

Report by Chief Executive – monthly update: November 2021

Authors: Richard Mitchell

Sponsor: Richard Mitchell

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 Chief Executive's monthly update report to the Trust Board for November 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: |
|---|------------|--|
| Strategic: Does this link to a Principal Risk on the BAF? | X | ALL |
| Organisational: Does this link to an Operational/Corporate Risk on Datix Register | X | There are several risks which feature on the organisational risk register relating to matters covered in this paper. |
| New Risk identified in paper: What type and description ? | N/A | N/A |
| None | | |

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

February 2022 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: 4 NOVEMBER 2021

REPORT BY: CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – NOVEMBER 2021

1. Thank you

I would like to take an early opportunity to thank Rebecca Brown, Acting Chief Executive at University Hospitals of Leicester for the last 20 months. Rebecca has led UHL well during the global pandemic and UHL is a stronger organisation because of her leadership. I would like to thank John Adler, who was the previous substantive CEO at UHL. John made a huge difference at UHL and the reconfiguration plans are part of his well-deserved legacy. Finally, I would like to thank the 17,000 colleagues at UHL who have worked so hard during what has been the most difficult period of all of our lives. The NHS is reliant on great people and UHL is full of great people.

2. A meaningful focus on welfare and wellbeing

I joined UHL on Monday 4 October and I am delighted to be the CEO of my local hospitals. In the last month I have made frequent visits to clinical and non-clinical teams at the Leicester Royal, Leicester General, Glenfield and Hinckley Hospitals and County Hall. We all have many shared experiences of Covid but we also have many individual and personal experiences. We have seven Clinical Management Groups at UHL and the experiences over the last two years of the midwives in Women's and Children's, will be different to the Intensive Care consultants in ITAPs, which will be different to the nurses working in Emergency and Specialist Medicine. There are also consistencies in what I see and hear. We have people who are extremely tired and who are worried about this winter and the future. UHL has long standing and well understood emergency care pressures and more recently elective care waits have increased dramatically. We are struggling with the combined demands of our secondary care activities as well as our specialist tertiary care from across the East Midlands and beyond. We have to make progress with reducing the waits for all forms of services, as length of time for care is a marker of overall safety and quality, but I am clear we can only do this by focussing in a meaningful way on our colleagues' welfare and wellbeing. Examples of where we need to be consistently supporting our colleagues include safe car parking, good quality and good value hot food provision, being paid accurately and on time, lockers, desks, access to computers that work, rotas in advance, places to rest and working in a culture that is more inclusive of all. These are basic requirements.

3. Clinical engagement

I am keen we engage effectively with all colleagues, in particular clinical colleagues to shape the decisions we are taking. Two examples of this are we held an effective Trust Board workshop in October with senior leaders across UHL to discuss our winter plans. We had the opportunity to hear colleagues talk about their experiences over the last year and a half. Last week we met with senior colleagues from our CMGs to reach a decision about our Interim ICU Reconfiguration. I hope this way of working is well received and will grow in the near future.

4. Staff survey

I am keen to understand how all colleagues feel about working at UHL and as well spending as much time as possible listening to colleagues, I am asking all colleagues to complete the NHS Staff Survey. Last year 33% of UHL colleagues completed the survey and by the time of the November Trust Board, we should have surpassed that and I hope we can get a response rate of +50% by the end of November. I have committed to ensuring the response of the staff surveys will be used in conjunction with Freedom to Speak Up and other important sources of information to make a difference at UHL. Even before we read next year the results of the 2021 NHS staff survey, I know many of the themes that will come out. In particular, I am aware that some colleagues are leaving UHL. Some are retiring and some are leaving to work in other hospitals. We must focus on retaining and recruiting the best possible people at UHL. I think experiencing different organisations and cultures is helpful for personal growth and development. I feel I benefitted massively from over four years working in Nottinghamshire and my first ten years in London, but Leicester is my home and I want to work with you to ensure we have the best possible colleagues and teams at UHL. UHL should be a net importer of talent from across the Midlands and beyond.

5. Car parking

I know car parking remains challenged, in particular at Leicester Royal Infirmary (LRI) and I recognise some colleagues who park offsite may feel vulnerable when walking to and from their cars. I met with colleagues on 27 October, to discuss the actions we will take and I am confident we will take immediate steps to strengthen our car parking provision. I would like to thank everybody involved in this work.

