Meeting title:	Public Trust Board				**Public Trust Board paper D**	
Date of the meeting:	13 July 2023					
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 June 2023					

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 because of this report.

Purpose of the Report

The report is an update for the month of June 2023 on the University Hospitals of Leicester NHS Trust (UHL) 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. Leicester, Leicestershire and Rutland Urgent and Emergency Care Partnership
2. Northampton and Kettering Acute Partnership
3. East Midlands Acute Partnership
4. New Hospital Programme
5. Continuous Improvement
6. UHL Health and Care Strategy
7. NHS at 75

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
BOARD OF DIRECTORS

THURSDAY 13 JULY 2023
CHIEF EXECUTIVE'S BOARD OF DIRECTORS REPORT
PRESENTED BY RICHARD MITCHELL

Introduction

The report is an update for the month of June 2023 on the University Hospitals of Leicester NHS Trust (UHL) and wider Leicester, Leicestershire and Rutland Integrated Care System.

We are now in the second half of the calendar year and it is clear we continue to make sustained and wide-ranging progress.

In terms of access, ambulance handovers have reduced by 90% since this time last year. For planned care, on 26 June 2022, there were 611 patients waiting over two years and 3,784 patients waiting 78 weeks for treatment. We now have zero and less than 124 patients respectively and if we had not had three rounds of industrial action so far, the maximum wait would now be less than 78 weeks. We will deliver a maximum wait of less than 65 weeks before 31 March 2024. Waiting times for cancer care are reducing at a similar rate.

We know access is a key contributor to patient quality, safety and experience and overall, these indicators also continue to improve. We have embedded the Patient Safety Incident Response Framework in our governance. This sets out our approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

We have more to do but UHL is improving as a place to work. In response to the 2022 staff survey results and co-production with our networks and staff side, we have introduced recognition, inclusion, support and equipment as our key areas of focus this year. This approach is working and the recognition theme, with our new long service awards and annual award programme, is particularly strong. We are working closely and effectively with the British Association of Physicians of Indian Origin and we have recently received confirmation from the General Medical Council that we have been authorised as a GMC sponsor organisation. We are the first Acute NHS Trust in the East Midlands to be an approved GMC sponsor organisation, and the only NHS organisation in the East Midlands to have GMC sponsorship covering all specialities.

Delivering the above and working to our financial agreements is difficult but it is possible. We remain in the Financial Recovery Programme but our financial governance and delivery is much better than 12 months ago. It was confirmed in May that the NHS Finance Leadership Council has agreed that UHL should be awarded One NHS Finance Towards Excellence Accreditation, at Level 2. There are three levels in total and we are only the fourth Trust in the Midlands to receive Level 2.

This month I wanted to share specific information about the strategic actions we are taking to improve our clinical services. In a recent interview with the Health Service Journal, Nigel Edwards, Chief Executive of the King's Fund, shared his thoughts on health policy and leadership. He said "The addiction to structural change is a retreat by managers into an area they can control from ones they have difficulty controlling. Managing clinical services is really hard, whereas reorganising things takes you away from that difficult area". The strategic actions below are not about structural change. They are about improving our clinical services and are focussed on redesigning care based on what patients need. They are clinically supported, they are in line with long term planning and they will all deliver productivity and efficiency benefits. In addition to these strategic actions, working even more closely with social care has never been more important as we increasingly turn our attention to the wider factors that make us healthy, such as education, housing and employment.

1. Leicester, Leicestershire and Rutland Urgent and Emergency Care Partnership

We have agreed with partners in LLR to form a new Urgent and Emergency Care Partnership. We are excited about the ambition of this partnership and it has been formed with the full support of all partners. We will work together to improve efficiency and productivity whilst strengthening and protecting the UEC clinical services.

We are advertising nationally for a system Director for Urgent and Emergency Care and they will work closely with health and social care partners to embed system priorities underpinned by an appropriate assurance framework and a culture of joint responsibility for delivery, performance and recovery

2. Northampton and Kettering Acute Partnership

As of 1 July 2023, John MacDonald, UHL Chair, is also Chair of Kettering General Hospital and Northampton General Hospital. KGH and NGH are both part of the University Hospitals of Northamptonshire NHS Group. There are already close and effective clinical relationships, patient flow and service interdependencies between the three trusts and relationships have further strengthened with the recent funding round for the Leicester Biomedical Research Centre which now includes University Hospitals of Northamptonshire NHS Group.

