

Trust Board public paper C

<b>Meeting title:</b>	Public Trust Board					
<b>Date of the meeting:</b>	8 February 2024					
<b>Title:</b>	CEO update					
<b>Report presented by:</b>	Richard Mitchell, CEO					
<b>Report written by:</b>	Richard Mitchell, CEO					
<b>Action – this paper is for:</b>	Decision/Approval		Assurance	x	Update	x
<b>Where this report has been discussed previously</b>	The items in the report have been discussed in meetings and committees during the month of January 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 January 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 TRUST BOARD

### THURSDAY 8 FEBRUARY 2024 CHIEF EXECUTIVE'S TRUST BOARD REPORT PRESENTED BY RICHARD MITCHELL

#### **Introduction**

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

#### **Visits over Christmas**

Thank you to the many colleagues who worked over Christmas and New Year. It was lovely to join executive colleagues and other senior leaders on visits to our three acute sites and seven community hospitals over the festive period.

#### **Global conflict**

I want to acknowledge the impact the ongoing conflict in Gaza is having on so many. The suffering experienced by Palestinians and Israelis in the Middle East, and here in the UK, is deeply distressing. To all colleagues and patients who are personally affected, we continue to hold you all in our thoughts every day. At UHL we are supporting colleagues and patients who are directly impacted by the devastating scenes we see in the Middle East. We must continue to support each other as we also see the knock-on effects of the conflict, with increasing instances of Islamophobia and Antisemitism throughout the UK. Colleagues in UHL come from a range of backgrounds providing care to a diverse population. We will not stand for any form of hate directed at colleagues or patients and we take robust action when unlawful incidents are reported to us. Colleagues that witness or experience discrimination are encouraged and supported to raise it immediately.

#### **Industrial action**

Since our last Board meeting we have experienced nine days of industrial action and it is clear this is continuing to impact on patient care at the busiest time of year. In January UHL, and the wider Leicester, Leicestershire and Rutland Integrated Care System declared a system critical incident for two days in response to extreme pressures.

#### **University Hospitals of Northamptonshire NHS Group and University Hospitals of Leicester NHS Trust Collaboration**

On Wednesday 17 January, the executive team at UHN and UHL met for the second time to agree how we will work together. We all agree that collaborating is the right thing to do and we recognise there is so much that we could do, but we have finite resources. We need to prioritise, because if we do not, we risk spreading ourselves too thinly, over promising and underdelivering. We have been through a process to agree a set of Year One (FY2024/25) priorities which reflect where we plan to focus our attention and efforts over the next 12 months. However, they are not the totality of everything we will do together. We are also keen that all UHN and UHL colleagues work together to find opportunities to collaborate on a bottom-up basis. We

are focusing on year one to get some successes and quick wins and this will give us the platform we need to go further and faster in years two, three and beyond.

We have agreed to focus on the following areas in year one; Making the best use of our shared capacity, Driving improvements in productivity, Leadership development, Building an inclusive culture, Head and Neck service, Oncology service, Improving safety ratings, Research and Innovation, Digital Integration, Transforming our People Services, Consolidating corporate functions, Automating corporate processes and Aligning our two New Hospital Programmes.

## **Two key areas of focus in 2024**

As well as working closely with UHN, we have identified two key areas of work within UHL which compliment the above.

### **Great place to work**

We received a record response to our staff survey in 2023 and the embargo on the results is lifted in early March. Things are getting better with most of the scores improving since last year. We want to continue to work with all colleagues including unions and staff networks to really understand how people feel and to turn comments into specific agreed actions early this year. Last year, we identified recognition, inclusion, support and equipment as the key themes and I imagine they will be the same for this year. I know we have more work to do to consistently offer the basics to all colleagues. If you think about Maslow's hierarchy of needs, at UHL this includes improving the food and hydration offer to all, improving staff break facilities, better access to the necessary equipment and Wi-Fi, on-call rooms and car parking. For example, we cannot continue to accept that not all colleagues have easy, local access to clean toilets.

One of the themes emerging in the UHL and UHN staff surveys is insufficient progress with reducing discrimination. Discrimination can take many forms and we have work to do to support all colleagues, including those with protected characteristics. Last year, I shared that in the Guardian newspaper, Nesrine Malik, a columnist, wrote: "Multicultural Britain continues to do its thing, to evolve, merge and affirm its right to difference in ways the state has no means of managing." At UHL, we all can play a vital role in shaping an inclusive and multicultural society. I believe we should all encourage and support community initiatives, cultural festivals and intercultural dialogue. I am pleased with the work we are doing in partnership with our communities and we need to see similar progress within UHL.

The way we communicate is so important and we will continue to strengthen and change our internal communication. We need to make it easier for you to receive, in one place, the vital information you need to do your jobs. This will be helped by the new intranet in May.

### **High quality care for all**

Consistently improving UHL as a place to work is the most important thing we can do to improve UHL as a place to receive care. Beyond this, we have already identified additional actions to take.

