

Report by Acting Chief Executive – monthly update: July 2021

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Sponsor: Rebecca Brown

Trust Board paper D

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	N/A	
Executive Board	N/A	
Trust Board Committee	N/A	
Trust Board	N/A	

Executive Summary

Context

The Acting Chief Executive's monthly update report to the Trust Board for June 2021 is attached.

Questions

Does the Trust Board have any questions or comments about our performance and plans on the matters set out in the report?

Conclusion

The Trust Board is asked to consider and comment upon the issues identified in the report.

Input Sought

We would welcome the Board's input regarding the content of this month's report to the Board.

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

2. Supporting priorities:

People strategy implementation	[Yes]
Investment in sustainable Estate and reconfiguration	[Yes]
e-Hospital	[Yes]
Embedded research, training and education	[Yes]
Embed innovation in recovery and renewal	[Yes]
Sustainable finances	[Yes]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required – None Required.
- How did the outcome of the EIA influence your Patient and Public Involvement? N/A
- If an EIA was not carried out, what was the rationale for this decision? On the basis that this is a monthly update report.

4. Risk and Assurance**Risk Reference:**

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a Principal Risk on the BAF?	X	ALL
Organisational: Does this link to an Operational/Corporate Risk on Datix Register	X	There are several risks which feature on the organisational risk register relating to matters covered in this paper.
New Risk identified in paper: What type and description ?	N/A	N/A
None		

5. Scheduled date for the **next paper** on this topic: August 2021 Trust Board
6. Executive Summaries should not exceed **5 sides** [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD
DATE: 1 JULY 2021
REPORT BY: ACTING CHIEF EXECUTIVE
SUBJECT: MONTHLY UPDATE REPORT – JULY 2021

1. Introduction

1.1 My report this month is confined to a number of issues which I think it important to highlight to the Trust Board.

2. UHL response to COVID-19

2.1 I will report orally at the Trust Board meeting on the current position.

3. UHL Reconfiguration Programme

3.1 I am pleased to report that the £450M transformation plans to improve our acute hospital and maternity services have been given the go ahead.

3.2 The decision was made at an Extraordinary Governing Body meeting on Tuesday, 8th June 2021, hosted by Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs) following a three month public consultation last year.

3.3 In total, there were 5,675 responses to the consultation, which reached out to more than 1.8 million people, providing an opportunity to the LLR population to engage in discussions and provide their opinions on the proposals.

3.4 A Decision-Making Business Case (DMBC) was presented and discussed at the Governing Bodies' meeting, setting out how the CCGs and UHL responded to the consultation feedback, any changes made as a result of what people had said, and the final plans that we and the CCGs intend to take forward.

3.5 The Governing Bodies of the three CCGs were satisfied that they had met their statutory duties by ensuring that an effective and robust public consultation process had been undertaken to inform decision-making.

3.6 They went on to agree the final proposals, giving the green light for moving acute services onto two of the current three hospital sites, with acute services being provided at Leicester Royal Infirmary and Glenfield Hospital.

3.7 The local NHS will continue its communications and engagement on the implementation of these decisions with patients, the public, staff and key stakeholder organisations, particularly taking into account the findings of the associated Equality Impact Assessment.

3.8 These plans will enable us to offer significantly improved care and outcomes for our patients and help us to better manage many of the challenges we face now and in the future.

3.9 I wish to place on record my thanks to everyone who has contributed to the development of the plans and to those who shared their views during the public consultation, which has helped us to shape the exciting future for patient care and services embodied in the DMBC.

4. Hosting of the Midlands Regional Adult Critical Care Transfer Service (ACCTS) in the East and West Midlands

4.1 NHS England/Improvement have established an Adult Critical Care Transfer Service (ACCTS) in the Midlands to provide additional Adult Critical Care (ACC) resilience during the COVID-19 pandemic. The ACCTS went live on 1st April 2020 and has since conducted over 1,300 ACC transfers. Dr Susan Dashey, one of our ECMO Consultants, has acted as clinical lead to develop and deliver the clinical service in the East Midlands. An effective ACCTS, alongside Enhanced Care, Respiratory Support Units, Critical Care Outreach and ACC Rehabilitation Services, is seen as an essential element in defining future regional ACC capacity.

4.2 On 16th April 2021, NHSEI requested Expressions of Interest (EOI) from acute Providers, able to meet the requirements of the new Service Specification, to host the East and West Midlands ACCTS on a formally commissioned basis. Given our regional ACCTS leadership role to date and our broader experience in working collaboratively across organisations, the ACC Team submitted a bid for the East Midlands service which NHSEI have recently announced as successful.

4.3 I am sure the Board will join me in congratulating the Team on this achievement.

5. Care Quality Commission (CQC) Cancer Provider Collaborative Review for Leicester, Leicestershire and Rutland (LLR) - Findings

5.1 The CQC have carried out eight system reviews on how Providers worked together to ensure the provision of cancer services in light of COVID-19. Leicester, Leicestershire and Rutland (LLR) was one of the systems reviewed during March 2021. The aim was to capture the great work being done between Providers to help share good practice consistently and to identify national themes where things have not worked as well. The outcome of the reviews should make a positive contribution to planning for any further waves of COVID-19 and planning for Winter 2020/21.

5.2 The LLR review gathered the views of people who use our services and a range of health and social care Providers. We received a presentation from the CQC team of their summary of findings on 8th June 2021, and we were able to respond to the

findings by 22nd June 2021. The feedback was extremely positive and no areas of safety concern were raised. It was acknowledged that demand and capacity for cancer across the system was a challenge and that the team were doing everything they could to prioritise cancer care, keep patients safe and make the most of the capacity we have.

