

Meeting title:	Public Trust Board	Paper E				
Date of the meeting:	1 December 2022					
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 November 2022.					

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 November 2022 on the University Hospitals of Leicester NHS Trust 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. Covid
2. Care Quality Commission 2022
3. Staff Survey
4. Industrial Action
5. Recovery Challenge
6. Disability History Month
7. Transgender Remembrance Day
8. World AIDS Day
9. Project Search
10. Leadership Apprenticeship
11. Leicester Asian Doctors
12. Zuffar Haq
13. Moira Durbridge

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
BOARD OF DIRECTORS**

**THURSDAY 1 DECEMBER 2022
CHIEF EXECUTIVE'S BOARD OF DIRECTORS REPORT
PRESENTED BY RICHARD MITCHELL**

Introduction

The report is an update for the month of November 2022 on the University Hospitals of Leicester NHS Trust (UHL) and wider Leicester, Leicestershire and Rutland Integrated Care System.

1. Covid

- 1.1. As in previous months, I will provide a verbal update at the Board about the number of patients with Covid, staff sickness and the actions we are taking.

2. Care Quality Commission 2022

- 2.1. As you may have seen, the Care Quality Commission (CQC) published its latest report on UHL last week. The report follows a comprehensive inspection of surgery at Glenfield Hospital between June and September and an additional September inspection to consider our "well led" domain.
- 2.2. The inspection findings are fair and balanced, and I fully accept the report's assessment. The CQC has rated UHL as 'Requires Improvement' (RI) overall, a shift from the 'Good' rating awarded in 2019.
- 2.3. Whilst I did expect this rating, I know some colleagues will feel disappointed. However, I do not believe any of us should feel despondent. The overall rating is not a reflection of how hard the 17,000 people at UHL are working. I feel very lucky that so many people choose to work at UHL and we remain committed to improving patient care.
- 2.4. The two reasons for the deterioration are the legacy of Financial Special Measures in 2020 and the increase in our elective waiting times. The latter is impacting on the recent rating of most Acute NHS Trusts.
- 2.5. UHL remains 'Good' for caring, which recognises the efforts of colleagues, who continue to care for people in challenging circumstances. The report also notes the growing strength, diverse skills and experience of UHL's Board, improved financial governance, increased visibility of the leadership team and a renewed optimism among colleagues that things are beginning to improve.
- 2.6. Despite the challenges, I am heartened by the many things we do well every day and the progress we have made over the last year. I recognise my understanding of the report may be different to yours, and we will create more opportunities to talk through the report and discuss what we are doing next.

2.7. Whilst it will take time, we are making progress and the change in rating does not impact on our plans or diminish our commitment. Life at times may be difficult, but the talent and ability of people at UHL is incredible. I am very proud to work here.

2.8. The CQC report is available here <https://www.cqc.org.uk/provider/RWE>

3. Staff Survey

3.1. The 2022 National Staff Survey has now closed and I am grateful to those who completed it. We set ourselves four key targets for the 2022 staff survey.

3.2. We want to achieve our highest response rate. Last year was our highest ever with a response rate of 45.1%. This compared to a previous four-year average of 34.9%. As of Friday 25 November morning, 44.6% of colleagues had responded and I am confident we will achieve the aim.

3.3. UHL has never bettered the national average response rate. We want to achieve that this year. The four-year national average was 45.0% (10.1% better than UHL). Last year the national average was 46.4% (1.3% better than UHL). As of Friday 25 November morning, the national average was 42.2% (UHL was 2.4% ahead) and I am confident we will achieve the aim.

3.4. We want to better the national average for “Would you recommend your organisation as a place to work”. UHL has never achieved this. The four-year national average was 63.3% (2.1% better than UHL). Last year the national average was 58.4% (2.9% better than UHL). I am confident we will better the national average this year.

3.5. We want to better the national average for “Would you recommend your organisation as a place to receive care”. UHL has never achieved this. The four-year national average was 71.7% (4.5% better than UHL). Last year the national average was 66.9% (4.1% better than UHL). I am confident we will better the national average this year.

3.6. Early next year we will begin the process of theming the results to identify findings. We will share them with colleagues and will bring through our public board once the embargo is lifted.

3.7. It has been more challenging than I expected this year to increase our response rate. I believe there are two reasons for this. Our process to maximise our response was not as structured as it could be, and some colleagues understandably feel that little is changing. We must change both things in 2023.

4. Industrial Action

4.1. You will be aware that The Royal College of Nursing (RCN) has confirmed two days of industrial (strike) action on December 15th and 20th.

4.2. While strike action will not take place at UHL, there may be an impact on services due to the planned action taking place in the wider NHS. We are working closely with staff and trade union representatives to ensure the safety of patients and colleagues on the planned days of action.

4.3. We will be issuing further guidance for both colleagues and the public this week.

- 4.4. I respect the rights of colleagues who are undertaking industrial action and those who continue to work.

