University Hospitals of Leicester NHS Trust

Trust Board Paper E

Meeting title:	Public Trust Board					
Date of the meeting:	12 November 26					
Title:	Chair update					
Report presented by:	Andy Haynes - Chair					
Report written by:	Andy Haynes - Chair					
Action – this paper is for:	Decision/Approval		Assurance	x	Update	x
Where this report has been discussed previously	n/a					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
The report covers a wide range of risks in the University Hospitals of Leicester NHS Trust

Impact assessment
There are no specific impacts because of this report.

Purpose of the Report

The report is an update for the month of October on the University Hospitals of Leicester NHS Trust (UHL)

Recommendation

The Board is asked to receive an update on the below items.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

BOARD OF DIRECTORS
THURSDAY 12 NOVEMBER 2026

CHAIR'S BOARD OF DIRECTORS REPORT
PRESENTED BY ANDY HAYNES

This report provides my reflections as Chair on some of the key issues, visits and conversations since the last Board meeting, with a particular focus on what they tell us about the needs and experiences of our patients, communities and colleagues, and the partnerships we need to respond to them.

My conversations and visits over the past month have reinforced both the extraordinary contribution colleagues from University Hospitals of Leicester NHS Trust (UHL) make every day and the scale of the challenge we face collectively in meeting the needs of the communities we serve.

Our population is changing. People are living longer, often with more complex health needs, while inequalities continue to affect people's health and their experience of care. These are not challenges that hospitals can address alone. A sustainable future for UHL depends on how effectively we work with patients, communities, colleagues and partners across Leicester, Leicestershire and Rutland to improve health, prevent ill health where we can and ensure people receive the right care, in the right place, at the right time.

An important part of my role as Chair is therefore to understand UHL from the outside as well as from within: how patients and communities experience us, what colleagues see and hear through delivering care every day, how our partners experience working with us, and where greater collaboration could make a tangible difference.

An area of current focus nationally, which was covered at the Regional NHSE Chair and CEOs' event in Birmingham, relates to the small proportion of the population who account for a substantial share of emergency care and hospital stays, including people who no longer need to be in hospital. This signals people with significant needs who may not be optimally supported by current models of care.

National strategy is expected to help shape the response, but our responsibility locally is to understand our own population and act on what evidence, alongside the experiences of patients and colleagues, tells us. We are committed to this.

At the monthly meeting of NHS Chairs from the Leicester, Leicestershire and Rutland Integrated Care Board, East Midlands Ambulance Service NHS Trust, Leicestershire Partnership NHS Trust, University Hospitals of Northamptonshire NHS Group and University Hospitals of Leicester NHS Trust, our discussion focused on measures being taken outside hospital to better support people and reduce avoidable hospital attendance and admission this winter. There was agreement about the need to identify the programmes that can make the greatest difference and track their impact clearly. This will be considered more fully in November.

As part of a series of visits and meetings with partner organisations scheduled over the coming months, Chief Executive Richard Mitchell and I met with senior representatives of Leicestershire County Council. It was a positive discussion, and we agreed to progress opportunities for better data sharing to build a common

understanding of the needs of frail and vulnerable people and explore how resources and processes can be better aligned around them. We also heard the local authority perspective on local government reform and its potential implications for health across Leicester, Leicestershire and Rutland. I will report on themes from upcoming meetings with other partners in future Board reports.

I saw some of the challenges we discussed with the Council first-hand when I followed the pathway experienced by patients living with frailty through our front-door services with colleagues from Emergency and Specialist Medicine. I was impressed by the progress made over recent years, the clarity about what needs to improve further and, above all, the skill, compassion and commitment of colleagues.

Frailty is not the responsibility of one specialist team. As our population changes, understanding and responding well to frailty increasingly needs to be part of how we think about adult care across UHL and with partners beyond our hospitals. It is a good illustration of why the future of healthcare will depend on joined-up pathways, earlier intervention and services designed around people rather than organisational boundaries.

The scale of care provided by UHL remains remarkable. Based on recent activity figures, around 17,500 patients attend our outpatient services each week, around 1,200 people are conveyed to our Emergency Department by ambulance, almost 10,000 people attend the Emergency Department, Eye Casualty and Minor Injuries and we undertake more than 300 operations a day. Occupancy of our 1,800 beds remains consistently high.

Behind every one of those numbers is a person who needs our care, often at a difficult or frightening point in their life, and behind the care are colleagues and teams working to provide the best possible experience and outcome. I continue to see brilliant examples of skill, compassion and dedication across UHL. The scale and pressure under which colleagues are delivering care makes that contribution all the more significant.

But scale and pressure can never lessen our responsibility to provide safe, high-quality, compassionate and timely care. We know that we do not always get everything right, and listening to patients, families and colleagues must be fundamental to how we improve.

Patient experience feedback consistently highlights communication, information and waiting times. These are not simply measures of customer service. Knowing what is happening, understanding why you are waiting, feeling listened to and knowing what happens next are all important parts of good care. Communication is something every one of us can influence, but the Board also has a responsibility to understand what patients and families are telling us and ensure their experiences inform improvement.

The conversations I have had since I stepped into the role of Chair, also reinforce why we must look beyond today's operational pressures. The needs of our population are changing and the way we provide care must change with them. That means working differently with partners, using data and digital technology to improve care, supporting prevention and more care closer to home where appropriate, and continuing to transform our hospital services for the future.

Listening to colleagues is equally important. I met the Freedom to Speak Up Guardians in October. The Guardians are part of the Guardian Service and provide an independent and confidential 'speak up' service to support colleagues to speak up when they have work-related concerns. Their reporting identifies management and process issues and colleague safety and wellbeing as consistent themes. I have encouraged the

Guardians to continue to challenge the Board through their independent observations, particularly about whether the interventions we put in place are making a difference.

A culture in which colleagues feel valued, supported and able to speak up, and know that concerns will be listened to and acted upon, is important in its own right. It is also integral to high-quality patient care. The experiences of patients and colleagues are connected, and we need to keep listening to both.

Finally, I had the privilege of attending the celebration marking the tenth anniversary of the Secret Garden at Glenfield Hospital. It is a beautiful sanctuary for patients, families and colleagues, and its story is testament to what can be achieved through the commitment of volunteers, supporters and our wider community. My thanks go to everyone who has contributed to it over the past decade, particularly Karen James for her drive and leadership and the Leicester Hospital's Charity for hosting the celebration.

My overriding reflection this month is that we are making progress as we work towards our vision, 'Leading in healthcare, trusted in communities' but we have more to do. UHL's scale, expertise and clinical capability give us enormous potential. Realising that full potential depends on our people and on the relationships we build with patients, communities and partners. Our success should ultimately be judged by the difference people experience: whether care is safe, timely and compassionate; whether patients feel informed and involved; whether colleagues feel supported and able to improve; whether we work effectively with our partners; and whether, together, we improve the health of the communities we serve.