Report by Chief Executive – monthly update: February 2022

Authors: Richard Mitchell Sponsor: Richard Mitchell **Trust Board paper E**

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 February 2022 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: March 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: 3 FEBRUARY 2022

REPORT BY: CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – FEBRUARY 2022

Covid and emergency pressures

I will provide a detailed verbal update at the Board meeting about the number of patients with Covid, staff sickness and the actions we are taking. In summary, the number of patients with Covid has plateaued over the last couple of weeks and we have seen a reduction in staff sickness although it remains high for this time of year.

I believe our biggest risk is system flow and the volume of patients who are medically fit for discharge. Most NHS organisations are experiencing this challenge at the moment. There is much UHL can do to ease this and it is also very much a challenge for the Leicester, Leicestershire and Rutland system. Emergency care performance because of limited patient flow, amongst other reasons, has been a key problem for UHL for many years. It hinders meaningful progress on other very important areas and as Covid reduces, in UHL and LLR we need to respond in a different way to our emergency pressure. Status quo cannot be accepted.

Covid Legacy

Whilst Covid pressures will reduce, it is evident that the impact of Covid will be felt for many years. As we learn to live with Covid in our personal and working lives, we need to ensure we look after our colleagues in the best possible way and this is everyone's responsibility, not just the responsibility of people in the health and wellbeing team. Of all the organisations I have looked at, I believe the Northern Care Alliance in Manchester do this best and the holistic support they implemented in early 2021 is the level we need to be at. Further information about this can be found here:
https://www.pat.nhs.uk/Coronavirus/Health-wellbeing/Health%20and%20Wellbeing%20Staff%20Support%20Pack.pdf

Different colleagues will need different things but meaningful support for all is essential if we are to make progress on recruitment and retention, safety, elective and cancer care, research, teaching and financial sustainability.

I am keen we find the balance between honest and realistic conversations on the challenges we face and the length of time it will take to resolve them whilst ensuring we generate much needed quick progress on delivery and improvement. A more detailed report on the scale of the Covid legacy at UHL and what we are going to do in three month, six month and one year stages will follow shortly via a Board workshop and then public Board.

Vaccination as a condition of deployment for healthcare workers

Over the last fortnight, we have held three Covid-19 listening sessions to give a voice to colleagues, who have not yet been vaccinated and to help us understand their views and support them. This is not about changing people's minds, rather we were concerned people may be feeling judged, unheard or misunderstood. In the sessions we asked two questions; What fears, concerns or worries do you have about the Covid vaccination and What information do you need to help you make your decision? It was clear from the conversations that there are some common themes and questions including:

- Are there side effects and long term effects of the vaccine
- What counts as medical exemptions and the allergy pathway
- Liability if you became vaccine injured
- Incidental contact and what types of work base locations are included in this
- Redeployment issues and redundancy
- Bullying, harassment and victimisation
- Human Rights
- How many vaccines would be needed over time to remain compliant?

Each session reminded us that colleagues have their own, personal reasons for not having had the vaccine yet. For some they wanted information, and for others, they had made their decision but wanted to voice how hard that decision was to make and what they stood to lose.

What is clear is that everyone deserves a chance to have a conversation where they can have their say without feeling they are going to be judged. Our role is to facilitate the conversations, rather than to try to convince colleagues to have the vaccine. This includes understanding the perspective of the individual and listening and empowering them to make their own choice without fear of judgement or repercussion.

Between writing this report (27 January) and Board, work continues on this important area including signing off on the equality impact assessment, a further understanding of the teams within UHL which are likely to have a higher rate of colleagues unvaccinated, the opening up of additional slots for vaccination wc 31 January and the formation of an MDT group to support colleagues in clinically led conversations. I believe we have done some excellent work to ensure all colleagues are making an informed decision before the requirement to have the first vaccine on 3 February.

Culture

Culture is the "way we do things around here". It is the way we behave and the attitudes and beliefs that inform those behaviours. In many organisations, there is a gap between the existing culture and the "desired" culture, which is the culture we all want, and this is also the case at UHL. Our high-level NHS staff survey scores for 2021 are now available, although they are currently embargoed. We know the response rate increased from 33% last year to a record high of 45%. This is positive news. We also know that over the last five years we have finished between 58th and 84th out of the 119 NHS Acute Trusts in the NHS Staff Survey and in 2021 we finished 166th out of 219 NHS Trust in the Freedom to Speak Up Index. We are likely to finish in a similar position in 2022. This is not good news. Top five for both by 2026 is the expectation and I am committed to sharing the staff survey in full at the earliest opportunity.

I believe everyone at UHL is responsible for growing our desired culture. To achieve this, we must all have a clear, consistent, common understanding of what is acceptable and we must all work together in a deliberate and coordinated effort to cultivate it.

