Meeting title:	Public Trust Board				**Public Trust Board Paper E**
Date of the meeting:	7 July 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 June 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 June 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. Care Quality Commission
3. An improving Trust
4. Senior leadership stability
5. Incremental improvement
6. Improving outcomes
7. Tackling inequalities
8. Enhancing productivity
9. Social and economic development
10. Use of data
11. Emergency care and ambulance handovers

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
BOARD OF DIRECTORS

THURSDAY 7 JULY 2022
CHIEF EXECUTIVE'S BOARD OF DIRECTORS REPORT
PRESENTED BY RICHARD MITCHELL

1. Introduction

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

2. Covid

2.1. 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. Over the last fortnight, the number of patients with Covid has significantly increased and we have had to change our infection prevention protocols as a result. Most patients with Covid in hospital, have it as a secondary diagnosis.

2.2. We currently have no patients with monkeypox.

3. Care Quality Commission

3.1. As reported at the last Board, the Care Quality Commission visited Urgent and Emergency Services and Medical Care (including older people's care) at the Leicester Royal Infirmary in April. We have received their report and it will soon be published.

3.2. On 28 and 29 June 2022, the CQC conducted an unannounced visit to Surgery at the Glenfield Hospital and I will provide a verbal update of their findings at Board.

3.3. Our CQC Well Led assessment has been confirmed for 1 and 2 September 2022. 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 twelve months.

4. An Improving Trust

4.1. Progress is not linear and I often state things will get better, but I personally believe there is plenty of evidence that things are already improving at the University Hospitals of Leicester NHS Trust. Whether this is through the lens of being a better employer, being a better provider of health care or working with other organisations to deliver wider social and economic change, UHL is improving. We also have so much to do.

4.2. We attended a National Recovery Support Programme event in June and the host spoke about three qualities of higher performing Trusts; **stable leadership teams, incremental improvement** and **use of data**. On 30 June I attended a Health and Wellbeing Integrated Care Board session and it was stated that the role of an Integrated Care System is to **improve outcomes, tackle inequalities, enhance productivity and support broader social** and **economic development.** I will now briefly touch on what UHL is doing in these seven areas.

5. Senior leadership stability

5.1. We have undoubtedly experienced a period of increased instability as we recruited new senior leaders to the Trust. Next week we are interviewing for our Director of Communication and Engagement and then all Board level posts will be recruited to.

5.2. Over the last six months, the following colleagues have joined UHL or have been internally promoted; Lorraine Hooper (Chief Financial Officer), Jon Melbourne (Chief Operating Officer), Helen Hendley (Director of Planned Care LLR), Becky Cassidy (Director of Governance and Legal Affairs), Julie Hogg (Chief Nurse), Mike Simpson (Director of Estates and Facilities), Clare Teeney (Chief People Officer), Dr Ruw Abeyratne (Director of Health Equality and Inclusion), Simon Barton (Deputy Chief Executive), Adam Andrews (Deputy Director of Planned Care LLR), Siobhan Favier (Deputy Chief Operating Officer – Elective Care), Sarah Taylor (Deputy Chief Operating Officer – Emergency Care), Suzanne Nancarrow (Associate Director of Operations – Cancer Care), Karen Ceesay (Associate Director of People Services), Dr Asma Bukhari (GP), Dr Unnatiben Patel (GP), Dr Abbas Tejani (GP), Gaynor Collins- Punter (Associate Non-Executive Director), Stephen Harris (Non- Executive Director), Dr Gopal Sharma (Associate Non-Executive Director) and Jeffrey Worrall (Associate Non- Executive Director).

5.3. Twenty-one new colleagues is a lot. I am grateful to the people who have joined UHL or who have stepped up into more senior roles and I am grateful to the colleagues who were already working at UHL and who have supported me during these changes. We now have a stable senior leadership team and I believe this will underpin wider organisational success.

6. Incremental improvement

6.1. There are many examples of incremental improvements at UHL and I thought it would be helpful to provide four brief examples using the ICS framework of improving outcomes, tackling inequalities, enhancing productivity and supporting broader social and economic development.

