

## **Chief Executive's Report – Appendix**

### **Corporate Objectives**

We have reviewed our corporate objectives to reflect upon our progress and strategic direction. Our objectives form a framework for delivering our strategic goals over the coming years. These objectives align with the goals in the Trust Strategy, which was updated during 2021, and our Annual Plan. The objectives will be reflected in the appraisal process for all members of staff. Progress on them will take place via our Integrated Quality and Performance Report.

The Corporate Objectives for 2022/23 are:

- We will achieve CQC Outstanding at our next inspection
- We will provide excellent education, training and development so that people are skilled to do their job and realise their full potential
- Every patient will have the opportunity to benefit from and participate in research
- We will deliver outstanding specialist services, investing in our future by delivering Building the Leeds Way
- We will deliver a sustainable surplus by becoming the most efficient teaching hospital in England
- We will work with our partners to provide person centred care across care setting, delivering more care closer to home
- By 2024 we will have the highest staff engagement score nationally

## **1. Current Position**

We have experienced sustained challenges in unplanned care during this period. Our hospital beds have regularly been above 98% occupied and at times 100% occupied. This has led to significant problems in patient flow within our hospitals, with patients waiting for too long in our Emergency Departments and patients staying longer than necessary in our hospitals. We have been taking successful action to reduce the number of patients who are delayed because of internal processes within our control as a Trust, and working with partners in adult social care to improve the city's ability to find suitable care for people which are better alternatives than a prolonged hospital stay. I am hugely grateful to colleagues within the Trust who are working hard to care for patients in difficult circumstances, and the efforts of all partners across health and social care in Leeds to find sustainable solutions to improving capacity and flow across care settings. It is crucial for our patients and staff to improve this operational position and a significant amount of focus by me and the Executive Team is being spent on finding solutions with partners in Leeds.

These pressures and their impact on bed availability has of course had some impact on planned care and our ability to complete all the elective operations we have planned. However, it has been a positive during February and March to see the efforts made to restart more elective surgery and make improvements in our productivity, including increasing diagnostic and theatre capacity and recruiting more staff in theatres. As a result, we've seen continued increases in the amount of elective surgery, diagnostics and outpatient appointments taking place.

During this period a major positive has been a milestone in the plans for our new state-of-the-art pathology laboratory at St James's Hospital, serving the Trust and hospitals across West Yorkshire and Harrogate. The Full Business Case for the new facility has been approved by the Department for Health and Social Care, which means that the development will proceed to completion.

## **2. Local and regional partnerships**

The Trust has been a part of the national 'Discharge Taskforce' since December, a programme to improve the timeliness of patients' discharge from hospital to places better suited for their recovery or continued treatment. Coinciding with our involvement in the taskforce we have undertaken significant improvement work across the Trust to reduce the number of internal delays and the number of patients remaining in our hospitals who could be better cared for elsewhere. This work has included a MADE event to clinically review patients on all inpatient wards, implementation of a new Criteria Led Discharge process, expansion of the Primary Care Access Line, standardised ward level processes and validation of our Reasons to Reside data. In combination these actions have led to significant impact. Our internal delays have reduced from a peak of 72 in December to at times fewer than 10. We welcomed a visit from the taskforce on 14 March to observe areas of good practice and potential for improvement across our discharge processes. Following this visit we have received positive feedback, particularly with respect to reducing internal delays within our hospitals. The areas with most potential to improve remain in our efforts with partners to maximise capacity and availability of out of hospital services.

The West Yorkshire Health and Care Partnership has confirmed local place-based accountable officers and designate directors for the NHS West Yorkshire Integrated Care Board. This is ahead of West Yorkshire Health and Care Partnership taking on statutory responsibilities. The five place leads are Mel Pickup (Bradford District and Craven), Robin Tuddenham (Calderdale) Carol McKenna (Kirklees), Tim Ryley (Leeds) and Jo Webster (Wakefield). The Board designate directors are Beverley Geary (Director of Nursing), Dr

James Thomas (Medical Director), Jonathan Webb (Director of Finance), Kate Sims (Director of People) and Ian Holmes (Director for Strategy and Partnerships). The next steps include the appointment of designate place-based committee chairs for Bradford District and Craven; Calderdale, Kirklees, Leeds, and Wakefield and four independent non-executive integrated care board members covering finance, audit, quality, and workforce.

