

Meeting title:	Public Trust Board	Public Trust Board paper D			
Date of the meeting:	10 August 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 July 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 July 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.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST BOARD OF DIRECTORS

THURSDAY 10 AUGUST 2023 CHIEF EXECUTIVE'S BOARD OF DIRECTORS REPORT PRESENTED BY RICHARD MITCHELL

Introduction

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

Last month I shared information about the strategic partnerships we are forming to improve our clinical services. These partnerships are clinically supported, are in line with long term planning and will deliver productivity and efficiency benefits. We are working more closely with other NHS and local authority organisations to improve urgent and emergency patient care. We are working more closely with Kettering and Northampton General Hospitals to improve planned care and to strengthen digital services. And we are working more closely with the five other NHS Acute Trusts in the East Midlands. We are serious about delivering significant change to patient care.

Whilst these formal partnerships are important, our growing informal relationships with our communities will probably be even more important. Trust dictates the pace of change and trust takes time to develop. Trust is built on being honest, listening to people, acknowledging when things have gone to plan and honouring commitments. We have a lot of work to do but I have had several conversations with people over the last month and I sense our relationships with communities is slowly improving. This month I wanted to briefly detail about a small number of our key informal relationships which are led by Dr Ruw Abeyratne (Director of Health Equality and Inclusion) and Michelle Smith (Director of Communication and Engagement):

Core20Plus5 Community Connectors including Shama Women's Centre, South Asian Health Action (SAHA) and Equality Action (Charnwood). We are working with these partners to identify the disparities in our data (access and outcomes), in particular with respect to ethnicity, and to co-design and co-deliver interventions. Good examples of this are the event at Shama about access to cancer services and screening and focus groups arranged through SAHA on access to cardiovascular services.

The African Caribbean Centre - our data consistently points to significant disparities in access, experience and outcomes experienced by the Black community in Leicester. We have built a working relationship with leaders at the African Caribbean Centre, a hub for the local community. This has helped us to hear directly from the community about barriers to access that underpin differential experience and outcomes. We have planned further listening events with the community through the African Caribbean Centre. We recognise that trust is low and we acknowledge that there is a long way to go, but we are committed to building this relationship and understanding the problems and experiences that drive low trust in healthcare. This will be fundamental to sustainable, meaningful change.

The Centre Project is a city centre-based charity working with socially isolated, economically marginalised individuals. Deprivation is recognised as a driver of health inequalities and is inextricably linked to individuals' experiences of and impacts of the wider determinants of health. Our data also frequently demonstrates differential

access, experience and outcomes for those from our most deprived communities (IMD 1 & 2). UHL has collaborated with colleagues at the Centre Project to lead a series of events focusing on key clinical areas aligned to NHSE's Core20Plus5 framework, including; access to cancer services, cardiovascular health and early years health. Feedback from these sessions is resoundingly positive and the community is keen for future events to be held.

Segregation in Leicester

I am proud that for the last ten years I have called Leicester my home. Leicester is a great city. It is the largest and fastest growing (population and economically) city in the East Midlands. It was ranked in the Demos/ PwC Good Growth for Cities Index as the top city in the East Midlands to live and work and Leicester is the first plural city in the UK, where there is no single ethnic majority. There is much to celebrate about our city. As identified in a recent report in the Financial Times, Leicester is also one of the most racially and ethnically segregated city in the UK. Ethnic and racial segregation refers to the separation of communities along cultural, ethnic, or racial lines, resulting in distinct residential areas and limited cross-cultural interactions.

In Leicester, several factors have contributed to the segregation. Leicester's history includes periods of immigration and settlement. This leads to the concentration of certain ethnic groups in specific areas and last month I met with colleagues from the Leicester City Council and we discussed the work they are doing to house and support the 1200 migrants who have recently arrived. Socio-economic differences between communities can lead to spatial segregation. Economic challenges faced by certain ethnic or racial groups may confine them to specific neighbourhoods. Some communities may prefer to live near others from the same ethnic or cultural background as they seek familiarity and support within their immediate surroundings and instances of discrimination and prejudice can create an atmosphere where certain groups feel unwelcome or unsafe in certain neighbourhoods. Racial and ethnic segregation in cities can be a problem as they perpetuate inequalities, hinder social cohesion and opportunities for communities to interact harmoniously and limit the potential for economic and cultural growth.

