University Hospitals of Leicester NHS
NHS Trust

Meeting title:	Public Trust Board				**Public Trust Board paper E**	
Date of the meeting:	5 May 2022					
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
Where this report has been discussed previously	The items in the report have been discussed in meetings and committees during the month of April 2022.					

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 University Hospitals of Leicester NHS Trust.

Impact assessment
There are no specific impacts as a result of this report.

Purpose of the Report

The report is an update for the month of April 2022 on the University Hospitals of Leicester NHS Trust and wider Leicester, Leicestershire and Rutland Integrated Care System.

Recommendation

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

Summary

This report provides updates on:

1. Covid
2. CQC
3. Mental health and wellbeing
4. Staff survey
5. Access and Elective Care Centre
6. 2020/21 Annual Report and Accounts
7. New executive starters

Main report detail

Overall

At the beginning of April, I joined six other colleagues from UHL, University of Leicester and Loughborough University to present our Biomedical Research Centre submission. I found it an inspiring experience and it reminded me about how many positive things happen at UHL every day. We have local, regional and national reach. We provide nationally and internationally-renowned specialist treatment and services including cardio-respiratory diseases, diabetes, vascular, Extra Corporeal Membrane Oxygenation (ECMO), cancer and renal disorders, amongst other services. We are building a dedicated Children's Hospital, we are home to a National Institute for Health and Care Research (NIHR) Biomedical Research Centre which supports key research including lifestyle, diabetes, and cardio-respiratory diseases and we have been successfully designated as an NIHR Clinical Research Facility. We are extremely proud of our Experimental Cancer Medicine Centre and our HOPE Unit is an instrumental factor in delivering clinical trials of new cancer treatments.

Like most trusts, we also have many problems which have been exacerbated by Covid. Patients are waiting longer than we want for the care, and waiting times are a key contributor to quality, safety and patient experience. Our hospitals are very busy and colleagues are tired. Today we present our staff survey findings for 2021 and the information is powerful. We continue to be part of a recovery support programme because of our finances.

We are challenged but I am optimistic things are beginning to improve. The difference we make to people every day cannot be quantified and I am proud to be a small part of the team at UHL.

Covid

As in previous months, I will provide a verbal update at the Board about the number of patients with Covid, staff sickness and the actions we are taking. Since we last met in public, the number of patients with Covid has plateaued and the vast majority are in hospital with Covid as a secondary diagnosis.

Care Quality Commission

The CQC undertook an unannounced visit in April which inspected our emergency department and medical care. While they were specifically looking at our services, this was also a part of a wider review of Urgent and Emergency Care across the Leicester, Leicestershire and Rutland system. We have received initial written feedback from then that we will discuss in Board today. I do not believe any immediate patient safety concerns were raised and I agree with the findings of the report. There was nothing in there that we do not know. We also know that our Urgent and Emergency Services at the Leicester Royal and Glenfield Hospitals are incredibly busy for this time of year. The Emergency Department at the LRI is the single busiest ED in the country and the provision of timely care across UHL has become more challenging because of Covid.

We are not waiting for the final report from the CQC in August as we have already have plans in place to start to improve our services. I think it is likely the CQC will return to the LRI, will visit emergency services at Glenfield Hospital and will also do some unannounced visits into other core services. The last Well Led inspection at UHL took place during 2019 and we can expect to have our next Well Led assessment in the next six months.

I know all colleagues will join me in welcoming the CQC into our Trust. This is an important opportunity to assess where we are today and to explain the actions we are taking to improve care in the next three, six and 12 months. I have urged all colleagues to speak openly to the CQC and to not worry about what they can or

cannot say. At a time when our staff survey response last year was the highest it has ever been and more people than previously are using Freedom to Speak Up, I am confident colleagues will speak up.
The CQC last did a formal trust wide inspection at the end of 2019. Since then, some things have improved and some things will have deteriorated. I do believe many things will be better in the future. I appreciate our overall rating may change as our three main acute sites are already Requires Improvement and we know that within three months of the 2019 visit, the CQC revisited Urgent and Emergency Services at LRI and changed the assessment from Good to Requires Improvement. The financial challenges at UHL also surfaced within three months of the 2019 visit.

