UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST ANNUAL PUBLIC MEETING HELD ON THURSDAY 11 SEPTEMBER 2025 AT THE SCHOOL OF NURSING AND MIDWIFERY PRACTICE, GLENFIELD HOSPITAL SITE (5.30PM)

(meeting BSL signed)

Trust Board:
Mr A Moore – Group Chairman
Dr R Abeyratne – Director of Health Equality and Inclusion
Mr S Barton – Deputy Chief Executive
Mr L Bond – Chief Financial Officer
Professor I Browne – Non-Executive Director
Ms B Cassidy – Director of Corporate and Legal Affairs
Ms E Casteleijn – Director of Communications and Engagement
Mr A Furlong – Medical Director
Dr A Haynes – Non-Executive Director
Ms J Hogg – Chief Nurse
Ms J Houghton – Non-Executive Director
Mr A Inchley – Non-Executive Director
Mr J Melbourne – Chief Operating Officer
Mr R Mitchell – Group Chief Executive
Mr W Monaghan – Group Chief Digital Information Officer
Mr D Moon – Non-Executive Director
Professor T Robinson – Non-Executive Director
Ms C Teeney – Chief People Officer

In attendance:
Professor N Brunskill – Director of Research and Innovation
Dr G Xu – Deputy Medical Director

1.	**APOLOGIES, WELCOME AND INTRODUCTION**	
	The Chairman welcomed everyone to the meeting, and was pleased to see so many different community groups represented. Apologies for absence were received from Mr S Harris Associate Non-Executive Director. The Trust Chairman outlined the main purpose of the meeting as being to approve the Trust's 2024/25 annual accounts and Annual Report – both documents were accessible via the Trust's external website and printed copies could be provided on request. The Trust Chairman noted that providing safe and high quality care for its communities remained the Trust's key focus, although the continued challenging financial context for the NHS as a whole was recognised. The Trust was committed to working with partners (including as part of the developing UHL-UHN partnership) to ensure that patients got the right support, and the Chairman noted the key enabling roles played by digital transformation, culture and openness, and appropriate recruitment and retention strategies. The Chairman also emphasised the Trust's commitment longterm organisational sustainability and stability. The minutes of the 2024 UHL NHS Trust APM were approved at this meeting.	
2.	**OUR YEAR IN REVIEW: 2024/25**	
	The Chief Executive presented a video showcasing UHL activity and developments during 2024/25, and outlined progress on the 5 key goal areas within the Trust's "leading in healthcare, trusted in communities" strategy 2023-30. Good progress had been made, although he recognised that there was still more which could be done. Financial sustainability remained challenging, although he welcomed UHL's exit from the national Recovery Support Programme (RSP) in August 2025. He emphasised the crucial need to maintain an appropriate balance between all of the Trust's goal areas, and to not jeopardise the progress made in the last 12 months. Although UHL's NHS Oversight Framework overall performance rating was segment 3, the Trust had scored in segment 1 for high quality of care, which was welcomed. He also emphasised the safety of the care provided by UHL, and noted the importance and national reputation of the Trust's research and innovation activities.	

3.	**ANNUAL ACCOUNTS AND ANNUAL FINANCIAL REPORTING 2024/25**	
	The Chief Financial Officer presented the Trust's annual accounts and annual report for 2024/25, and welcomed the consistently-improving Audit Opinion over the last 5 years. He welcomed the clean, unqualified Audit opinion received on the Trust's 2024/25 annual accounts, and confirmed that they had been submitted in line with the national timetable. Improvements had continued to be made in the Trust's financial governance, and the Chief Financial Officer echoed the Chief Executive's welcome for UHL's exit from RSP. The Trust had achieved 3 out of its 4 statutory financial duties in 2024/25, ending the year with a deficit position of £37.2m and therefore not achieving break-even. He noted that 75% of the Trust's income came from the LLR Integrated Care Board, and advised that the majority (61%) of the Trust's expenditure related to staffing costs. Digital assets were increasing, and circa £100m had been spent on infrastructure improvements in 2024/25, including on buildings, IT, and equipment. The financial outlook for 2025/26 was, however, extremely challenging both locally and nationally, and the Chief Financial Officer outlined the likely key financial pressures and risks including productivity, staffing, and capital costs. The 2024/25 annual accounts and Annual Report were approved.	
4.	**LOOKING TO THE YEAR AHEAD**	
	The Chief Executive acknowledged that the year ahead would undoubtedly be challenging for the NHS as a whole. This was an exciting time for Leicester as the first plural city, and he emphasised that the Trust would continue to focus on its priorities including providing high quality care for all, being a great place to work, and creating and embedding partnerships for impact. The Trust recognised the importance of financial rigour and sustainability, and the Chief Executive was confident that UHL could find a way of living within its means without impacting adversely on the quality of care provided. He also outlined the 3 main shifts associated with the NHS 10-year plan, noting UHL's position as a provider of both acute and community care. The Trust had also made significant progress on the digital and data fronts, including delivery of a new PAS, and UHL membership of the EU TRAIN network (Trustworthy Responsible AI Network). The good work on health inclusion and equality by Dr R Abeyratne UHL Director of Health Equality and Inclusion would also continue to be developed and embedded, and a UHL-UHN group clinical strategy was being launched later in September 2025.	
5.	**QUESTIONS FROM THE PUBLIC**	
	A significant number of questions were asked, both from the floor and from those who had submitted in advance and which were now read out to attendees. The Trust Board's responses to the questions are shown at appendix 1.	
6.	**EVENT CLOSE**	
	The Chairman reiterated his thanks to everyone for attending UHL's Annual Public Meeting 2025, and for the range of questions raised and the interest shown in the work of the Trust. He felt incredibly proud to be the Chair of UHL, and while welcoming the continuing progress being made by the Trust he recognised that there was still plenty to achieve.	