Reducing ethnic and racial segregation in Leicester is not only a responsibility for the local communities and local government but also University Hospitals of Leicester NHS Trust. As the largest local employer, we must continue to promote inclusivity, equality, and diversity and we must help grow a more integrated and cohesive society. Some of the actions we are taking at UHL include:

Celebrating and recognising our diverse workforce. Forty-four per cent of the workforce at UHL come from the global majority and this is up from 32% in 2018. Colleagues from different ethnic backgrounds improve communication and understanding between patients and healthcare providers and can reduce potential barriers to care.

Offering cultural competence training to ensure we are culturally sensitive when providing care to patients from diverse backgrounds.

Providing multilingual services to improve the accessibility to healthcare for patients with limited English proficiency. We offer interpreters and translated materials to bridge communication gaps and to ensure patients receive accurate information and can participate in their healthcare decisions.

As detailed above, collaborating with the Shama Women's Centre, African Caribbean Centre and Somali mosque, amongst others, and I believe the level of trust with our community groups is growing. This helps us gain insights into the needs and concerns of different ethnic and racial groups.

Engaging with community outreach programmes to reach out to underserved and marginalised communities. These programmes offer health education, screenings, and support services directly to communities where ethnic and racial segregation is prominent. Implementing health education initiatives tailored to the specific needs of diverse communities can support individuals to take control of their health. These initiatives can address culturally specific health concerns and promote preventive measures, improving overall health outcomes.

Strengthening our anti-discrimination policies with the aim that all UHL colleagues and patients are treated with respect and dignity, regardless of their ethnic or racial background.

Thinking about inclusive facilities in our new hospitals programme which will create a welcoming and inclusive environment to help patients feel more comfortable seeking care. This includes displaying culturally sensitive artwork and providing spaces that accommodate diverse needs.

Using research and data collection to make a difference. We are conducting research on healthcare disparities among different ethnic and racial groups to identify specific challenges and opportunities for improvement. Collecting data on patient demographics is aiding our understanding of the unique healthcare needs of Leicester's diverse population.

Leicester is a great city and there is much to feel proud of, but like all cities it also has problems. Given how ethnically and racially diverse our city is, the comparative level of segregation is stark and concerning. The barriers and problems are greater in Leicester than in a less segregated, equally diverse city. The level of segregation in Leicester poses significant challenges to creating a cohesive and integrated society. I believe we, at UHL, have a vital role to play in reducing ethnic and racial segregation in Leicester. Through our collaborative efforts with community groups and a commitment to anti-discrimination policies, we can be a driving force to promote equality and integration in healthcare services for all the people who call Leicester their home.

South Asian Heritage Month

South Asian Heritage Month runs from 18 July to 17 August and it is an opportunity to commemorate, mark and celebrate South Asian cultures, histories and communities. The month-long event aims to improve understanding of the diverse heritage and cultures that link the UK with South Asia and the theme for this year is 'Stories To Tell' and we are fortunate to have one of the most diverse workforces in the NHS. I would like to thank colleagues from the South Asian diaspora for the immense difference they make every day.

Record number of nominations made in new UHL staff awards

Over 500 nominations were made in our refreshed annual recognition awards for UHL colleagues. The revamped awards are an opportunity to celebrate the exceptional achievement of people at UHL, showcasing clinical and non-clinical contributions from our 18,000 strong workforce. Shortlisting for the 15 categories is complete and we are looking forward to the events night on 28th September.

Save the date for our Annual General Meeting

Our first in-person AGM since 2019 takes place at the Peepul Centre in Belgrave on Thursday 14th September. Earlier that afternoon we will have our Trust Board at the same venue. Invitations will follow shortly for the public event, which will feature a UHL services showcase in the afternoon and the formal AGM from 6pm. It would be great to see many people there and for now please add the date to your diary.

526 new doctors into our hospitals

Over the last fortnight we welcomed 526 postgraduate doctors to UHL. I met them all over two days to thank them for joining UHL and to explain why I think the changes we are making will benefit them. Some had worked in Leicester before but for many it was their first experience of us and there was a sizeable number who were international medical graduates. It was an important opportunity to shape their feelings about UHL and the work that the medical recruitment and education teams did was first class.

Industrial action

We have already experienced four rounds of postgraduate doctor industrial action and one round of consultant industrial action. I think we have lost 18 days to industrial action over the last couple of months with more planned this month. Whilst we do recognise and respect people's right to take industrial action, I also know the disruption caused to patients and people who work in the NHS. Industrial action is impacting on the important progress we are making with reducing maximum waiting times. This month I wanted to particularly thank our administrative and clerical colleagues who are doing a complex job booking and rebooking patients, often at short notice. Thank you.