder group continued to oversee the gap analysis and improvement work, supported by an education programme and three nursing conferences. The Trust continued to be recognised nationally for its patient information, although reviewing and updating more than 200,000 leaflets remained resource intensive. Under the Equality Delivery System, the Frailty Same Day Emergency Care service had been selected for review in the current year. Members noted the considerable data requirements and proposed greater Board involvement in selecting and resourcing areas for future reviews. The importance of considering deprivation alongside ethnicity, addressing differing levels of health literacy and strengthening employment and apprenticeship opportunities was emphasised. The Board discussed the proposed neighbourhood model for approximately 50,000 low-acuity Urgent and Emergency Care (UEC) presentations, around half of which could not be redirected and sometimes reflected social rather than medical needs. Members supported developing a proof of concept focused on local support, while recognising that its immediate impact on the Urgent Treatment Centre could be limited. Assurance was sought regarding resources, system partnership, risk ownership and how the model would reach communities experiencing the greatest need. The potential role of Non-Executive Directors within engagement on community services was queried. Members highlighted the Health Equity Summit, noting its contribution to learning, empowerment, partnership working and community trust. The next summit was scheduled for 15 April 2027. The Board agreed that the Trust could not address wider determinants of health alone but must provide leadership and hold system partners to appropriate account. Greater strategic clarity was required on integration, the Trust's role outside hospital settings, community investment, available resources and the publication of a health statement. This would be developed through the Executive discussion initially and brought to a future Board development session as a practical proposition for consideration.	**CPO / DoHE&I** **CEO / DoHE&I / DCLA**
	<u>Resolved</u> – that (A) the recommendations of the review of Health Inequalities Improvement Governance be approved; **(B) Board views be sought with regard to the appropriate service area focus for the Equality Delivery System future assessment, and**	**DoHE&I** **CPO / DoHE&I**

	(C) consideration take place at Executive level, before Trust Board Development discussions, regarding the Trust's position on integration.	**CEO / DoHE&I / DCLA**
128/26	**GREAT PLACE TO WORK**	
128/26/1	10-Point Plan on Getting Back to Basics for Resident Doctors – Progress Update	
	The Director of Clinical Education attended to present paper L, providing an update on progress against NHS England's 10-Point Plan for Resident Doctors and the associated assurance framework. The Trust was compliant in 14 areas, with no areas assessed as non-compliant, although further work was required in several areas. The Trust Board welcomed the progress made and the positive feedback received from the National Medical Director following his visit to UHL, while recognising the Trust's scale and volume of resident doctor rotations. Members particularly discussed the need to improve rest and overnight facilities, lockers, workspace and out-of-hours food provision. Constraints on space were acknowledged, alongside the potential to repurpose clinic areas. Assurance was sought regarding the reliability of vending machines, and it was agreed that this would be pursued further with Estates and Facilities. Members noted the progress in rota and work-schedule compliance, while recognising the particular challenges presented by the August rotation, late allocation changes and the increasing number of doctors working less than full time. The importance of timely information from national partners was also highlighted. The Trust Board discussed the difficulty of securing resident doctors' views because of workload pressures and frequent rotations. It was agreed that feedback from the Doctors in Training Committee, national and local surveys and other available sources should be brought together with rota, working-hours and workforce information in a dashboard, maintaining Board visibility through the People and Culture Committee. Members also noted the positive progress on study leave and course funding, while recognising that access to food and suitable space to rest and decompress remained priorities. The Trust Leadership Team would retain oversight of the response to the 10 point plan, including the proposed scope of out-of-hours catering and opportunities to improve rest facilities, with updates reported through the People and Culture Committee.	**CPO** **CPO**
	Resolved – that (A) the contents of paper L be received and the progress made against the NHS England 10-point Plan for Resident Doctors be noted; **(B) reliability issues regarding food vending machines be raised with Estates and Facilities; and** **(C) relevant teams and colleagues be requested to develop a dashboard demonstrating progress towards meeting the plan requirements, including feedback from resident doctors and any other useful relevant data.**	**CPO** **CPO**
128/26/2	Annual Organisational Audit and Board Report	
	The Deputy Medical Director and UHL Responsible Officer presented paper M, which provided assurance on the effectiveness and compliance of the Trust's arrangements for medical appraisal, revalidation and professional standards during 2025/26. The Board noted that the number of doctors connected to the Trust had increased to 1,656; 97 revalidation recommendations had been submitted to the General Medical Council, with none submitted late; and 1,531 appraisals had been completed, representing 93% compliance. Good progress had been made against the previous year's actions, and an Internal Audit report had provided reasonable assurance on the Trust's processes. Remaining priorities included maintaining appraiser capacity, recruiting to vacant Senior Appraiser roles, completing the peer-to-peer review and supporting Physician Associates and Anaesthesia Associates through forthcoming regulatory	

