

## Report by Acting Chief Executive – monthly update: September 2021

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Sponsor: Rebecca Brown

Trust Board paper F

### Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

### Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	N/A	
Executive Board	N/A	
Trust Board Committee	N/A	
Trust Board	N/A	

# Executive Summary

## Context

The Acting Chief Executive's monthly update report to the Trust Board for September 2021 is attached.

## Questions

Does the Trust Board have any questions or comments about our performance and plans on the matters set out in the report?

## Conclusion

The Trust Board is asked to consider and comment upon the issues identified in the report.

## Input Sought

We would welcome the Board's input regarding the content of this month's report to the Board.

**For Reference:**

**This report relates to the following UHL quality and supporting priorities:**

**1. Quality priorities**

Safe, surgery and procedures	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

**2. Supporting priorities:**

People strategy implementation	[Yes]
Investment in sustainable Estate and reconfiguration	[Yes]
e-Hospital	[Yes]
Embedded research, training and education	[Yes]
Embed innovation in recovery and renewal	[Yes]
Sustainable finances	[Yes]

**3. Equality Impact Assessment and Patient and Public Involvement considerations:**

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required – None Required.
- How did the outcome of the EIA influence your Patient and Public Involvement ? N/A
- If an EIA was not carried out, what was the rationale for this decision? On the basis that this is a monthly update report.

**4. Risk and Assurance****Risk Reference:**

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <i>Principal Risk</i> on the BAF?	X	ALL
<b>Organisational:</b> Does this link to an <i>Operational/Corporate Risk</i> on Datix Register	X	There are several risks which feature on the organisational risk register relating to matters covered in this paper.
<b>New Risk</b> identified in paper: What <i>type</i> and <i>description</i> ?	N/A	N/A
<b>None</b>		

5. Scheduled date for the **next paper** on this topic:

November 2021 Trust Board

6. Executive Summaries should not exceed **5 sides**

[My paper does comply]

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO: TRUST BOARD**

**DATE: 2 SEPTEMBER 2021**

**REPORT BY: ACTING CHIEF EXECUTIVE**

**SUBJECT: MONTHLY UPDATE REPORT – SEPTEMBER 2021**

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1. Introduction

1.1 My report this month is confined to a number of issues which I think it important to highlight to the Trust Board.

2. UHL response to COVID-19

2.1 Since the middle of May, the number of confirmed cases of COVID-19 across our community has been steadily increasing and following a similar trend to that seen nationally.

2.2 This has resulted in an increase in the number of patients with COVID-19 and as of 25 August on there were 135 patients across Leicester's Hospitals. 2021. Fortunately, the number of deaths from COVID-19 remains low which is due in part to the success of the vaccination programme and illustrates how vaccines are helping to break the link between infection and serious disease and death.

2.3 The COVID-19 vaccination programme continues across Leicester's Hospitals and work is ongoing to prepare to begin the booster programme which is expected to start in the early autumn.

2.4 In response to the increasing numbers of patients across our hospitals, the Trust has increased its internal alert level to Alert Level 3. This allows our teams to enact plans to ensure all our patients receive the best possible care. Additionally, our tactical and strategic teams continue to meet and review plans to ensure we are best prepared for any further changes in the coming weeks.

2.5 Looking further ahead, the Trust is working closely with system partners to ensure plans are in place for the forthcoming winter. To support this, the Trust helped facilitate a system-wide planning exercise on 18 August 2021, from which a number of areas were identified to help strengthen our collective preparedness.

3. East Midlands Congenital Heart Centre (EMCHC) – Move to Leicester Royal Infirmary (LRI)

3.1 I'm really pleased to say that we moved our EMCHC team from Glenfield to their new home at the LRI. My thanks go to all our estates team, our reconfiguration team and of course, the EMCHC team who have been really patient over these last few

months as we've worked to correct water supply issues in the new build. The move is now completed and patients have now moved in.

