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| Meeting title: | Public Trust Board | Public Trust Board paper C | | | | |
| Date of the meeting: | 13 April 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 | x |
| Where this report has been discussed previously | The items in the report have been discussed in meetings and committees during the month of March 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 March 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. Adult and Paediatric Urgent and Emergency Care
3. LGBTQ+ Network
4. Industrial Action
5. Health Service Journal Awards
6. Leicester, Leicestershire and Rutland Integrated Care Board

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST BOARD OF DIRECTORS

THURSDAY 13 APRIL 2023 CHIEF EXECUTIVE'S BOARD OF DIRECTORS REPORT PRESENTED BY RICHARD MITCHELL

Introduction

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

1. Access improvements

- 1.1. We continue to make significant progress with our emergency, planned, cancer and diagnostic care waiting times. We have a detailed work plan for all specialities to reduce waiting times for patients and I want to take the opportunity to acknowledge and celebrate the achievements of Jon Melbourne (Chief Operating Officer) and the teams across UHL.
- 1.2. Since March 2022, we have treated over 50,000 people who would have otherwise been waiting over 78 weeks by now for their care.
- 1.3. Since the beginning of January 2023, the total number of patients waiting for elective care has decreased by 13,500 to 114,795.
- 1.4. We have also made progress with the number of patients waiting over 62 days for their cancer treatment – today that number is half of what it was in November 2022.
- 1.5. Each of these numbers represents a person who got the care they needed thanks to the work and skill of colleagues creating additional clinics, better utilising theatres, validating patients, improving booking and so much more. The effort involved from all colleagues, specialities and partners to deliver the improvement has been incredible.
- 1.6. We have a long way to go to get our waiting lists down to the level that patients and communities rightly expect of us, but we are making real progress.
- 1.7. 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. Adult and Paediatric Urgent and Emergency Care

- 2.1. Following wide ranging conversations with colleagues across UHL and LLR, we shared on Friday 31 March our plan for improving adult and paediatric UEC in advance of winter 2023/24. We shared the plan seven months earlier than last year, which itself was the earliest yet. The ambitions and actions in the plan are clinically led and are informed by evidence and feedback from colleagues within UHL and beyond. As with this winter, the plan recognises the importance of:

- Flow in to our hospitals - getting people to the right place for their care first time
- Flow through our hospitals - improving our processes and increasing capacity
- Flow out of our hospitals - ensuring safe and timely discharge

- 2.2. We improved urgent and emergency care during winter 2022/23 and we will continue to work closely with health and social care partners across LLR to improve care this year.

3. UHL LGBTQ+ network

- 3.1. Many of us will be aware of the difficult and troubling recent news about transphobic behaviours and legislation in the UK, USA and beyond. I recognise that I cannot begin to understand the fear and anxiety this will bring to the trans community. Ellie Nicholl (Specialist Registrar) and Jennie Morris (Midwife), Chairs of the UHL LGBTQ+ network, and I, would like to send our support to all our trans and non-binary colleagues, with a strong reassurance that this network exists as a safe space for all.
- 3.2. If colleagues have not yet joined and would like to find out more, they can contact Ellie or Jennie in the first instance. Ellie and Jennie would like to encourage colleagues to join the network, if they feel comfortable to do so, to use the network buddy system, or to contact either of them if they have specific questions or concerns. This is a safe space for colleagues to meet other members of the community and find like-minded individuals. We are aware we are missing trans representation in the network leadership, and we are actively looking for someone to take on a trans-specific role, to increase visibility and safety, and to ensure we are doing all we can to enhance the working environment for all our trans and non-binary colleagues.

4. Industrial Action

- 4.1. In March we had 72 hours of industrial action by Post-graduate/Junior Doctors. As we have stated previously, we fully recognise and respect the right of colleagues to take industrial action. I appreciate that people have faced difficult choices in deciding whether to strike.
- 4.2. I would like to thank all colleagues for their efforts leading up to the industrial action and over the 72 hours. Colleagues and volunteers across UHL worked with diligence in demanding circumstances. We were also well supported by partners across LLR.
- 4.3. I recognise the disruption caused to some patients, but I am pleased we continued to provide safe care for the people we were able to treat. Some disruption is likely to continue as cancelled appointments, procedures and operations are rearranged.
- 4.4. A further round of Post-graduate/Junior Doctors strike dates have been announced from 11-15 April. This is immediately after the Easter four-day Bank Holiday and takes effect over the Easter school holidays and we have made detailed plans and actions to ensure safe care remains available to those who most need it.

5. Health Service Journal Awards

- 5.1. Congratulations to Dr Anna Murphy, Consultant Respiratory Pharmacist and her team, who won two awards at the prestigious HSJ Partnership Awards in March. They won the Environmental Sustainability Project of the Year Award and the Best Pharmaceutical Partnership Award for their work with Chiesi Group.
- 5.2. Our work with Locum's Nest was also nominated in the Environmental Sustainability Project of the Year Award.

- 5.3. Our Atrial Fibrillation Virtual Ward has been shortlisted in the Empowering Patients through Digital, and The Urgent Care and Emergency Care through Digital categories for the upcoming HSJ Digital Awards.

6. Leicester, Leicestershire and Rutland Integrated Care Board

- 6.1. I would like to recognise that Andy William, CEO of the LLR ICB, has announced he will be retiring later this year. Andy has achieved a remarkable amount in his 38 years in the NHS. He came to LLR in 2019 with three important goals: to bring together the three Clinical Commissioning Groups to create a single commissioning voice for the NHS; to change the way the NHS worked moving from competition to collaboration; and to create more effective relationships between the NHS and its partners. Andy has made great progress with these goals culminating in the creation of the ICB. I would like to thank Andy for his support during my first 19 months as CEO at UHL.
- 6.2. I would also like to recognise that Angela Hillery, CEO of Leicestershire Partnership NHS Trust (LPT) and Northamptonshire Healthcare NHS Foundation Trust (NHFT) was named as the number 1 NHS Chief Executive by the Health Service Journal. The HSJ recognised Angela as a pioneer for her work leading two Trusts since 2019, a trend which is being replicated in other parts of the country. Angela is a very worthy winner of this award and is only the second female CEO and first CEO from a Community/ Mental Health provider to win it.
- 6.3. LPT and NHFT as a group have been identified as one of nine Provider Collaborative Innovators in the NHS. Their proposal focused on developing and then testing how delegation from the ICB can enable collaboratives to take on responsibility and improve outcomes and developing a process to enable people to work across organisations without the bureaucracy associated with honorary contracts and the administration associated with that. This is positive news for LPT and NHFT, for our relationship with LPT and as we explore opportunities to work with partners beyond LLR.
- 6.4. In March I attended the City Mayor briefing with Sir Peter Soulsby and his team, I met Chief Constable of Leicestershire Police, Rob Nixon, and Andrew Furlong and I met with the Local Medical Committee. As part of the LLR ICB, we are keen to continue to form strong and effective working relationships with a wide range of partners.