Meeting title:	Public Trust Board	**Trust Board Paper F**
Date of the meeting:	12 November 2026	
Title:	CEO update	
Report presented by:	Richard Mitchell – CEO	
Report written by:	Richard Mitchell – CEO	

Action – this paper is for:	Decision/Approval		Assurance	x	Update	x
Which priorities does this link to	Transform patient care	x	Strengthen our culture	x	Deliver our financial plan	x
Where this report has been discussed previously	The items in the report have been discussed in recent meetings and committees.					

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 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

CHIEF EXECUTIVE'S BOARD OF DIRECTORS REPORT
PRESENTED BY RICHARD MITCHELL

Use of Artificial Intelligence in Report Preparation
This report includes content and analysis generated with the assistance of artificial intelligence (AI) tools, used to support drafting, summarising, and formatting. All outputs have been reviewed, validated, and finalised by the report author to ensure accuracy, appropriateness, and alignment with our organisational standards and values. The use of AI is intended to enhance productivity and efficiency, not to replace human oversight or judgement.

Key activities and updates

Improving care and experience for patients remains our central focus. Over the past year, we have seen encouraging progress across quality, safety, access and patient experience, while recognising that there is more to do and that colleagues are delivering these improvements through a period of considerable pressure and change.

This report highlights some of what we are seeing, alongside what we are hearing from colleagues. The two are closely connected: sustaining better care for patients depends on creating the conditions in which colleagues can do their best work and feel supported to do so.

Compared with 12 months ago, our mortality rate is lower and we have continued to see improvements in some measures of patient safety, quality and experience. These changes reflect the daily efforts of clinical and non-clinical colleagues across our hospitals and community sites.

Following an open recruitment process, with NHS England representation on the interview panel, Dr Gang Xu has been appointed permanently as Medical Director. With Julie Hogg, Chief Nurse and Deputy Chief Executive Officer, now back at UHL full time, they will work together to strengthen clinical leadership, quality and safety, and the experience of our patients.

As reported to the October Board, the Care Quality Commission's inspection findings for medical care at Glenfield Hospital provide further evidence of improvement. These services were rated Good overall and Outstanding for Well-Led. We are awaiting publication of the CQC report on the emergency department at Leicester Royal Infirmary.

We are also making significant productivity improvements. For us, productivity is about making the best use of our people, capacity and resources so that patients receive timely, effective care. It is not about simply expecting colleagues to work harder. Over the last year, NHS productivity improved by an average of 1.7%, compared with 0.5% in the Midlands and 8.3% at UHL. These figures can fluctuate and must be considered alongside quality, access, patient experience and colleague experience, but they demonstrate the scale of the change at UHL.

Recent achievements illustrate what improvement and innovation can mean for patients. A team led by consultant Mr Badri Vijaynagar carried out a UK-first procedure that enabled a patient to avoid major surgery. Mr John Beatty completed his 1,000th robotic surgery, reflecting the considerable expertise developed at UHL, while UHL and the East Midlands Ambulance Service (EMAS) were recognised at the HSJ Patient Safety Awards for their work to improve ambulance handovers and the transition of patients into hospital care. These are just a few examples of the work taking place across our hospitals and of the difference colleagues and partnerships are making every day.

In October we marked ten years of the Secret Garden at Glenfield Hospital. It has become a flourishing community hub, welcoming colleagues, patients and visitors to its garden, café, memorial spaces and events marquee. Its contribution goes further than providing a valued outdoor space. The Nurture Through Nature pilot programme linked to the Secret Garden complements clinical care with activities designed to support wellbeing during recovery. A new cohort of patients has joined the programme, which has expanded from supporting patients with cancer to include those with cardiac conditions.

October also provided opportunities to recognise colleagues and encourage future NHS careers. We marked National AHPs' Day by thanking our allied health professionals. I was pleased to join UHL and NHS colleagues at the British Indian Nursing Association (BINA) awards in Leicester, where UHL received an award for Excellence in Partnership and Organisational Development. I also joined UHL colleagues at a careers event with Beauchamp College, where teams spoke to students and parents about NHS careers, including allied health professions, medicine, midwifery, nursing, pharmacy and radiography, alongside apprenticeships, T Levels and other entry routes. I was struck by the pride with which colleagues talked about their work, UHL and the difference they make for patients. I hope that enthusiasm encouraged more young people to consider a future career in the NHS.

October was also Black History Month, providing an important opportunity to celebrate the contribution of our Black colleagues and communities, and to listen and reflect. At UHL we took opportunities to hear colleagues' experiences and consider what needs to change, including through a colleague story shared at our last public Board meeting. Listening matters, but it must lead to action. As one of the most diverse NHS organisations in the region, UHL is committed to creating a workplace where everyone feels respected, valued and able to reach their full potential. We recognise that a diverse workforce strengthens patient care, supports innovation and helps us better meet the needs of the communities we serve.

Dr Andy Haynes, UHL Chair, and I have continued meeting and listening to partner organisations, including Healthwatch, local councils and East Midlands Ambulance Service. Other partnership meetings are scheduled over the coming weeks. These conversations are important in understanding how patients, communities and partners experience our services and how we can work together to improve care.

The NHS Staff Survey has been live during October and remains open until 27 November. Our response rate is higher than the national average but lower than it was at this point last year. Alongside the survey, conversations with colleagues highlight tiredness, concerns about jobs and organisational change, and doubts about whether feedback leads to action. We do not underestimate these concerns or the pressures colleagues face outside work. Improvements in our performance do not necessarily mean that pressures in colleagues' working day have reduced. We need to keep working on both.

We are encouraging participation in the NHS Staff Survey through conversations with colleagues and leaders, as well as opportunities to ask questions and complete the survey. We have run dedicated sessions including a senior leaders' huddle, an optional Microsoft Teams event open to all colleagues and an online listening event. Colleague experience will also form part of our discussions at a face-to-face leadership event on 11 November. Our message is that honest views, whether positive or critical, are welcome. The value of the survey is in understanding what it is really like to work here, not in getting a particular answer.

Colleague feedback informs UHL's Recognition, Inclusion, Support and Equipment (RISE) programme. We need to make the connection between what colleagues tell us and the action that follows clearer, both across UHL and within individual teams and services.

This report provides a snapshot of progress and October's highlights but we recognise there is more to do. Improving care, supporting colleagues and working with our partners all serve the same purpose: ensuring patients receive the care they need and feel listened to, respected and well cared for.