#### 4. Transition to the new Recovery Support Programme

- 4.1 NHS England & NHS Improvement (NHSEI) recently consulted on the new NHS System Oversight Framework (SOF) 2021/22, which introduced a new Recovery Support Programme (RSP) to provide focused assistance to organisations and systems facing the most acute challenges. The RSP replaces the separate quality and finance special measures programmes which have been in place since 2013, and the parallel Clinical Commissioning Group special measures programme which has been in place since 2016.
- 4.2 Following feedback from local leaders and others, this new SOF is now being implemented.
- 4.3 All trusts currently in special measures will enter SOF segmentation 4, confirmation has been received that University Hospitals of Leicester NHS Trust has been placed in SOF segment 4 and transitioned to the RSP. This is an automatic transfer.
- 4.4 The existing national intensive support package aligned to existing support being received from NHSEI's Midlands region, and regional oversight arrangements agreed under previous special measures regime, will remain in place. The outcome of the Regional Director of Finance's review of the Financial Special Measures exit plan continues to be the criteria to exit.
- 4.5 NHSEI have thanked UHL teams in providing the best quality care to our patients, including meeting and recovering from the additional challenges COVID-19 has posed, while addressing longstanding challenges.

#### 5. Service of Remembrance

- 5.1 We have been recognising and remembering colleagues that we have lost during the last 18 months through events led by our chaplain Rev Mark Burleigh. The events were a chance to recognise, not only those that we've lost but also the hard work and dedication of teams across our Trust. We also unveiled a beautiful new mural at Glenfield to commemorate the service and sacrifice of the last 18 months. A very big thank you to Mark Burleigh, Head of Chaplaincy and Bereavement Services, and to the volunteers that have helped to put on these events.

#### 6. NIHR Leicester Biomedical Research Centre

- 6.1 Our Biomedical Research Centre team have been successful in the first stages of a significant research funding submission, and have been encouraged to bid for all the money identified in their proposal. A fantastic achievement for all of our research team, and I know there is an awful lot of work to do over the coming months to ensure that our full submission is as successful as it can be.

## 7. eMeds rolls out Leicester Royal Infirmary

- 7.1 The Nervecentre eMeds and discharge letters roll out at the Leicester Royal Infirmary has progressed and we now have full rollout over 2 of our 3 sites. The Glenfield site will go live on the 22<sup>nd</sup> September.

## 8. Signing of the Armed Forces Covenant

- 8.1 The partnership which brings together those responsible for health and social care across Leicester, Leicestershire and Rutland (LLR) has pledged its support for the armed forces community by signing the Armed Forces Covenant.

- 8.2 The LLR ICS is one of the first such partnerships to sign the Armed Forces Covenant, which demonstrates their commitment to ensuring that armed forces personnel and their families should enjoy the same standard of, and access to, healthcare as other citizens in the local area. The Covenant also enables special consideration to be given in appropriate individual circumstances, especially for those who have given most, such as the injured and families of the bereaved.

- 8.3 The Covenant was signed on Monday 16th August at the Victoria Building, Leicester Royal Infirmary. The signatories were David Sissling, Chair of the LLR ICS and Lt Col Mike Robinson, Commanding Officer of the Defence Animal Training Regiment, representing the Ministry of Defence. They were joined by armed forces reservists employed by the partner organisations that make up the LLR ICS.

- 8.4 Some of the organisations that make up the LLR ICS have previously signed the Covenant independently but, by signing up collectively, each partner in the ICS has now committed to working together for the benefit of the armed forces community.

- 8.5 As well as ensuring that service personnel are not disadvantaged in the provision of services, the LLR ICS has also pledged that service family members should not lose their place on any NHS waiting list if they have to move for service reasons and that veterans should receive priority treatment for any condition which relates to their service, subject to clinical need.

- 8.6 Employers of LLR ICS organisations will seek to support the employment of veterans, their spouses and partners as well as members of Reserve Forces. The ICS Board will include an Armed Forces Champion, to ensure that the ICS delivers on its commitment.

## 9. Acting Chief Executive Officer Parting Words

- 9.1 This is my final report as CEO for UHL, a role that has been my honour and privilege to hold during these extremely challenging and unprecedented times. Firstly I would like to thank the Non-Executive Directors for their support and guidance, and my fabulous Executive Team who have worked tirelessly and cohesively to keep our patients and staff safe. I would also like to thank our wider NHS and Social care LLR community who have shared the burden of caring for patients during this pandemic, and our Public for their unwavering support to our wonderful hospitals and wider services. It is of course, the hard work and dedication of our staff that I feel the most

gratitude for; they have been inspirational throughout the pandemic and without them we would not have achieved the success we have in the battle with COVID-19.

9.2 Whilst I recognise the COVID-19 battle continues and we have the increased weight of the restoration program, I am confident that our hospitals and our NHS will continue to rise to the challenge.

10. Conclusion

10.1 The Trust Board is invited to consider and comment upon this report.

Rebecca Brown  
Acting Chief Executive

25<sup>th</sup> August 2021