6. Improvement

As I wrote above, it is clear many people are very tired. UHL has talented people working very hard at the moment and I recognise why some of the enthusiasm and hope generated by the initial reconfiguration plans may have been eroded by Covid and the Trust entering Financial Special Measures in 2020. Whilst life is clearly difficult, and the reality is this winter will be extremely difficult, I feel positive and optimistic, for at least four reasons, about what we can achieve at UHL. Firstly I know many colleagues across the Leicester, Leicestershire and Rutland Integrated Care System (LLR ICS) and whether people are working in Primary Care, the Clinical Commissioning Group, Leicestershire Partnership Trust, Universities, Local Authorities, Voluntary Service or the private sector, I see people who are committed to working together to make a difference for the people who use our services and

who work in our services. I have high hopes for what we can achieve as a system. Secondly we are very fortunate to be one of the eight NHS Pathfinder trusts.

We have a lot of work to do but we have once in a lifetime opportunity to make huge improvements to our services. This includes; the first dedicated single-site children's hospital in the East Midlands based in Kensington Building, Leicester Royal Infirmary, a new maternity hospital at the Leicester Royal Infirmary, two 'super' intensive care units with 100 beds in total, almost double the current number, a major planned care treatment centre at Glenfield Hospital, keep some services on the site of Leicester General Hospital, modernised wards, operating theatres and imaging facilities and additional car parking. Thirdly, many of the problems UHL faces are not unique and I have not heard anything yet that I think is insurmountable. Over the last four and a half years I have spent a lot of personal time understanding what makes the most successful organisations sustainably successful and one of the questions I am repeatedly asked at the moment is "How are we going to improve?" From personal experience and from listening and learning from colleagues in the best trusts in the NHS, incredible improvement is possible but it takes time. The five areas we will focus on at UHL are:

1. Growing a culture which is more supportive, inclusive and engaging for all
2. Retaining and recruiting the best possible people
3. Providing the level of care we would want our friends and family to receive
4. Clear communication shared regularly and being brave enough to communicate the things that are not working, as well as the things that should be celebrated
5. Working with other public, private and voluntary sector organisations across LLR and beyond.

The best hospitals trusts have a culture of inclusion where people are included in decision making, are looked after and where they do the basics consistently well. This is where we will be focussing. To support this, we will have a small number of colleagues from the highest performing hospitals in the NHS join our Friday virtual briefings over the next couple of months.

Finally, we already provide world-class research at UHL, working in particular with the University of Leicester, as well as other organisations. The best hospitals are able to ensure their research and clinical agendas complement each other and I believe research at UHL can accelerate future improvement.

7. Executive Appointments

We are making good progress with recruiting to three key roles in our executive team. I am delighted that we have appointed Jon Melbourne as our new permanent Chief Operating Officer (COO). Jon is the Director of Operations at University College London Hospitals, a large high performing multi-site teaching hospital trust in central London, where he has been a senior leader for six years. Jon and his family are relocating to the Midlands and he will start with us early in 2022. May I also thank Debra Mitchell for acting up as COO over the last 20 months. Debra is a humble leader and she has always had the best interests of patients and colleagues at the centre of her thinking. We are interviewing later this month for our new substantive Chief Financial Officer and I am grateful for the leadership of Simon Lazarus, who

stepped down in October and more recently Rob Cooper who will continue as interim CFO, until the new substantive CFO starts. We will be interviewing in December for our new substantive Director of Corporate Affairs and thank you to Gilbert George who continues in this role.

8. 'Race Ahead – NHS Big Conversation on Race'

In October, I was one of three speakers at a national session called "**Leadership that makes a difference: positively transforming the culture of the NHS through leadership**" which is part of a month long national NHS event called "Race Ahead – NHS Big Conversation on Race." My colleagues and I spoke about the contribution leadership can make to cultural change to improve Equality, Diversity and Inclusion (EDI). We all have a role to enable and support EDI and I will continue to personally get involved in inclusion and racial inequality. I would like to meet and listen to colleagues from all UHL networks and I will continue to regularly take part in reverse mentoring sessions. Unfortunately, I know colleagues at UHL may experience racism from other colleagues, from patients and in their personal lives. This is not acceptable and I will do everything I can, to work with you to change this. Things will not change immediately, and I recognise this is frustrating, but patience and our collective commitment is key. I will not always get everything right on this, but my intentions are good and we will make progress.

Whilst it is clear we face a lot of challenge, I am delighted to be part of the team at UHL. Today, tomorrow, next week and this winter are all going to be extremely tough. Emergency pressures are high and patients are experiencing long waits for diagnostic, cancer and elective care – this leads to variable patient experience and high pressure for many of you. Whilst our present situation is worrying and I know the future can look difficult, I am excited about the opportunities we have. We need to ensure that we look after the needs of our colleagues more systematically. We need to ensure that we actively engage with our colleagues, in particular our clinical colleagues, and give them the opportunities to shape decisions. And we need to ensure that we take the tough decisions that we face. I believe a key part of my job is to listen and to help and I want you to know that I am here to do both.

Richard Mitchell
Chief Executive

28th October 2021