	requirements. In summary, it was felt that the report provided assurance of compliance, effective and well governed staffing and the report was recommended for signature and submission to NHSE. In discussion, Board members recognised the significant workload involved, particularly given the Trust's size and increasing number of connected doctors. The Deputy Medical Director and Responsible Officer confirmed that increased administrative support had made a significant improvement. The Board thanked The Deputy Medical Director and Responsible Officer and his team for their work and approved the report as presented.	
	Resolved – that the Annual Organisational Audit and Board Report 2025/26 be supported and its onward submission to the Tier 2 Responsible Officer at NHS England be endorsed.	**CEO/ RO**
129/26	**SUSTAINBLE FINANCES – NO ITEMS**	
130/26	**PARTNERSHIPS FOR IMPACT – NO ITEMS**	
131/26	**RESEARCH AND EDUCATION EXCELENCE – NO ITEMS**	
131/26/1	R&I Quarterly Update	
	The Director of Research and Innovation presented paper N, which provided assurance on research performance, delivery, finance, infrastructure developments and the impact of research undertaken at UHL. Research study recruitment remained strong, with approximately 1,500 additional participants recruited and performance on trajectory. Particular attention was drawn to the new national 150-day study set-up metric and the associated financial risk to the NIHR Biomedical Research Centre application. Performance had improved from 65% to 82% in September against the 95% target. Whilst some elements of the process were outside the Trust's control, further streamlining, active study triage and, as a last resort, closure of non-recruiting studies would be required. In discussion, the Trust Board: • welcomed the positive performance, new research infrastructure and examples of research findings being translated into clinical practice; • noted that the first-stage BRC application outcome was expected in December 2026, with the full application outcome expected in March 2027; • discussed the potential impact of the 150-day metric on research involving Leicester's diverse communities and the need to balance timely recruitment with inclusive participation; • noted the findings regarding long COVID among healthcare workers, the national reduction in funding for long COVID services and the current position on staff sickness absence; • welcomed the development of the Fragile X Syndrome National Holistic Care Hub and the opportunity to champion locally led research, and • noted that future UHL / UHN Group research arrangements remained subject to the appointment of new University Hospitals of Northamptonshire research leadership. The Acting Trust Board Chair thanked the Research and Innovation team for the significant work underpinning the positive position reported.	
	Resolved – that the contents of paper N be received and the assurance provided be accepted.	
132/26	**CORPORATE GOVERNANCE/REGULATORY COMPLIANCE - NO ITEMS**	
133/26	**CORPORATE TRUSTEE BUSINESS - NO ITEMS**	
134/26	**ANY OTHER BUSINESS**	
	Resolved – that there were no further items of business.	

135/26	**QUESTIONS FROM THE PRESS AND PUBLIC**	
	There were no questions from the press or public. The Acting Trust Board Chair invited comments from UHL members of staff in the public gallery. One member of staff informed the meeting that they were a Children's nurse who worked on Same Day Emergency Care and had experienced patient flow issues, but would very much welcome the development of a Women's hospital. Another member of staff commented that the agenda appeared complex, but the discussion made it relatable, and she had a particular interest when diagnostics were discussed.	
136/26	**REPORTS DEFERRED TO A FUTURE MEETING** None.	
137/26	**DATE AND TIME OF NEXT MEETING**	
	Resolved – that the next Public Trust Board meeting be held on 12 November 2026 at 9.30am, venue TBC. *Post meeting note – the venue was confirmed as being Room G01, City Hall, Leicester City Council, Charles Street, Leicester.*	

The meeting closed at 12.38pm **Matthew Reeves – Committee and Corporate Services Officer**

Cumulative Record of Attendance (2026/27 to date):

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Haynes	2	2	100	A Inchley	2	2	100
S Adams	2	2	100	R Mitchell	2	1	50
L Bond	2	2	100	D Moon	2	2	100
I Browne	2	2	100	A Moore (until 13.8.26))	0	0	0
H Hendley	2	1	50	T Robinson (until 31.8.26)	0	0	0
J Hogg	2	2	100	G Xu	2	2	100
J Houghton	2	1	50				

Non-Voting Members:

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
R Abeyratne	2	1	50	S Harris	2	0	0
S Barton	2	1	50	W Monaghan	2	2	100
B Cassidy	2	1	50	C Teeney	2	2	100
E Casteleijn	2	2	100				