

Meeting title:	Public Trust Board	Public Trust Board Paper C			
Date of the meeting:	9 June 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
Where this report has been discussed previously	The items in the report have been discussed in meetings and committees during the month of May 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 May 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. Research Education Framework
4. LLR Finances
5. Reconfiguration
6. Cost of Living
7. Community Communication
8. Friday Focus sessions
9. New executive starters

1. Introduction

- 1.1. The report is an update for the month of May 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. Since we last met in public, the number of patients with Covid has dropped and the vast majority are in hospital with Covid as a secondary diagnosis.
- 2.2. We have no patients with **monkeypox** but we continue to plan appropriately.
- 2.3. As previously stated, Covid continues to worry us but it is the length of time patients are waiting for treatment across all care pathways which concerns us more. Length of time for treatment is a key contributor to overall safety, quality and patient experience. Our hospitals remain busy and colleagues are tired.

3. Care Quality Commission

- 3.1. Following the Care Quality Commission visit to the Leicester Royal Infirmary in April, we have received a warning notice about the quality of care they observed. I think the letter is a fair assessment of a hospital which has been caring for patients with Covid for two years, has very high levels of emergency activity for this time of year, has high waits for elective care and colleagues who are tired.
- 3.2. We will respond to the CQC about the detail within some of the points they have raised. I know the CQC recognise the relationship between safe timely patient discharge from UHL and our ability to provide timely care to patients in the CDU at GGH and ED at the LRI.
- 3.3. The CQC also gave UHL a warning notice in 2020 and it is clear little progress has been made since then. We will need to invest in the service to resolve some of the concerns they raised.
- 3.4. Whilst the warning notice is disappointing, it is fair and we now need to work together to ensure that when the CQC return they see evidence of some improvement.
- 3.5. We will have a CQC Well Led assessment later this year, probably in August 2022. 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.
- 3.6. 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.

4. Research Education Framework

- 4.1. We have very strong and growing research and training partnerships with the University of Leicester (UoL) and Loughborough University and we were delighted to receive news this week from Research England about the Research Excellence Framework 2021. This confirms the quality of research in both the Universities has improved, which reflects well on the Universities and UHL.
- 4.2. UHL is the key strategic NHS partner to the College of Life Sciences at UoL. In the Clinical Medicine Unit of Assessment within REF2021, UoL has been rated second of the 31 research-intense medical schools; Cambridge was first and University College London was equal second, so we are in extremely good company. This is a significant rise (from 25th) in REF2014 and will be positive for future research funding and attracting future students. Thank you and congratulations to everyone involved in research at UoL and UHL.

5. LLR Finances

- 5.1. We recognise we have an important responsibility to work with partner organisations to spend our money wisely. Currently, like the majority of the wider NHS, UHL and LLR are forecasting a deficit for 2022. UHL also remains in financial special measures because of previous problems and we are committed to report accurately and to deliver safe care that represents good value for money.
- 5.2. We continue to review all aspects of our plan, including taking account of our run rate and pressures. We are aware we need to bridge the gap between an unacceptable deficit and our caution, driven by a lack of sufficient detail at this point to change planning assumptions. In previous years, submitting financial plans with a lack of detail within them had been normal behaviour at UHL. We have committed to learn from the past at UHL and we will not make similar mistakes. Submitting a financial plan, and not delivering it, would represent a retrograde step for UHL.

6. Reconfiguration

- 6.1. We remain in a good position with our reconfiguration plans. Whilst recent progress has been slower than we would have liked, we have recently had a positive conversation with the national new hospitals programme team. Circumstances have changed over the last five years with an increased focus on infection prevention because of Covid, increased awareness of carbon net zero and digital and construction costs have increased for a range of reasons. We also have a better awareness of the importance of deprivation and health inequalities. We will ensure that these points are reflected in our plans and I have committed to make sure there is a greater focus on the important relationship between research and NHS care.
- 6.2. Interim Intensive Care Unit reconfiguration is a key part of wider reconfiguration and is progressing well. Nineteen wards moved location by the end of May. This was the biggest movement of services at UHL in a very long time and I am grateful to the colleagues involved.

- 6.3. We have plans to open a dedicated elective care hub at the Leicester General Hospital. We have received a commitment for a £39 million investment and the first patients will go through this facility in March 2023. This is good news for LLR.

7. Cost of Living

- 7.1. Inflation has hit a 40 year high and as widely reported in the media, a YouGov poll of 2,001 people commissioned by the Royal College of Physicians found 55% felt their health had worsened owing to issues such as higher heating and food costs. Of all those who reported their health getting worse, 84% said it was due to increased heating costs, 78% cited the rising cost of food and almost half (46%) said transport costs had had an impact.
- 7.2. I firmly believe that as an employer of 17,000 people, UHL has a clear responsibility to look after all the people who choose to work here. We are actively identifying ways to improve the quality and value of food at work and we are looking to review the cost of travel for colleagues in the community. I am acutely aware that we have colleagues experiencing in-work poverty. This occurs when a working household's total net income is insufficient to meet their needs. We need to take action and will take action to support these colleagues in particular. In July's Public Board we will update on the 12 actions we have taken in response to the staff survey and we will also update on what we will do to support more effectively our lowest paid colleagues.

8. Community Communication

- 8.1. We continue to find ways to strengthen the way we communicate. In May we hosted our first community engagement event using Facebook Live. We discussed Covid, elective waiting times, the Elective Care Centre at the Leicester General Hospital and wider reconfiguration. UHL colleagues, patients and members of the community were welcome to attend and to ask questions. This event will now take place on a monthly basis.

9. Friday Focus sessions

- 9.1. Our Friday Focus internal communication live events continued in May. I was joined by Scott Farmer (Domestic Service Auditor), Anika Sirel (Ambulatory Care and Post-Transplant Specialist Nurse), Tash Woolgar (Clinical Nurse Specialist), Tim Skelton (Chief Operating Officer for Research), Becks Breslin (a "research saved my life" patient), Dr David Adlam (Consultant, Academic Cardiologist and Principal Investigator), Clare Teeney (Chief People Officer) and Dr Sue Carr (Consultant Nephrologist).

10. New Executive Starters

- 10.1. We have three new executive colleagues joining us at Board today. Julie Hogg (Chief Nurse), Clare Teeney (Chief People Officer) and Dr Ruwani Abeyratne (Director of Health Equality and Inclusion). I am delighted all three have joined us as we look to become the best possible provider of healthcare and employer.

- 10.2. We also have three new colleagues within our senior leadership team. Dr Asma Bukhari from Silverdale Medical Practice, Dr Unnati Patel from The Jubilee Medical Practice and Dr Abbas Tejani from Groby Road Medical Practice joined UHL in May. We look forward to working even more closely with primary care colleagues in the future.