

Paper D

Meeting title:	Public Trust Board					
Date of the meeting:	3 November 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 October 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 October 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. Overall assessment
3. Celebrating Diversity and Inclusion - Black History Month 2022
4. Staff Survey
5. Elective care
6. Emergency care, ambulance handovers and winter
7. Developing UHL's strategy
8. University of Leicester Research Institutes Launch Event

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
BOARD OF DIRECTORS**

**THURSDAY 3 NOVEMBER 2022
CHIEF EXECUTIVE'S BOARD OF DIRECTORS REPORT
PRESENTED BY RICHARD MITCHELL**

Introduction

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

1. Covid

- 1.1. 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.
- 1.2. We currently have no patients with monkeypox.

2. Overall Assessment

- 2.1. Winter is here and I recently heard an experienced colleague from outside UHL describe the pressure the NHS faces as “unrelentingly grim”. In this report I have identified some of the many things we are actively doing, in partnership with others, to improve patient and colleague experience.
- 2.2. We face an exceptionally tough winter, but I believe we are preparing as well as we can. To quote, David Allen, American productivity consultant, we are “getting things done”.

3. Celebrating Diversity and Inclusion - Black History Month 2022

- 3.1. October is Black History Month and an opportunity to honour the achievements, culture and history of black people. This year the theme for Black History Month is ‘Time for Change: Action not words’ and we are recognising this month in many ways.
- 3.2. Our Equality Diversity and Inclusion Board last met on 13 October and four executive and non-executive directors on the UHL Trust Board joined the session and listened to UHL colleagues speak about their experiences of working here. I took two messages from the meeting. Firstly, opportunity does not present itself equally and secondly, I am increasingly hearing that UHL feels like a different and better place to work.
- 3.3. On the Friday Focus last week, I was joined by Councillor George Cole (the Lord Mayor of Leicester), Vanetta Morrison (a patient at UHL) and Dr Amy Webster (UHL Haematology Consultant) and we

discussed sickle cell disease, George's experience of moving to Leicester in the 1960s and Vanetta's experience of moving to Leicester from Germany to study 18 years ago.

4. **Staff Survey**

- 4.1. The national staff survey is now live. It provides an opportunity for all colleagues to provide anonymous and honest feedback about what it is like to work at UHL. We are clear we want to maximise our response rate and give as many people as possible the opportunity to respond.
- 4.2. A successful staff survey in 2022 has four outcomes; 1) An improved response rate on last year and a response rate which is better than the national average, 2) More people than the national average recommending UHL as a place to work, 3) More people than the national average recommending UHL as a place to receive care, and 4) A strong uptake of the survey from across all our UHL communities.
- 4.3. I believe we will have a successful staff survey and we all need to work with our teams for the remainder of November to maximise the response rate.
- 4.4. In the public board, I will update on some of the recent actions we are taking to make UHL a better place to work. We are now seeing traction on the actions that have been in development for a couple of months.

5. **Elective care**

- 5.1. We continue to reduce the waiting time for planned and cancer care and we know that access is a key contributor to safe, high quality care. Despite this work, patients are waiting longer than we and they want. UHL had challenges with elective waits before covid, but between April 2020 and April 2022, 65,000 patients were added to our elective waiting list. This 87% increase was far and away the largest of any of the 20 largest elective providers in the NHS.
- 5.2. Since October 2021 we have treated 12,459 patients who have waited 104 weeks for treatment or would have waited 104 weeks if they had not been treated. Only one other trust has treated more. This is impressive progress noting our challenged starting position.
- 5.3. We are focussing on increasing productivity and working with other NHS providers and independent sector providers. There are 11 Integrated Care Systems in the Midlands and in July, the last comparative data set I have seen, Leicester, Leicestershire and Rutland ICS was the only one to achieve the 100% activity standard.
- 5.4. I am acutely aware we still have some patients waiting over 104 weeks because of patient choice or complexity and this needs to be zero before making progress on 78 week and 52 weeks.

6. **Emergency care, ambulance handover and winter**

- 6.1. As we will hear throughout our public board meeting today, we are under significant pressure. We have made progress with our ambulance waits at LRI, but they are nowhere near the level we want them to be,

and as with elective care, we know the length of time it takes to receive emergency care is a key contributor to overall safety and patient experience.

- 6.2. We are the busiest (attendance) emergency department in the NHS and the ED at LRI is the only provider for the city, county and Rutland. Due to the number of ambulances who attend, it is likely we will always have some lost hours but we need to take every possible step to safely reduce the longest waits experienced. There is more we can do here and as well as requiring additional capacity this also needs behavioural change within UHL. The patients most at risk in any system are the people the ambulance service cannot reach in the community.
- 6.3. A clear plan has been developed over the six months for emergency care improvement and the actions are impressive. Working with others, we have; opened a Minor Injury and Minor Illness dept at the LRI, implemented an improved rapid flow process at the LRI, commissioned a post ED transfer unit which will open in December, externally reviewed the clinical relationship between services at LRI and GGH, externally reviewed our discharge process, opened community beds in Hinckley and commissioned a UHL at home service. We are increasingly working directly with primary care providers to identify ways to strengthen our joint service offer. All of these are positive steps and the majority are aligned with our long term strategy.

7. Developing UHL's strategy

- 7.1. On Friday 14 October we were joined by Matthew Taylor, Chief Executive NHS Confederation, and Michael Wood, Head of Health Economic Partnerships NHS Confederation, to begin the process of developing our new long-term strategy which will launch in April 2023.
- 7.2. It was a fascinating session and one of things we discussed was the characteristics of the most effective NHS providers over the next decade. We felt they would; work in partnership with others, work with and listen to all colleagues, service users and patients, and embed standardised improvement methodology. I think sustained improvement at UHL will take ten years but progress is already evident.

8. University of Leicester Research Institutes Launch Event

- 8.1. Last Thursday I attended the University of Leicester's Research Institutes Launch Event. It was great to hear about the breadth of research taking place in UoL and the role that UHL is playing in some of this.
- 8.2. UoL working in partnership with UHL lead the UK in respiratory, cardiovascular and diabetes research. We rank 2nd in the UK to Cambridge for our research in Clinical Medicine (REF 2021) and we have just received our largest award of £26m over the next five years for our Biomedical Research Centre. The money will be spent on initiatives such as leading cutting-edge research into type II diabetes, investigating new ways of detecting cancer and preventing sudden cardiac death.
- 8.3. UHL is a research intense environment and we enjoy working in partnership to deliver world changing research to solve today's global challenges.