### **3. Vaccination as a Condition of Deployment**

Following the announcement by government of their intention to revoke regulations concerning vaccination as a condition of deployment for NHS staff, a government consultation has been completed. The results of this consultation have given support to the change, with only 9% of respondents wanting the requirement to remain. The Department for Health and Social Care will now bring forward regulations to revoke vaccination as a condition of deployment.

Preparing for the requirement to come into force on 1 April has been a huge undertaking for our HR teams and a challenge for individuals and managers affected. I am grateful for the efforts of teams in these preparations and everyone's engagement in the process.

### **4. Visiting**

Throughout the pandemic as a Trust we have had to restrict visiting in order to follow national guidance and maintain patient and visitor safety through infection prevention and control. We are however aware of the significant impact the visiting restrictions have, so we are eager to increase access to visiting as it is safe to do so.

We have been trialling the reintroduction of visiting in neurosciences wards during March. Following feedback from the teams and changes to national guidance our Clinical Advisory Group (CAG) have subsequently agreed a phased expansion of visiting across wards. Restrictions will still apply given the continued high transmission of Covid-19, but access for visitors will be increased which we expect will bring benefit to patients and their loved ones.

As we have done throughout the pandemic, we are keeping visiting arrangements under constant review based on the local transmission rates, the number of hospital onset Covid cases within the Trust and national guidance from NHS England. Patients, staff and families are kept up to date with the latest guidance on visiting through our website.

### **5. VMI Partnership**

I am pleased to report that the Trust is entering into a new partnership with the Virginia Mason Institute (VMI). Over the last 6 years the Trust has been part of a national cohort of Trusts working intensively with VMI to embed quality improvement methods in the NHS. The new partnership agreement provides a lighter touch VMI support to the Leeds Kaizen Promotion Office, clinicians, and leadership team as they spread the Leeds Improvement Method across the organisation.

### **6. Covid-19 Public Inquiry**

The public inquiry into the pandemic is set to begin its work in spring 2022. The inquiry will be looking at all aspects of the country's response to the pandemic including health,

education, the economic impact etc. and will cover all UK nations. The draft Terms of Reference for the inquiry have now been published.<sup>1</sup>

## **7. Research and Innovation**

I am delighted that the Leeds Clinical Research Facility (CRF) has been awarded funding of £8.7 million over the next 5 years from the National Institute for Health Research (NIHR). This is a huge achievement and credit to the NIHR CRF team at the Trust, working with our key partner, the University of Leeds. The funding allocation represents an eleven-fold increase over our previous award. This will transform experimental medicine research in Leeds, allowing the NIHR Leeds Clinical Research Facilities across the city to be united under the NIHR CRF umbrella.

I was pleased to see the launch of the Leeds Cancer Research Centre on 4 February, World Cancer Day. This partnership between the Trust and the University of Leeds brings together experts from a range of disciplines including biological, physical, engineering and clinical sciences; clinical practice and innovative health interventions, to tackle some of the greatest challenges facing cancer research today.

I was pleased to see that the Medicines and Healthcare Products Regulatory Agency (MHRA) have authorised Novavax's COVID-19 vaccine for use in the UK. This followed largest ever study of its kind to be undertaken in the UK, recruiting 15,203 participants from 33 research UK sites. The largest group of volunteers were recruited at the Leeds site, for which LTHT teams played a key role.

The Trust has recently welcomed around 100 delegates and colleagues from organisation partners for the Israel and northern Europe trade delegation visit to the UK, organised by the Department for International Trade. Delegates at the event heard about a range of local and regional initiatives, including our award-winning Innovation Pop Up and Professor David Brett presented the pioneering work of the National Pathology Imaging Collaborative.

## **8. Listening and Learning**

I was pleased to meet with Joe Amaral, Chief Medical Officer for Histosonics and hear from Professor Tze Min Wah leading the #Hope4Liver study in UK which is taking place at the Trust, in collaboration with Newcastle's Freeman Hospital. Histosonics have pioneered the novel science of histotripsy, which is a form of therapeutic focused ultrasound.