5. Recovery Challenge

- 5.1. As discussed in previous Public Trust Board meetings, I fully recognise the challenges we face at UHL. We are in Financial Special Measure, we are in segment four of the regulatory oversight framework, emergency care remains challenged and elective waits have deteriorated.
- 5.2. Whilst the context of the last three years is important, UHL was under substantial pressure before Covid. There are 120 Acute Trusts in the NHS and we face the most challenging recovery programme out of all of them. This is not a position I enjoy being in, but I feel we are well placed to make significant progress. Productivity and process improvement are important and we also require additional capacity investment and changes to the way we work with all partners. UHL has 14% less general and adult beds than other Trusts caring for similar numbers of patients. The Leicester Royal Infirmary Emergency Department is the only walk in emergency department in Leicester City. It is not a surprise that it is the busiest ED in the NHS and we regularly have 300 patients in the department each night.
- 5.3. Facing the most challenging recovery programme in the NHS requires us to have the clearest recovery plan in the NHS. We should set ourselves the target of being the fastest improving Integrated Trust in 2023/24.
- 5.4. Despite the challenges, I am heartened by the many things we do well every day and the progress we have made over the last year. I am particularly proud of; the care most patients receive, the joint work with the University of Leicester and Loughborough University to secure a 2.5x increase in funding for our Biomedical Research Centre, Clinical Medicine research ranking joint second in the national Research Excellence Framework this year and our strengthening relationships with health and care partners to provide community and home-based care services.
- 5.5. I believe UHL is more stable now than at any point in the recent past.

6. Disability History Month

- 6.1. We are celebrating Disability History Month which runs from 16 November to 16 December. The focus this year is on health and wellbeing and there will be a focus on visible and non-visible disabilities. Our Staff Network Chair stated; "Having a work culture that embraces diversity and difference encourages staff to bring their whole selves to work. People feel safe, which improves moral and psychological well-being, leading to improved performance. It brings about different perspectives and problem-solving techniques (outside the box thinking) that enhances innovative solutions to enhance the organisations reputation. We need to all reflect, learn, ask questions and have those uncomfortable conversations".

7. Transgender Remembrance Day

- 7.1. The Transgender Day of Remembrance or International Transgender Day of Remembrance is held annually on 20 November to remember individuals who have been murdered because of transphobia. It also aims to draw attention to the violence that is carried out towards many in the transgender community.

- 7.2. UHL in partnership with the LLR system developed a series of training video clips to raise awareness, provide information for health professionals. Video topics include trans 101, emergency care, mental health and parenthood.

8. World AIDS Day

- 8.1. Every year on 1 December, the world commemorates World AIDS Day. People around the world unite to show support for people living with HIV and remembering those who have died from the illnesses. World AIDS Day remains important today, as in the past, reminding people that the condition has not gone away. There is a need to highlight importance of raising awareness and ending stigma and discrimination to improve the quality of life for people living with HIV. UHL wants to raise awareness and breakdown the discriminatory thoughts and perceptions people have about those suffering with the condition. We want to urge staff to help us address the inequalities people experience, which holds back their progression.

9. Project Search

- 9.1. UHL is proud to be part of the Project Search programme, an internship programme for young people with a learning disability or difficulty. We are currently running the project for the first cohort of interns from Ellesmere College and working in collaboration with them and other local partners.
- 9.2. This programme offers an opportunity to change the lives of this most marginalised group of people in terms of employment and impact positively on their extremely poor outcomes. On average 70% of Project SEARCH interns will move into paid employment at the end of the programme and 60% are full time paid jobs.
- 9.3. The interns started with us during September 2022 and will be in their placements for the academic year. Our interns have predominately been working in the Estates and Facilities department, supporting colleagues, service users and patients in a variety of roles. A celebration event was held for the students on 23 November to celebrate their achievements so far. The interns were presented with a certificate and their NHS badges to show they had all passed their induction period. We would like to acknowledge the support of colleagues in Estates and Facilities for supporting this project and we look forward to the continued partnership with Ellesmere College.

10. Leadership Apprenticeship

- 10.1. Across UHL we have many colleagues who commit to leadership development and training. Some colleagues do this by the apprenticeship route. Last week we congratulated four colleagues who had successfully completed a leadership and management apprenticeship with De Montfort University whilst continuing to work at UHL. There are a further 100 colleagues registered and progressing on these longer-term leadership programmes.

11. Leicester Asian Doctors

- 11.1. On Sunday 27 November I joined a face-to-face workshop for primary and secondary care clinicians in Leicester, Leicestershire and Rutland. The workshop was well attended and was hosted by Leicester Asian Doctors. I am grateful to Mr Sankar (LADS Chair) and Professor Moorthy (LADS Vice Chair) for organising.

- 11.2. We recognise that the interface and relationship between primary and secondary care is essential as we focus on providing better health care to the people who use our services.

12. Zuffar Haq

- 12.1. I would like to thank Zuffar Haq for his ongoing and wide-ranging support of UHL. Zuffar has supported UHL for many years and this year he has provided ice creams for colleagues across all sites in the summer and this week he organised free and discounted tickets for NHS colleagues to see the Wizard of Oz at The Curve Theatre in Leicester.

13. Moira Durbridge

- 13.1. I would like to thank and recognise Moira Durbridge who retires from UHL later this month. Moira has worked in the NHS for nearly 40 years. Most recently she has been the Director of Quality, Transformation, Efficiency and Improvement at UHL. Moira is also a “Women of the Year” alumni.
- 13.2. Moira’s contribution and commitment to UHL is incredible and I am very grateful for her personal support over the last year. Moira will be greatly missed.