Mental health and wellbeing

We have recently strengthened and relaunched our 'Support information for colleagues' pack. I would like all colleagues to know there are a range of professional services and people within and outside of UHL who can support them, whatever their concern, irrespective of the time of day. As we rebuild our services, looking after our colleagues has to be a central focus for us.

Staff Survey

I am pleased we are taking the earliest opportunity to share our staff survey results today. Forty-five per cent of colleagues (7,271 people) responded to the survey and wrote 1,569 anonymous free-text comments. The NHS Staff Survey has run since 2013 and this was our highest ever response rate. The average response rate nationally was 46% and the response at UHL in 2020 was 33%. My feeling when reading the results of the Staff Survey is exactly the same as one of the anonymous comments; "We can do so much better than this!" The findings of the NHS Staff Survey are amongst the most useful information we have about UHL and we will use the comments to make UHL a better place to work and receive care for all.

We will update on the staff survey once a quarter in our Public Board. Things will not get better overnight but I believe in 12 months we will be better than average in our response rate and in the two key questions above. In 2026, I expect us to be within the top three in the NHS.

Access and Elective Care Centre

As discussed at the last Public Board, a bigger risk than Covid is emergency care. There are three parts to this, 1) activities and actions to safely avoid patients attending the ED at the Leicester Royal Infirmary and CDU at Glenfield, 2) activities and actions to safely improve productivity within UHL and 3) activities and actions to safely improve the flow of patients from UHL. We continue to have a high volume of patients who are medically fit for discharge at UHL. As well as focussing on emergency care we must also make progress with elective care but the two are closely linked. It is very difficult to make elective care progress whilst emergency care is so challenged.

In terms of elective care, despite the undoubted progress over the last couple of months we continue to have too many patients waiting a long time for elective care at UHL. One of the key reasons is our current inability to separate elective and emergency care. We were pleased to receive confirmation in April that we will receive investment for a high volume elective care centre based at the Leicester General Hospital. This is good news for the people of LLR and we expect the facility to be partially open by the end of this year.

2020/21 Annual Report and Accounts

The Trust continues to work with Grant Thornton to finalise the audit for 2020/21 accounts following presentation of the 2019/20 accounts in March 2022. The audit is detailed and far reaching given the previous challenges with accounts production in the Trust. Good progress is being made with detailed evidence being made available to Grant Thornton. Our aim is to present the final set of accounts in July 2022.

New executive starters

Since our last Public Board meeting, we are pleased that Mike Simpson has joined us as Interim Director of Estates and Facilities. Mike has worked for just under three years as the Associate Director for Capital & Strategic Development at Northern Lincolnshire & Goole NHS Foundation Trust where he oversaw the estate reconfiguration and service transformation in diagnostics and nuclear medicine as well as being the lead Director for the Urgent and Emergency Care Reconfiguration Programme.

I recognise there has been a lot of executive change at UHL over the last six months and I am grateful for the support I have received. The final post we are recruiting to is a Director of Health Equality and Inclusion. As stated above, like most trusts, we have problems which have been exacerbated by Covid and this has made us examine the deep rooted inequalities in our services. Through the differential infection rate and disease outcome experienced by those from ethnic minority groups and/or lower socio economic communities and/or those with underlying health conditions (such as diabetes) during the pandemic, health equality and inclusion have now become an increasingly important focus for us. Health inequalities and exclusion are prevalent in Leicester, Leicestershire and Rutland (LLR). There is clear evidence that reducing health inequalities improves life expectancy and reduces disability across the social gradient. The Director of Health Equality and Inclusion will take the lead and work with others to restore our services inclusively, mitigate against digital exclusion, accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes, strengthen leadership and accountability for this important agenda and will work with system colleagues to identify priority groups of patients where there needs to be whole system action.