Public Trust Board Paper D

Meeting title:	Public Trust Board					
Date of the meeting:	13 June 2024					
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 discussed previously	The items in the report have been discussed in meetings and committees during the month of May 2024					

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 May 2024 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 13 JUNE 2024
CHIEF EXECUTIVE'S BOARD OF DIRECTORS REPORT
PRESENTED BY RICHARD MITCHELL

Introduction

The report is an update for the month of May 2024 on the University Hospitals of Leicester NHS Trust (UHL) and wider Leicester, Leicestershire and Rutland Integrated Care System.

John MacDonald, Chair of UHL and University Hospitals of Northamptonshire NHS Group, retires from the NHS at the end of this month. John has been the Chair of UHL for three years and he has stabilised the Trust, supported recovery and most importantly he has given colleagues, patients and our communities hope and optimism that the near future will be better than the past.

Today is the 81st Public Board of Directors meeting I have shared with John and it has been an honour to work to him. Thank you for the immeasurable difference you have made to so many people, including me.

Discrimination and sexual safety

Last month, a colleague said to me:

"I am unclear what this organisation is doing for people who look like me." Their gender, ethnicity and age were different to mine.

Last month I was also made aware of a colleague who was racially abused by a patient's family and I was told about a junior doctor who is worried about their safety in their next rotation because of the reputation of a senior medical colleague in that department. Every day, UHL colleagues experience discrimination. Discrimination is the unjust or prejudicial treatment of different categories of people, especially on the grounds of ethnicity, age, sex or disability.

Colleagues deserve to feel safe, equal, included and supported at work but this currently is not the case for all in our organisation.

In 2022, 24% of NHS colleagues were from minority ethnic backgrounds. In UHL (49%) our workforce is more diverse than the national average. Three quarters of colleagues (74% UHL) are female. Our workforce is diverse, but this does not guarantee safety, equality, inclusion or support. I am white, male, heterosexual, and my job title is 'Chief Executive'. My experience of working in UHL is atypical.

Last month I was reflecting on the experiences of the three colleagues above and I reviewed again the UHL responses to questions which relate to discrimination and unwanted behaviour of a sexual nature in the staff survey. The responses make sombre reading. We know colleagues from ethnic minority backgrounds often do not have equitable experiences at work. We know our leadership teams do not currently reflect the diversity of our workforce and communities. We know female often more junior colleagues, are less likely to feel safe at work. I recognise not all colleagues feel safe, equal, included and supported at work but working with the UHL Trust Board to improve the culture for all colleagues, is my number one priority. Addressing systemic

bias in our organisations is a moral imperative and it will also strengthen organisations and the care we provide to patients.

Here at UHL, we launched our long term strategy Leading in healthcare, trusted in communities last year and we stated that embedding health equity and inclusion in all we do is the central theme that runs through our plan. I believe we can evidence we are delivering on this ambition. This year, in response to your comments in the staff survey, we have continued with RISE as our cultural improvement programme. **Inclusion** is ensuring everyone at UHL can contribute equally, safely, and proudly and includes setting out clear and measurable plans to tackle bullying, harassment and discrimination in all its forms. We are expanding staff networks and shared decision-making councils, giving more people a voice in how UHL works. **Support** is putting practical and compassionate steps in place to support you at every stage and includes putting new 'report and support' tools in place to tackle violence and aggression, sexual harassment, and assault.

The reason we kept RISE as the framework for our cultural improvement programme is to ensure our efforts are consistent and persistent over time. We are underpinning these actions with committed leadership, data-driven accountability and effective communication.

We are making progress but we have more to do and I need all to engage with this. I will explain why. We have an anti-smoking policy at UHL but people still smoke onsite. Like most people, if see someone smoking, I ask them to stop, but for this to work all need to realise the harm they are causing and they need to decide to stop. We have an anti-racism policy at UHL, but some people still discriminate. Like most people, if I witness or am aware of someone experiencing discrimination, as an ally, I will act and support them, but for this to work all need to choose to stop their discriminatory behaviour and actions. We all have a choice to make. I hope colleagues choose to work with me to make UHL safer, more equal, inclusive and supportive environments for all. If colleagues choose not to, I would like them to work somewhere else.

Longer term success is year-on-year improvements across indicators of inclusivity, including self-reported bullying and harassment in the workplace and on representation in senior and leadership positions within UHL. I am certain we will deliver longer term success.