The three trusts will work together to improve efficiency and productivity whilst strengthening and protecting clinical services. There is much we can do together to realise at-scale benefits for the population of the East Midlands, whilst also building connection in our communities.

3. East Midlands Acute Providers

As mentioned last month, the purpose of the East Midlands Acute Providers is "to bring acute providers across the East Midlands together to support greater clinical stewardship and leadership and to develop a shared understanding of population need, agree pathways to meet population need and provide necessary oversight to ensure expected outcomes are being achieved."

Medical Directors, Directors of Strategy and Chief Executives from the eight Acute Providers in the East Midlands now meet to improve the sustainability of our workforce and services. We will update regularly into and across the eight Acute Providers and five ICS Boards in the East Midlands.

4. New Hospital Programme

We are pleased to have received confirmation about the UHL part of the national New Hospitals Programme. This is positive news for the people of Leicester, Leicestershire, Rutland and the wider East Midlands. The investment will deliver new facilities including a women's hospital and a dedicated children's hospital. We know modern, digitally enabled services support world-class health care, research and education. The investment also means we can retain and recruit the best possible people.

The news last month builds on the £163m of investment already made in our hospitals over the last five years. This includes the new East Midlands Planned Care Centre at the Leicester General, which opened in June and will treat 100,000 per year once fully operational from October 2024.

5. Continuous Improvement

We are progressing with our plans to deliver a standardised improvement methodology underpinned by a closer relationship with technological change. Continuous improvement works in the NHS when there is stable leadership, an agreed method backed up by underlying theory and when it is viewed as important. I believe we are in an excellent position to deliver this at UHL, in partnership with others, and to build on the national NHS Impact plan.

6. Strategy

The work to complete our new strategy which will guide UHL until 2030, when the new hospital programme completes, is nearly finished. I am grateful to the many colleagues at UHL, patients, communities and partner organisations who have been involved in this. The plan will have four key themes focussing on provision of care, place to work, partnership and international research, education and innovation. We will bring the plan to our public Trust Board in August.

7. NHS at 75

Last week was the 75th birthday of the NHS and below is the communication we shared within UHL and with partner organisations.

We celebrate the 75th birthday of the National Health Service today. In 1948, the NHS was founded on seven key principles including the provision of a comprehensive service, available to all and access based on clinical need, not an individual's ability to pay. When the NHS Bill was introduced to the House of Commons in March 1946, Aneurin Bevan, Minister of Health, said he believed the proposals will "lift the shadow from millions of homes. It will keep very many people alive who might otherwise be dead. It will relieve suffering." The people who work in and with the NHS, including you, have achieved a remarkable amount and I hope you still feel proud of the service. I know I do.

Over the last 75 years, the world has experienced radical change. In 1948, the health service existed mainly to provide treatment for infections and injuries. Nowadays, most patient care involves managing chronic long-term conditions such as diabetes, arthritis and heart disease. The impact from mental health and obesity is growing. Demand for services is surging because of an aging population and the future is likely to be even more challenging with the number of Britons aged 85 years and older set to double over the next 25 years.

As I referenced in the Friday blog last week, the Chair of NHS England recently said that the fundamental problem we face is ever growing demand but limited resources. In 2000, the health budget accounted for 27 per cent of day-to-day UK public funding and next year it will hit 44 per cent. Additional money for the NHS relies on one of three changes; increase in taxation, a growing economy and/or deprioritising other public sector services. I feel we need to be realistic about the likelihood of additional funding increases in the near future, but this should not stop evolution. For example, it is difficult to explain why the NHS still uses 600 fax machines and 79,000 pagers.

