

Meeting title:	Public Trust Board	Public Trust Board paper D			
Date of the meeting:	11 May 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
Where this report has been discussed previously	The items in the report have been discussed in meetings and committees during the month of April 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 April 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. Access Improvements
2. Sudan
3. Health Equality
4. 2023/24 Planning
5. GMC Sponsorship
6. British Association of Physicians of Indian Origin
7. International Day of the Midwife and International Day of the Nurse
8. Continuous Improvement
9. University of Northampton Hospitals Group
10. We are UHL
11. Health Service Journal Awards

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST BOARD OF DIRECTORS

THURSDAY 11 MAY 2023 CHIEF EXECUTIVE'S BOARD OF DIRECTORS REPORT PRESENTED BY RICHARD MITCHELL

Introduction

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

1. Access improvements

- 1.1. As previously referenced, we continue to improve all our access standards. Exiting the pandemic, the waiting list in Leicester had increased by over 87% from pre-pandemic levels. Pre-pandemic it was already too high. The scale of our elective challenge was significant and remains so as we continue to have patients waiting far too long for care in our hospitals.
- 1.2. Yet we can also be proud of the progress we are making. In the 12 months to March 2023, we have seen a continual reduction in our longest waiters and have treated over 18,000 patients who would have otherwise been waiting 104 weeks by now, and over 50,000 patients who would have been waiting 78 weeks.
- 1.3. The three key aspects to our improvement are; improving our processes and productivity, increasing capacity in the right areas and having the support of partners to help us improve.
- 1.4. The improvements we are seeing are due to the hard work of colleagues and partners across our hospitals, our system and beyond. It has felt difficult, it has felt relentless and there will continue to be ups and downs. But we are seeing continued progress. We are excited about what we can achieve. And most importantly we are making a difference for patients.
- 1.5. We want to build on the success we have had so far and we have set ourselves the challenge of being the fastest improving NHS Integrated Care Provider in 2023/24.

2. Sudan

- 2.1. I wanted to acknowledge the significant escalation of violence in Sudan over the past 10 days. Sadly many people have died and many thousands more have been displaced. We have many colleagues at UHL who come from Sudan or identify as Sudanese and our thoughts are with them, their families and friends.
- 2.2. We have written individually to every colleague identified on ESR as from Sudan or Sudanese and we are doing our best to help them. We have asked colleagues affected by the conflict and who need to access time off work to support family and friends, to contact their line manager in the first instance. Our many support services are also available to any colleagues who need them.

3. Health Equity

- 3.1. Tackling health inequity to improve health outcomes is a key priority at UHL and we can evidence we are making progress.

- 3.2. Working with partners, we have established over 28 interlinked work programmes for health equity. We are strengthening relationships with our communities including the Shama Womens Centre, the African Caribbean Centre and the Somali Mosque and we are the only NHS organisation on the Institute for Healthcare Improvement International Pursuing Health Equity programme.
- 3.3. Recently Dr Ruw Abeyratne (Director of Health Equality and Inclusion) and Khudeja Amer-Sharif (CEO Shama Womens Centre) co-wrote an NHSE blog. The blog begins; “You may have heard the saying ‘change happens at the speed of trust’. Through our joint work in Leicester, we are finding that trust – whether building it, rebuilding it, or sustaining it – is vital, particularly as we strive to improve access to health services for people in our most underserved communities.” The rest of the blog can be found here [NHS England » Working together to tackle health inequalities in Leicester](#).

4. 2023/24 planning

- 4.1. Working with partners across LLR, we are reaching the end of the 2023/24 planning process. As partially detailed in the access improvements above, many important things are improving at UHL and we need to ensure we keep making progress over the next 12 months.
- 4.2. Despite progress, we remain in the national Recovery Support Programme because of historical financial governance and we are still receiving Tier One support for ambulance handovers, elective and cancer waits.
- 4.3. We need to balance all forms of risk next year including; safety and quality, workforce, access and money. It is important all the risk does not sit within our financial plan.
- 4.4. We have recently received external NHSE support to review our finances and it is agreed that a significant proportion of recent cost increase is driven by our urgent and emergency care pathway. We are keen to work with LLR health and care partners to improve the pathway. Reforming the UEC pathway must be a key collective ambition for the next year.
- 4.5. We must continue to remember that delivering our financial plan for 23/24 is not just the responsibility of Lorraine Hooper (Chief Financial Officer) and her team.