In September 2021, the Royal College of Surgeons published an article by Simon Fleming and Rebecca Fisher entitled; "Sexual assault in surgery, a painful truth." Subsequently, this article has generated many difficult conversations on social media about individuals' experiences. As a consequence the article started a conversation about sexual harassment and bullying and how we can tackle it at UHL. Kirsten Boyle, Consultant Colorectal Surgeon and Clinical Lead for Health & Wellbeing and Schwartz Rounds; Andrew Furlong, Medical Director/Deputy CEO and Caldicott Guardian; Mark McCarthy, Consultant Vascular Surgeon and Director of Clinical Education/Associate Medical Director; and I have all read the article and we wrote to UHL colleagues on Friday 14 January about what the desired culture is at UHL. We recognised that this is an uncomfortable subject to discuss, but it is necessary for a safe work environment.

The article starts; "Surgery and surgical training have a problem with sexual harassment, sexual assault and rape. It is an uncomfortable truth, but the truth nonetheless. These issues are present in all spaces, including workplaces, and broadly range from small infringements of personal space to overtly criminal activity."

Such behaviours are not limited to surgery, and they do not only happen to women, but they always have a negative impact on the victim and witnesses. Bullying and sexual harassment are unwanted and intimidating; not infrequently the victim will be effectively silenced. We know from the Civility Saves Lives campaign that rudeness and incivility have a big impact on individuals and teams; incivility causes a reduction in the quality of a person's work through anxiety and worry, and reduces their willingness to help others and therefore teamwork suffers. If rudeness has such an impact, bullying and sexual harassment are a cause for even greater concern in UHL.

We know that those affected by bullying and sexual harassment, whether victims or witnesses, often do not report the events due to fears of not being taken seriously, of reputational damage, of social and professional retaliation and of ostracisation. Reporting these incidents can lead to a greater negative impact for the victim than the perpetrator. Every day many of us see and hear behaviours that we know to be unacceptable. "The standard we walk past is the standard we accept" is a powerful message, and we are clear at UHL that we must not accept such behaviours. Rather than walking past, we need people to speak up and speak out.

We recognise it takes great courage to speak up, but we must start somewhere. We believe that if we all work together, we can do it. There are a wide range of people that colleagues can talk to at UHL, including the Freedom to Speak Up team (freedom2speakup@uhl-tr.nhs.uk). We also urged colleagues that if they are speaking up, but they are not feeling heard, or they feel the response is not appropriate, to contact any one of the four of us directly and in total confidence. We will do whatever it takes to support all colleagues.

LLR system

A lot of our time and effort is quite rightly spent on working beyond the boundaries of our Trust. We want to work with partners to ensure LLR is seen as an effective health and care system to work and receive care.

Within UHL, working with partners, we have a great opportunity in the next year to shape the Alliance elective and diagnostic partnership.

John MacDonald and I visited the Leicester Diabetes Centre last week and had a very enjoyable afternoon with Professor Melanie Davies, Professor Kamlesh Khunti and their teams. One of the particularly interesting topics was the work that Professor Khunti is doing on deprivation and ethnicity. We know that Leicester is a diverse city and we believe that UHL working with our Universities and other LLR partners can be a national and international lead on this important area of research.

Clinical engagement

We continue to focus on ensuring effective clinical engagement. Over the last month we have reinstated well attended virtual consultant forums, we have met new consultants and our Chief Registrars and next week we have two Heads of Service forums. Clinical engagement is far wider than just our medical body and since the beginning of January we have held virtual sessions with our midwives at least fortnightly and we are keen to ensure we continue to engage with all nursing, midwifery, AHP, medical and non-clinical colleagues. Evidence that clinical engagement is happening is last week we agreed to actions that will ensure the Interim ICU reconfiguration happens in May 2022, we restored Ward 14 at the Leicester General back to orthopaedics and have now committed to ring fencing the ward for elective orthopaedics for the first time in two years and waiting times for Cardiac surgery continue to reduce.

Honours

I would like to wish my congratulations to Professor Kamlesh Khunti, Co-Director of the Leicester Diabetes Centre, and our former chaplain, Sulakhan Singh Dard, who were recognised for their outstanding achievements and services to society in the 2022 New Year's Honours List. Professor Khunti was awarded a CBE for pioneering research into Covid and health inequalities and diabetes, which has contributed significantly to improving the health of ethnic minority communities. Sulakhan Singh Dard received a British Empire Medal (BEM) for his services to healthcare in the Sikh community in Leicester. We are incredibly proud to know both of them and their recognition is an example of the many wonderful people who work at UHL and across LLR.

Executive Appointments

May I thank Gilbert George for being our Interim Director of Corporate and Legal Affairs over the last six months. It has been a pleasure to work with Gilbert and we wish him well in the next stage of his career.

I am delighted to welcome Lorraine Hooper, Chief Financial Officer, and Jon Melbourne, Chief Operating Officer to UHL. Lorraine rejoined UHL last week and Jon joined us this week and both are at Board today. I would also like to welcome Helen Hendley who joins LLR this week as the Director of Planned Care working to me as System SRO and Becky Cassidy who joins us next week as the Director of Corporate and Legal Affairs at UHL.

There is a lot going on at UHL at the moment. The organisation has gone through an extended period of change and uncertainty. I believe we are building a Trust Board who has the experience and values to

strengthen UHL's credibility and to, where possible, provide certainty to colleagues from UHL, system, regional and national teams. I am very excited about our joint future.

Richard Mitchell
Chief Executive

27 January 2022