Financial management

The NHS faces many difficult challenges this year. Despite this, we have made significant progress at UHL over the last couple of years, including improvements in financial governance, financial oversight, and financial leadership. We have improved planned care productivity and we are getting better value from the money we spend on goods and equipment. These changes have helped to develop patient services and attract much needed national investment. I am grateful that colleagues recognise that good financial management is a core responsibility for all of us.

We have also made progress with workforce management – and we know we can improve further. There are more permanently employed colleagues working at UHL today than at any point in our past, which is a positive achievement for patient safety and team stability.

However, our staffing increases over the last three years have outstripped the increase in patient activity over the same period. Our spend on bank and agency colleagues has not reduced in line with the increase in our substantive workforce, which is an unaffordable position. To improve our financial management, we need to strengthen how we spend money in this area.

Last month, all CMGs, departments, and teams at UHL were asked to:

- Continue to reduce agency usage – This includes identifying the areas where we can safely eliminate agency spend.
- Continue to reduce bank usage - Bank colleagues are a vital and valued part of our team, but we must not rely on Bank when substantive resource is available. We will continue to prioritise substantive recruitment opportunities for Bank-only colleagues.
- Review substantive recruitment - Like the wider NHS, we are not able to continue to grow our substantive workforce at the same rate. The only exceptions to this are pre-agreed business cases, recruitment which reduces bank and agency and replacement posts where other options have been fully explored.

We know the financial context is difficult, and I hope colleagues agree these actions are fair and reasonable. I am confident we will continue to make progress and UHL is a stable organisation - which is a change from the past. None of this changes our commitment to deliver major improvements in quality, access, and experience of working at UHL – in truth, it is only by becoming financially sustainable that we will achieve these aims. I promise we will take actions which are well thought through, proportionate and clinically led, and I will always be transparent and share updates through our Public Board.

NHS Provider Licence

As attached, there is a legacy for the Board to report compliance against two remaining elements of the NHS Provider Licence, with regard to supporting the objective 2b; to reducing inequalities between persons with respect to their ability to access those services and G6; registration with the CQC. I seek formal endorsement of compliance by the Board, for the Trust to record in the minutes of this Trust Board meeting.

This template may be used by Foundation trusts and NHS trusts to record the self-certifications that must be made under their NHS Provider Licence.
You do not need to return your completed template to NHS Improvement unless it is requested for audit purposes.

Self-Certification Template - Conditions G6 and CoS7

Insert name of organisation

Foundation Trusts and NHS trusts are required to make the following self-certifications to NHS Improvement:

Systems or compliance with licence conditions - in accordance with General condition 6 of the NHS provider licence
Availability of resources and accompanying statement - in accordance with Continuity of Services condition 7 of the NHS provider licence (Foundation Trusts designated CRS providers only)

These self-certifications are set out in this template.

How to use this template

1) Save this file to your Local Network or Computer.
2) Enter responses and information into the yellow data-entry cells as appropriate.
3) Once the data has been entered, add signatures to the document.

Worksheet "G6 & CoS7"

Financial Year to which self-certification relates 2023/24 Please complete the explanatory information in cell

Declarations required by General condition 6 and Continuity of Service condition 7 of the NHS provider licence

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (please select 'not confirmed' if confirming another option). Explanatory information should be provided where required.

1 & 2 General condition 6 - Systems for compliance with licence conditions (FTs and NHS trusts)

1	Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.	Confirmed	OK

3 Continuity of services condition 7 - Availability of Resources (FTs designated CRS only)

EITHER:

3a	After making enquiries the Directors of the Licensee have a reasonable expectation that the Licensee will have the Required Resources available to it after taking account distributions which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate.		Please Respond

OR

3b	After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors (as described in the text box below) which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services.		Please Respond

OR

3c	In the opinion of the Directors of the Licensee, the Licensee will not have the Required Resources available to it for the period of 12 months referred to in this certificate.		Please Respond

Statement of main factors taken into account in making the above declaration

In making the above declaration, the main factors which have been taken into account by the Board of Directors are as follows:

[e.g. key risks to delivery of CRS, assets or subcontractors required to deliver CRS, etc.]

Signed on behalf of the board of directors, and, in the case of Foundation Trusts, having regard to the views of the governors

Signature		**Signature**	
Name	John MacDonald	**Name**	Richard Mitchell
Capacity	Trust Chair	**Capacity**	Chief Executive
Date	13 June 2024	**Date**	13 June 2024

Further explanatory information should be provided below where the Board has been unable to confirm declarations under G6.