7th-13th February was National Apprenticeship Week, and we held our annual Apprenticeship Awards which I was pleased to join. We had six categories for the awards, each of which exemplifies one of our Leeds Way values.

On 3rd March I had the opportunity to visit the Referral Bookings System team (RBS) in Ashley Wing, St James', to learn about the robotic automation that has given back over two years of time to the team since the first process went live in November 2020. I also say the impact of the new automated telephone exchange, which has significantly cut call waiting times from an average of 25 minutes to now running at five minutes despite a doubling of the number of calls into the department

During February I was pleased to meet the team who have arranged for a new bespoke bench to be installed outside the research centre at St James's Hospital. This is thanks to

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<sup>1</sup> [UK COVID-19 Inquiry: draft terms of reference](#)

a generous donation from Bender UK, who design and manufacture electrical safety solutions in recognition of the hard work of our staff during the pandemic.

In March we met with some of our local MPs about our plans for the new hospitals at Leeds General Infirmary and to outline some of the challenges we face in delivering such an important scheme. Stuart Andrew, Pudsey; Fabian Hamilton, Leeds North East, and Hilary Benn, Leeds Central joined an online meeting where we showcased our plans along with detail of what progress we've already made during the past year. The MPs were shown the first concept designs for the new adults' hospital and new home for Leeds Children's Hospital – as well as our plans for a co-located maternity and neonatal facility – and heard about the work we are currently doing with the Government's New Hospitals Programme (NHP) with designs and project costs.

## **9. Celebrating Success**

Congratulations to the Leeds Haemophilia Comprehensive Care Centre, who have recently been certified as a European Haemophilia Comprehensive Care Centre. The designation, awarded by the European Association of Haemophilia and Allied Disorders (EAHAD), followed a rigorous consultation process.

Congratulations to our six Health Equity Fellows, who have successfully applied to the West Yorkshire Health & Care Partnership (WYH&CP) Health Equity Fellowship Programme. Each Fellow will be working on a health equity project within the Trust over the next nine months and will attend Foundation Public Health training provided by the WYH&CP Health Inequalities Academy. These projects will contribute to our aim as an organisation to do our bit to reduce health inequalities in Leeds and West Yorkshire. The Fellows are:

- Kelly Atack (Advanced Clinical Pharmacist)
- Emmanuelle Blondiaux-Ding (IT & Systems Trainer)
- Sunil Kumar Daga (Consultant Nephrologist & Kidney Transplant Physician)
- Steven Edwards (Project Lead – Rapid Diagnostics)
- Isabelle Simmons (Cardiology Nurse)
- Kate Parmenter (Paediatric Doctor)

## **10. Consultant appointments**

I am pleased to report that I have, under delegated authority, approved the following appointments:

New consultant posts:

- Dr Edward Ridyrd – Consultant in Ophthalmology
- Dr Jennifer Hague – Consultant in Clinical Genetics
- Dr Maryam Mohsin – Consultant in Radiology
- Dr Usha Appalsawmy – Consultant in Renal Medicine
- Dr Venkata Gullapudi – Consultant in Renal Medicine
- Dr Andrew McCormick – Consultant in Elderly Medicine
- Dr Celina Handalage – Consultant in Elderly Medicine
- Dr John Headlam – Consultant in Elderly Medicine
- Dr Catherine Holmes – Consultant in Emergency Medicine
- Dr Rebecca Powell – Consultant in Emergency Medicine

- Dr Husnain Ali – Consultant in Emergency Medicine
- Dr Natalie James – Consultant in Emergency Medicine
- Dr Edward Nevard – Consultant in Emergency Medicine
- Dr Najwa Tabib – Consultant in Emergency Medicine
- Dr Angad Sethi – Consultant in Emergency Medicine

Replacement consultant posts:

- Dr Abdullah Casaus – Consultant in Paediatric Dentistry
- Dr Emily Dinsdale – Consultant in Elderly Medicine

#### **11. Publication under the Freedom of Information Act**

This paper has been made available under the Freedom of Information Act 2000.

#### **12. Recommendation**

The Board is asked to receive this paper for information, and to ratify the delegated authority for the appointment of consultants.

**Julian Hartley**  
**Chief Executive**