7. Improving outcomes

7.1. There are many examples of progress in improving outcomes at UHL. I think one of the best examples is elective care. In October 2021 we had 5901 patients at risk of waiting over 104 weeks for treatment. In March 2022 this was 1250 patients and we are predicting there will be no patients waiting because of capacity reasons in July. We are working with 13 NHS providers and three Independent Sector providers to provide patients with the opportunity to choose where they want their care.

7.2. Plans to reduce maximum waiting times to 78 weeks and then lower are well under way.

8. Tackling inequalities

8.1. We know that long waiting times have further exposed health inequalities and our work on narrowing inequalities in waiting lists in Leicester is in a blog written by Dr Ruw Abeyratne, which is being published by national NHSEI this month.

8.2. One of the tangible examples of our approach is the pilot Unable to Attend programme for respiratory services. Chronic respiratory disease is one of five clinical areas requiring accelerated improvement within the national Core20PLUS5 approach and our programme has been designed to improve access to our services and the efficiency of outpatient capacity use. Using local data, we identified that many of those not presenting at appointments belonged to deprived communities and/or were of ethnic minority backgrounds. To address this, a team of volunteers and colleagues proactively contacted patients from population groups identified as being more likely to not attend their appointment. This was to offer support with travel costs and car parking, as well as longer appointments where needed. Initial results have shown a significant difference in attendance for those contacted. Rates among this group were less than 1% compared to 50% for patients who were not contacted.

8.3. Health inequalities are unfair and preventable and overtime we want to lead the way nationally with this.

9. Enhancing Productivity

9.1. We have a clear responsibility to spend our money effectively and to ensure we are as productive as possible. A key way to be more productive is to be the best possible employer for all our colleagues whether they are substantive or employed via our staff bank or agency. We want to be the net recruiter and retainer of the most talented people across the East Midlands.

9.2. Clare Teeney and Karen Ceesay have commissioned an external review into our payroll services and this week we have the national Electronic Staff Records team supporting us. We need to ensure that all colleagues are paid accurately and on time and we are very sorry to the colleagues where this has not been consistently happening.

9.3. Later in the public agenda we update on the other important actions we are taking in response to our 2021 staff survey.

10. Social and economic development

10.1. I am excited by the opportunity we have to work with partner organisations to deliver social and economic development.

10.2. In June I met with colleagues from Ellesmere College who are the largest provider for students with Special educational needs and disability (SEND) in Leicester. They are currently developing their Post-16 provision with an emphasis on work related learning and real life experiences.

10.3. Project Search is a transition to work programme for students with learning disabilities and autism spectrum conditions, aimed at those motivated to achieve competitive employment. Today Project Search are running over 69 schemes throughout the UK and Europe and have supported more than 1300 young people with SEND into paid work. The percentage of adults with SEND in the UK in permanent employment is 7.7%. 60% of Project Search supported internships lead to permanent employment.

10.4. We are delighted to be working with Ellesmere College on Project Search and in September, students will be working at UHL. I am grateful to Liz Anderson, Head of Domestic Services, and Mike Simpson, Director of Estates and Facilities, for supporting this.

11. Use of Data

11.1. We know that higher performing Trusts use data to take decisions and we need to rapidly evolve a way of working that has data and information at the centre of our thinking. We are making progress and over the last couple of months our Risk Committee has developed under the leadership of Becky Cassidy and we are increasingly using data to understand what is happening with our elective care and emergency care pathways. The work referenced earlier about health equality is another example of this.

12. Emergency Care and ambulance handovers

12.1. As stated, we are making progress as a better employer, a better provider of health care and we are working with other organisations to deliver wider social and economic change. UHL is improving and we should feel confident and optimistic about our future.

12.2. One very important area where progress has been too slow is emergency care and in particular ambulance handovers. Whilst our emergency care performance remains too variable, we have seen over the last couple of months an improvement both in terms of overall performance but also our performance compared to others. Thank you to Jon Melbourne and team.

12.3. Ambulance handovers can take far too long though and I would like to apologise to the patients, East Midlands Ambulance Service crews and colleagues involved in the emergency care pathway at UHL.

12.4. We have 85 days until 1 October, which traditionally is when winter begins in the NHS. We need to rapidly develop, in conjunction with health and care partners, a much clearer plan for resolving this long standing challenge.