5. GMC sponsorship

- 5.1. We have recently received confirmation from the General Medical Council that we have been authorised as a GMC sponsor organisation.
- 5.2. 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.
- 5.3. Our sponsorship ability provides UHL with many benefits, including:
 - 5.3.1. We can now recruit international doctors to any speciality, at any grade, from any country any time of the year without the need for HEE or Royal College sign-off.
 - 5.3.2. At present the timeline for recruitment via HEE/RCP is a minimum of 6 months, this can now be reduced to a maximum timeframe of three months.
 - 5.3.3. At present we pay c£1,500-£3,000 per doctor where sponsorship is sought via a Royal College. We now no longer need to incur these fees.
 - 5.3.4. At present UHL reluctantly turns down c50 applications per year from doctors who wish to apply for vacancies at UHL but we do not have a mechanism to sponsor their GMC registration.
 - 5.3.5. We are now able to create career pathways from clinical attachment through to sub-consultant.
- 5.4. This also allows UHL to recruit/sponsor doctors to neighbouring and wider organisations.
- 5.5. An example of an immediate benefit to UHL is that further to the CQC Maternity Services visit and recommendations of the Ockenden report, a business case for nine O&G middle grade doctors has been

developed. Traditionally these posts would have been recruited to via the Royal College MTI scheme, with the minimum of c6 months recruitment timeframe, at a cost of £3,000 per doctor. We are now able to recruit doctors within three months timeframe without incurring Royal College Sponsorship fees.

- 5.6. I am very grateful to Zoe Marsh (Associate Director of Workforce), who recently joined us and has led on this.

6. British Association of Physicians of Indian Origin

- 6.1. In April we hosted our first conference with BAPIO and British Indian Nurses Association (BINA).
6.2. We are proud of the diverse workforce at UHL and we are keen to work closely with BAPIO and BINA to improve the experience of our international colleagues at UHL.
6.3. At the conference we signed a memorandum of understanding with BAPIO to recognise the strength of our relationship.

7. International Day of the Midwife and International Day of the Nurse

- 7.1. Last week we celebrated International Day of the Midwife and this week we are celebrating International Day of the Nurse.
7.2. I would like to take the opportunity to thank all our midwifery and nursing colleagues for the extraordinary efforts they put into caring for our patients. We are very lucky that they choose to work at UHL.

8. Continuous Improvement

- 8.1. We recognise the importance of the Delivery and Continuous Improvement Review which was published in April. The Review considers how the NHS, working in partnership, can both deliver effectively on its current priorities and continuously improve quality and productivity in the short, medium and long term. In previous Trust Boards, we have discussed how we can deliver short term improvements which are in line with our longer-term strategy.
8.2. We are keen to work with NHS partners across LLR to; build a shared purpose and vision, invest in people and culture, develop leadership behaviours, build improvement capability and capacity and embed improvement into management systems and processes.

9. University of Northampton Hospitals Group

- 9.1. John MacDonald, UHL Chair, has also been appointed as the Chair of the University of Northampton Hospitals Group, which includes Northampton General Hospital NHS Trust and Kettering General Hospital Foundation Trust. John starts his dual role from 1 July 2023.
9.2. UHL already has close working relationships with UNHG. We have many clinicians who work across the Trusts, the Leicester Biomedical Research Centre spans all three Trusts and we work closely on many cancer, specialist and tertiary referral pathways.
9.3. We look forward to strengthening these relationships to benefit the patients and communities of Leicestershire, Rutland and Northamptonshire and the people who work in our Trusts.

10. We are UHL

- 10.1. I am pleased with how the We are UHL work has progressed. We have worked with an external provider to get the views of UHL colleagues and partner organisations to shape the future of UHL. Clear themes

emerging from the platform include; improving patient care and the experience of colleagues who work at UHL, being a better partner across health, research and education and our role at place level. We are also reviewing our Trust values and this work will come to public board in the next couple of months.

10.2. The We are UHL work closely ties into our response from the Staff Survey. Recently we have been focussing on improving recognition including the launch of a new NHS Long service programme.

11. Health Service Journal Awards

11.1. I would like to congratulate the UHL teams who have been nominated for Health Service Journal Digital Awards across five categories:

11.1.1. Empowering patients through digital - Atrial Fibrillation Virtual Ward

11.1.2. Improving out of hospital care - Transforming patient care for over one million people across through remote monitoring technology

11.1.3. Improving Urgent and Emergency Care through digital - AF Virtual Ward

11.1.4. Replicating digital best practice - From pilots to pioneering partnerships: Scaling up virtual wards to transform care

11.1.5. Supporting Elective Recovery - Simple tech to reduce waiting lists