The meeting closed at 6.30pm

Q&A session from the 2025 UHL NHS Trust Annual Public Meeting (11 September 2025)

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

No.	Questions (in the order raised at the meeting)	Trust response
1	Why is there a difference between the waiting times on the NHS app, and the (longer wait time) reality at UHL ?	The Chief Operating Officer apologised to anyone experiencing long waits, and he recognised the impact this had on patients. He advised that the NHS app showed average waiting times, and included those who did not need surgery as well as those who subsequently did. If patients required surgery, waiting times would likely be longer than the average shown on the NHS app. UHL waiting times continued to reduce, but he recognised that there was still work to do on this. Reducing waiting times remained a key focus for the Trust, and the Chief Operating Officer also noted the crucial importance of good communication with patients re: waiting times.
2	What actions can be taken to improve the interface between primary care and secondary care, and to ensure that people can access appropriate primary care provision and not have to come to the Emergency Department unless necessary?	The Medical Director advised that the Trust worked very closely with GPs and with the Local Medical Committee. UHL had also appointed an Associate Medical Director for Primary Care Interfaces. The Trust was also working with system colleagues to identify meaningful alternatives to ED.
3	We need to see outcomes of the actions being described today. Eg are the community engagement/involvement initiatives mentioned by the Trust going to work, and is the supporting infrastructure in place ? Feel today's APM was not communicated widely to the community.	Comments noted.
3a	Members of the Family Carers Network outlined the purpose of that group, and noted that the group leader had sadly passed away earlier in the year. A minute's silence was requested.	Condolences were expressed.
4	What plans are in place to ensure diversity in research participants ? Community groups can help with this.	The Director of Research and Innovation advised that all research was externally funded, and that nearly all such external funders required the Trust to have appropriate equality, diversity and inclusion plans in place. The Trust had made specific efforts to target some of the harder to reach community sectors, and some of its actions had been adopted nationally.

		The Director of Health Equality and Inclusion also commented that UHL was required to provide evidence of diverse recruitment to research trials. Building good relationships and trust with the community was key however, and she recognised that there was still work to do on this.
5	There are lots of challenges facing the NHS. What is the Trust's savings target for 2025/26, and how will UHL achieve breakeven ? How many job cuts will there be and what services will be affected ?	The Chief Financial Officer confirmed that UHL was required to reduce its cost base by £92m in 2025/26. The Trust was looking to grow income and improve non-pay efficiencies, but was also trying to reduce reliance on temporary staff (for both continuity of care and financial reasons). There would be a requirement to reduce substantive staff as well, and the Trust was exploring the digital transformation of services and ways of working. Further details on the savings plan could be provided outside the meeting if required. The Chief People Officer reiterated that the Trust's initial focus had been on reducing temporary pay costs, particularly agency staff. UHL had recently run a MARS scheme (Mutually Agreed Resignation Scheme) for staff, and had also put some recruitment controls in place. The Trust's priority was to recruit to essential posts providing direct patient care. With regard to services, the Chief Nurse confirmed that UHL remained committed to evidence-based staffing levels. No services had been closed due to a CIP (cost improvement programme) requirement. Although St Mary's Birth Centre had been temporarily paused, this was due to service fragility and safety considerations, not financial.
6	Is there any risk of the Trust then recruiting people to the same jobs at a lower (pay) rate ?	The Chief People Officer provided assurance that this would not take place. All staff were appointed on NHS terms and conditions and all jobs were evaluated in line with national criteria. There might be skillmix reviews in some areas.
7	Questioner considers that where there is a significant level of part-time working, it has an adverse impact on service provision and dedication.	The Chief Executive and the Chief Nurse emphasised the Trust's commitment to managing both patient needs and employee flexibility requirements, and confirmed that part-time working was not creating any concerns at UHL. The Trust was committed to being a flexible, modern employer.