Comparing the NHS to peer countries, we are neither a leader nor a laggard overall. We compare well on protecting the population from financial consequences of ill health or injury and some measures of efficiency including generic prescribing rates and spending on administration. We are middle of the pack on several of the factors that contribute to our health, such as levels of smoking and drinking and overall health spending. However, we perform poorly on measures of life expectancy and avoidable mortality. Survival rates from major killers such as cardiovascular disease and cancer remain relatively poor. Capital investment is lower than others and we tend to have less access to equipment and facilities such as diagnostic technology and hospital beds.

What is clear is that no health system is perfect but there are two ways we will improve the NHS dramatically over the next 25 years; learning from others and working in partnership.

Everything we face today including rising waiting times and rising vacancies has been experienced before, either in the NHS or in other health systems. Karl Marx, German philosopher, said “History repeats itself, the first time as tragedy, the second time as farce.” We have lessons to learn.

Within the NHS, we know a lack of long-term planning and investment in workforce and capital hinders progress. Last week, the first ever comprehensive long-term strategy for the NHS workforce was launched. This includes £2.4bn towards additional education and training places for clinical staff. This is good news. Last month, it was confirmed that the UHL long standing new hospital plans are fully funded and can now commence. In the next two months we will launch the UHL five-year strategy that you have helped develop. When you read it, and I hope you will, you will see that this is a health strategy not just an NHS policy document. We are committed to focussing on prevention, health equity and closer working with partners in community settings.

There is also much to learn from other health systems. For example, the Danish health system has become one of the best in the world recently. The small Scandinavian country, with a population of less than six million, has improved outcomes and driven efficiency by bringing urgent treatment into large specialistic centres, harnessing the power of technology and transforming community care. They have an emphasis on keeping patients out of hospital and encouraging independence for patients as part of their health ecosystem. Since 2007, Denmark has halved the number of hospitals and reduced in-patient bed days by a fifth while increasing outpatient appointments by 50 per cent and investing in social care. Despite widespread public opposition at the start, patient satisfaction is now high. Cancer outcomes have improved, waiting times are low and people can book appointments, see test results or order

prescriptions via an app. At UHL, we have a once in a lifetime opportunity to learn from this as we begin on our hew hospital programme.

The second way we will improve the NHS is by working in partnership. Many studies have found that additional money and staff contribute positively to effective health systems. We know we are receiving substantial capital at UHL and we will benefit from the long-term workforce strategy, but I do not believe these are the only solutions. In the future, we must radically reform the way we work with the people who use our services and with partner organisations.

I write about the future, but the future is here. Important initiatives in anticipatory care are already available to improve how patients and care providers work together. These changes include patient initiated follow ups, diagnostic tests at home, virtual care and wearable technology. One of the learnings from the pandemic is we need to trust patients more to be active partners in their care and we need to empower them to feel a greater sense of control.

In terms of working in partnership, Sir John Bell, regius professor of medicine at Oxford University said “We need to pivot to more community-based prevention if only to provide more demand management so hospitals become more viable. We still need hospitals, but in the current system they don’t work”. In 1948, Bevan described hospitals as the “vertebrae of the health service” but the world has changed.

In Leicester, we are doing exciting and important joint work with partners. Our relationships with local universities are long-standing and produce world class results in research and education. In partnership with general practice and Leicestershire Partnership Trust we are redesigning urgent and emergency care pathways, based on what patients need. We are delivering improvements to planned and cancer care by working with other NHS Trusts including Northampton and Kettering Acute Trusts. Working in partnership with social care has never been more important as we focus on the wider factors that make us healthy, including education, housing and employment.

It may feel like the NHS lurches from one crisis to another, but we must not forget the difference the NHS makes to so many people every day. It is impossible to calculate how many people have benefitted from the NHS in its first 75 years. Whilst today should be a day of celebration, I also think it is important to look to the future. Soren Kierkegaard, Danish philosopher, said “Life can only be understood by looking backwards, but it must be lived looking forwards.” We already understand the past, so let’s look to the future and I am excited and energised by our future.

I believe University Hospitals of Leicester NHS Trust, local NHS and local authority partners, communities, voluntary organisations and universities in Leicester, Leicestershire and Rutland, are uniquely positioned to deliver fundamental change. We will work to ensure care is available to all and access is based on clinical need not an inequitable service with a divide based on the healthy haves and the unhealthy have nots.