Emergency care remains problematic and like many of my senior colleagues, I feel guilty that I did not deliver on all the emergency care priorities we set for 2023. I am sorry about the sustained pressure some colleagues are working under. I do wish we were in a better position. This year we aim to strengthen our work with partners to safely reduce the volume of patients requiring acute care and to increase community capacity. The better performing systems are ones where organisations have found ways to strengthen close working between general practice, acute and community partners. In 2024, I expect UHL to open more

community capacity, increase bedded capacity across our three acute sites and to expand the urgent treatment centre capacity in Leicester city. All of this must make it easier for us to continue to focus on improving the efficiency and productivity of our services.

I passionately believe in the benefit modern technology brings to patient care and we will expand our robotic surgical programme. We will work in 2024 to raise money to purchase a surgical robot at GH, which will be our third robot. We will bring the programmes at UHN and UHL together with five robots shared across our joint robotic surgical programme. This will be one of the largest and most coordinated robotic programmes in the NHS. We will continue to develop our electronic patient record with the aim of giving teams better access to the tools and information they need to make quicker, safer and more efficient clinical decisions.

Last week national leaders joined us for a Getting It Right First Time workshop and we agreed plans for productivity, innovation and shared capacity across UHL and UHN.

We will make progress on our new hospital programme at UHL including the East Midlands Planned Care Centre at LGH opening later this year. Once it is open, an incredible 100,000 patients per year will receive care there. We need to also identify ways to use the combined influence UHL and UHN have to access national capital to improve all our estate.

As with our internal communication, we need to improve the way we communicate and engage with patients. I want to continue to strengthen our trusted relationships with our diverse communities.

### **National Honours**

Mr Power, ex-orthopaedic surgeon, current medical examiner and chair of Health Action Leicester in Ethiopia, was awarded a Member of the Most Excellent Order of the British Empire (MBE) in the recent New Year's Honours for his services to health in Gondar, Northern Ethiopia.

Congratulations to Dr Moorthy who received this week a national Changemaker recognition award at the House of Commons for his work with patients with axial spondyloarthritis.

### **International radiographers**

We are pleased to welcome nine new international radiographers who joined UHL on 9 January. We are delighted that Abin Binu, Sajithkumar Santheesan, Kaleeth Rahamathullah, Ebenezer Devan, Sandhya Thomas, Sheeba Abdul Kareem, Anjali, Raj Kuraty and Salvadore Ragasa have chosen to work here.

### **Non-Executive Directors**

Welcome to our three new Associate Non-Executive Directors on the UHL Board. Professor Ivan Browne and Professor Aruna Garcea joined in December 2023 and Mark Farmer joined in January 2024. They bring a wealth of skills and expertise gained from a range of backgrounds and lived experience.

### **UHL Strategy Policy Unit**

As part of our work to establish the UHL Strategy Policy Unit, which will support the growing number of UHL colleagues publishing thought leadership focusing on the need for radical change, we had three reports and articles published in January which received national interest.

UHL's first annual prevention report, [Prevention: making it mainstream](#), was published in partnership with local public health teams. You can find it on our website [here](#). It launched in a lively community prevention

event in partnership with Leicester's Centre Project to share the report's findings and connect inner city communities with access to information on smoking cessation, alcohol support and weight management.

The HSJ published an article about provider collaboratives. It started "Improving and sustaining the NHS requires three phases of change. The first phase is stability which includes bringing order and consistency. Second, recovery – ensuring equitable access and quality of care, underpinned by sound financial governance. And finally, radical strategic change. As we progress through the phases, our reliance on and the importance of effective partnerships increases."

<https://www.hsj.co.uk/policy-and-regulation/we-need-a-tough-conversation-on-the-roles-of-icss-and-provider-collaboratives/7036369.article>

NHS England published an article about our work on health equality. It started "At UHL, we are proud to serve one of the most ethnically and culturally diverse populations in the country. Over 95 languages are spoken here, and Leicester is the UK's first 'plural city' where there is no single ethnic majority. Such is the strength of the city's diversity, that colleagues who choose to join us from all over the world tell us that Leicester begins to feel like home very quickly".

<https://www.england.nhs.uk/blog/healthier-lives-in-leicester/>"

## **HSJ Partnership Awards**

Congratulations to the UHL teams who have been nominated in the HSJ Partnership Awards:

- Most Effective Contribution to Improving Cancer Outcomes – SAH Diagnostics & Leicester Trust - From the most deteriorating 62-day Cancer backlog in the country, to the Top 3 most improved Trusts
- Best Community Services Partnership with the NHS - SAH Diagnostics & University Hospitals of Leicester Trust - From the most deteriorating 62-day Cancer backlog in the country, to the Top 3 most improved Trusts
- Best Acute Sector Partnership with the NHS - Locum's Nest & University Hospitals of Leicester Trust - Streamlining workforce management using technology: UHL's transformation journey
- Best Healthcare Analytics Project for the NHS – PwC & University Hospitals of Leicester Trust - Transforming Leicester's Hospitals - New Hospital Modelling and capacity configuration tool and insights solution
- Most Impactful Partnership in Preventative Healthcare – Turning Point working with University Hospitals of Leicester and the Leicester City, Leicestershire and Rutland Public Health Teams - Reducing alcohol related harm through use of FibroScan in primary care and community settings