5.3 The CQC intends to publish the outcomes nationally which will include a headline summary of themes and trends in a CQC Insight report, where systems will be named but not individual Providers. A full summary report for all eight Provider collaboration reviews with all of the themes and trends found will be published on the CQC website. At the same time the CQC will publish the individual system summaries including responses from the systems. We will ensure that the relevant information is shared with the Board, once published.

6. Royal College of Physicians (RCP) Excellence in Patient Care Award

6.1 The Leicester and Northamptonshire Hepatitis C Network was formed in 2015 with University Hospitals of Leicester NHS Trust, Kettering General Hospital and Northampton General Hospital working in collaboration to eliminate Hepatitis C by 2025. Over the course of the last 6 years, the Network has developed strong support from a number of different community organisations who are commissioned by local Commissioners to test patients in their care for blood borne viruses including HIV, Hepatitis B and Hepatitis C. These initially included local substance misuse services from Turning Point in Leicester and the wider County hubs and CGL running across Northamptonshire, as well as the local prisons of HMP Leicester, Gartree and Stocken.

6.2 During the last 2 years the Network has significantly increased its approach to partnership working and operates nurse led clinics more frequently and in more community services. The Network has formed a very strong partnership with the Hepatitis C Trust and has been an advocate of the Community Peer Support that they are able to provide. This has increased the Community Peer Support team from one individual to four over 2 years and is instrumental in providing our patient-centre care approach.

6.3 The Network has grown substantially and saw significantly low attendance rates taking place in the hospital setting and, since switching into the local community services and prison settings, the rates of this very vulnerable patient cohort have significantly increased, allowing us to recently achieve over 1,000 patients being cured of Hepatitis C.

6.4 Throughout the Covid-19 pandemic, the network was able to treat patients in community settings due to the determination, commitment, strong relations and innovative work that we have created and are able to maintain with external agencies.

6.5 Professor Martin Wiselka, Network Clinical Lead for the Leicester Hepatitis C Network submitted an application for the “Royal College of Physicians’ Excellence in Patient Care Awards - category of Patient-Centre Care” where our service progressed through long-listing and through to short-listing for the finals alongside 3 other services across the country.

6.6 It was an achievement in itself to be shortlisted for the finals of the award but even more spectacular and an absolute honour to win the category, this highlights the incredible hard work that the service and partners have accomplished through collaboration, and I feel is justifiably reflected through the recognition of this award to all the team members involved.

6.7 I am sure the Board will join me in congratulating the Team on this achievement.

7. Grants from NHS Charities Together

7.1 Seven community projects in Leicester supporting local people in the wake of the coronavirus pandemic will be boosted by a share of £490,000 thanks to a Community Partnership Grant from NHS Charities Together.

7.2 Delivered through a partnership between the three local NHS Charities, Leicester Hospitals Charity, Raising Health (Leicestershire Partnership NHS Trust) and East Midlands Ambulance Charitable Fund, seven grants have been made to support communities affected by the highest levels of deprivation and greatest health inequalities.

7.3 The grants are a first step in a combined desire between the partnership groups to help 'level up' NHS services for the most vulnerable people in our communities as the region emerges from the Covid-19 pandemic.

7.4 Over 40 local charities and projects applied to receive a grant, with the seven recipients chosen for their focus on supporting vulnerable and marginalised people in our communities.

7.5 Leicester Hospitals Charity Director, Lisa Davies, says the group of the three local NHS charities are proud to support these important local projects through these grant awards and I reproduce below the statement issued by Lisa on these awards:

"The pandemic has impacted all of us, but people in our community who are vulnerable and the community charities who support them have been hit particularly hard," says Lisa.

"Through this funding from NHS Charities Together, we are delighted to lend a helping hand to these seven important projects as they support people in our communities. As we emerge from the pandemic over the coming years, we're proud that these grants will help our communities to recover.

"For us at Leicester Hospitals Charity and our partners at Raising Health and East Midlands Ambulance Charitable Fund, we all see this moment in time as an important opportunity to create a positive legacy from Covid. Nothing can undo the difficulties and hurt the pandemic has caused, but we are all determined to help make our health services even better for those who need them most."

7.6 The charities and community projects named as beneficiaries of this NHS Charities Together grant are:

- *Enrych* – empowering adults living with a disability, particularly who are socially isolated, to live active and independent lives.
- *Reaching People* – supporting older vulnerable people with mental health, wellbeing, housing, benefits and money advice.
- *Centre for Fun & Families* – supporting young people’s mental health and wellbeing through one to one and group work programmes covering anxiety, low-mood, low confidence and self-harm.
- *Home Start Horizons* – providing one-to-one family support and post-natal illness specialist support for families in BAME communities
- *Leicester City in the Community* – “United Leicester”, supporting adult mental health through sport, offering activities around education, community engagement, and health and wellbeing.
- *Rural Community Council* – supporting adult mental health across Melton Mowbray and Rutland by providing intensive one-to-one support individuals considered ‘high intensity’
- *Leicester Academic Health Partnership* – supporting research into health inequalities pertaining to NHS trusts. Working to understand the inequalities in health care that affect those who experience poorer outcomes as service users.

7.7 I am sure the Board will join me in congratulating Lisa and her Team on this achievement.

8. Conclusion

8.1 The Trust Board is invited to consider and comment upon this report and the attached appendices.

Rebecca Brown
Acting Chief Executive

24th June 2021