

<b>Meeting title:</b>	Joint Leicester, Leicestershire and Rutland HOSC					
<b>Date of the meeting:</b>	06 February 2023					
<b>Title:</b>	UHL Well Led inspection					
<b>Report presented by:</b>	Richard Mitchell, Chief Executive					
<b>Report written by:</b>	Richard Mitchell, Chief Executive and Becky Cassidy, Director of Corporate and Legal Affairs					
<b>Action- this paper is for:</b>	Decision/Approval		Assurance		Update	x

<p><b>Acronyms</b></p> <p>UHL – University Hospitals of Leicester  CQC – Care Quality Commission  KLOE – Key Line of Enquiry  F2SU – Freedom to Speak Up</p>
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**Purpose of the Report**

The purpose of this report is to provide the LLR joint HOSC with an update on the recent CQC Well Led inspection at UHL.

**Summary**

On 1 and 2 September 2022 UHL welcomed the inspection team from the CQC to conduct a Well Led inspection. The Trust’s rating reduced from “good” to “requires improvement” for the well led domain. Overall, the Trust has a CQC rating of “requires improvement”.

The report published in November 2022 followed a comprehensive inspection of surgery at Glenfield Hospital between June and September and the well led inspection in September. The outcome of the inspection was shared with the Trust in November 2022 and this was discussed through our public Board in December.

The CQC well led inspection followed its usual approach in assessing the organisation against the 8 KLOEs; Leadership, Vision and Strategy, Culture, Governance, Risk and Performance Management, Information Management, Engagement, and Learning, continuous improvement and innovation.

The UHL Board believes the findings within the report are fair and balanced and fully accepts the report’s assessment. The two main reasons for the deterioration relate to UHL remaining in Financial Special Measures since 2020 and the increase in our elective waiting times linked to Covid. 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 the UHL’s Board, improved financial governance, increased visibility of the leadership

team and a renewed optimism among colleagues that things are beginning to improve. Despite the challenges, the Board are heartened by the many things that are done well every day and the progress made over the last year.

As a Board we fully recognise that it will take time to make fundamental and long-lasting change but we are committed to making UHL a great organisation to receive care in and a great organisation to work for.

### **Highlights from the report**

The full report is provided in appendix 1. UHL would like to highlight the following items from the report.

- There have been significant changes at Trust Board level which had further extended the skills and abilities, acknowledging the team is still developing. Proactive recruitment into the senior leadership had taken place to support the executive team, however, more work to do to ensure sufficient capacity and capability to deliver against the Trust priorities
- Staff throughout the trust have acknowledged positive change. Feedback recognised the leadership team were “cohesive, visible and transparent” and were “taking staff with them on the improvement journey”
- We were pleased the senior leadership team was more ethnically diverse since the last inspection in 2019, and, there were more female members of the Board since the last inspection in 2019.
- UHL urgent and emergency care pathway required significant improvement, some of this required system support but some was within the abilities of UHL. The Trust had some of the highest backlogs of patients waiting for cancer care and elective procedures. It was acknowledged the work ongoing to establish additional capacity to address these issues.
- The CQC stated the existing strategy did not reflect the current Trust priorities. It was acknowledged the priorities had been refreshed for 22/23 and aligned to national priorities. The Trust’s strategy is currently undergoing a refresh and is expected to be finalised by summer 2023
- The Trust had a challenging but realistic financial plan for 2022/23 which set the future financial priorities.
- Having an open and transparent culture, where staff feel safe to speak up about bad practice and poor behaviours is key to the Board. The CQC acknowledged the good work of the FTSU service, but stated it was not sufficiently resourced to appropriately support an organisation with 17,000 staff. The Trust agreed with this and steps to address this were already in place.
- Staff health and well-being was recognised within the report and the ongoing work to support an exhausted workforce and the commitment to expand the support package offer to staff.
- The Trust has been, and continues to be, on a journey to further strengthen governance arrangements. The need for lean governance which avoids duplication is a priority for the Trust. The recently reviewed and refreshed Board Assurance Framework, signed off by the Board in September, aligned with Trust priorities and focused on the main strategic risks to the Trust

- The Audit Committee had been focused mainly on statutory financial issues with more limited oversight of its additional responsibilities. The Trust acknowledged this was the case as the Trust was in the depths of addressing their financial issues, however, we were able to evidence there had been change in the agenda where there was focus on items outside of statutory recommendations and addressed core Audit Committee business. The CQC noted the high number of outstanding internal audit recommendations. The Trust continues to address these recommendations with oversight by the Audit Committee.
- The Trust has been through a challenging period around its finances, and it is important to recognise the CQC stated *“the trust had improved the financial management and financial governance arrangements following previous financial concerns which led to financial special measures”*. There is still more to do but showing positive progress is key.
- The number and engagement with patient partners had reduced since Covid and the Trust agreed with this. The Trust is committed to strengthening our work with patient partners and our communities overall.
- The quality improvement methodology was in place but wasn’t evident throughout the Trust. Having reviewed the approach and discussed through the Quality Committee in August, the Trust is now revising its plans to roll out and embed our quality improvement journey.

The “should do” actions issued in the report are being addressed alongside the wider CQC actions and are overseen through our internal governance.