

<b>Meeting title:</b>	Public Trust Board	<b>Paper D</b>				
<b>Date of the meeting:</b>	6 October 2022					
<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 September 2022.					

**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 as a result of this report.

**Purpose of the Report**

The report is an update for the month of September 2022 on the University Hospitals of Leicester NHS Trust and wider Leicester, Leicestershire and Rutland Integrated Care System.

**Recommendation**

The Board is asked to receive the update on the below items.

**Summary**

This report provides updates on:

1. Covid
2. Overall assessment
3. Care Quality Commission
4. Unrest in East Leicestershire
5. Locally Employed Doctors
6. Celebrating Diversity and Inclusion - Black History Month 2022
7. Staff Survey
8. Emergency care, ambulance handovers and winter
9. Elective care
10. Wider improvement

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST  
BOARD OF DIRECTORS**

**THURSDAY 6 OCTOBER 2022  
CHIEF EXECUTIVE'S BOARD OF DIRECTORS REPORT  
PRESENTED BY RICHARD MITCHELL**

**Introduction**

The report is an update for the month of September 2022 on the University Hospitals of Leicester NHS Trust and wider Leicester, Leicestershire and Rutland Integrated Care System.

**1. Covid**

- 1.1. As in previous months, I will provide a verbal update at the Board about the number of patients with Covid, staff sickness and the actions we are taking.
- 1.2. We currently have no patients with monkeypox.

**2. Overall Assessment**

- 2.1. I have been an NHS board member, across three different trusts, for 12.5 years. I believe the challenges we face now are greater than at any stage in my board experience. We know the NHS and wider public services are under unprecedented pressure. We have a growing number of people waiting for and wanting care, political expectations are increasing and the workforce is tired. Undeniably we are in a difficult situation. The reality is the next couple of years may be more challenging than the recent past.
- 2.2. Within UHL, we have a complicated set of areas we need to focus on including; access, quality and safety, workforce and money. Whilst recognising this, I feel optimistic and hopeful and I believe there are many reasons why we should feel positive. Covid has challenged our thinking and enabled us to do things we did not believe were possible three years ago, UHL and the NHS continues to make a difference to millions of people every day and who knows how technology will soon change what we can do. I feel lucky to be part of the NHS because I work with remarkable people every day.
- 2.3. Whilst the future will be tough, given the quality of people we have at UHL and partner organisations, there is every reason to feel optimistic and ambitious about the future. However we must not be seduced by the apparent short term gains of overly focussing on one risk in a way that impacts on others, in particular to the detriment of patient care.

**3. Care Quality Commission**

- 3.1. Our Well Led inspection took place on 1 and 2 September and we were pleased with the initial feedback. Comments we received in writing include "We believe leaders have the experience and capability to deliver

sustainable care” and “The board had mature conversations regarding financial issues impacting on quality”.

- 3.2. In our Well Led presentation and interviews we proactively identified a number of areas where we recognise we need to improve and these were themes the CQC confirmed with us. They include; capacity of the freedom to speak up guardians is limited, the trust’s governance arrangements resulted in duplication, the trust used patient partners to inform their work to give the patient view however this had reduced due to Covid-19, the profile of the workforce at a more senior level did not reflect the local community and there was a quality improvement methodology in place however, this was not evident throughout the organisation.
- 3.3. We have a strong senior team in place and Michelle Smith joins us on 17 October as Director of Communication and Engagement and the interviews for the substantive appointment to Director of Estates, Facilities and Sustainability took place earlier this week.

#### **4. Unrest in Leicestershire**

- 4.1. Over the September Bank Holiday weekend, many will have seen the news around the unrest in East Leicester and may have been directly or indirectly affected by events.
- 4.2. There was, understandably, an outpouring of anger, disbelief and sadness at how events have unfolded. It has been a moment of reflection for all of us across this incredibly proud city and county.
- 4.3. We know that whilst tensions may have to some degree eased, events are likely still on people’s minds and this may occupy the national news conversation for some time.
- 4.4. We continue to liaise with the police regularly as part of their city-wide plans and encourage colleagues to listen to trusted sources for information on what is happening. You can follow the Leicestershire Police Twitter here: <https://twitter.com/leicspolice>
- 4.5. As with other challenging moments both domestically and internationally we have offered support as best we can to colleagues. That support is available to anyone who needs it.
- 4.6. Whatever happens in the coming days or weeks, what the Bank Holiday weekend has reminded us of is the importance of listening and understanding. We are committed to being an inclusive employer, celebrating diversity and creating safe spaces for all.

#### **5. Locally Employed Doctors**

- 5.1. On Saturday 24 September a group of us attended the Nationally Locally Employed Doctors Conference 2022 which was in Leicester. The conference was hosted by the British Association of Physicians of Indian Origin (BAPIO). BAPIO is a national organisation which has for 26 years supported International Doctors and has made a stand on inequalities. It has many supportive functions including that for SAS (Speciality Doctors and Specialist Grade Doctors) and Locally Employed Doctors.

- 5.2. The theme of the conference was 'Breaking Down Barriers'. One of the aims of the conference was to highlight the inequalities that Locally Employed Doctors experience in their terms and conditions of employment, access to training opportunities, support, supervision and career progression. The conference also gave Locally Employed Doctors the opportunity to showcase their talents and contribute to the conversation to help drive change and improve equality. We took a lot of learning from the conference and we are grateful to those who organised it. Particular thanks go to Dr Biju Simon, UHL Consultant Physician and Chair of the UHL BAME Staff Network. Biju is Joint Secretary at BAPIO.
- 5.3. Within UHL we have 346 Locally Employed Doctors and 93 SAS Doctors. The number of colleagues employed in these roles is increasing at UHL and nationally. We know we must do better in supporting the experiences of Locally Employed Doctors and SAS Doctors. At the conference BAPIO launched a Charter for Locally Employed Doctors in the UK. This Charter has been developed by a number of colleagues working nationally, including nine people from UHL.
- 5.4. The Charter aims to deliver improved standards for all Locally Employed Doctors and we will adopt and implement the Charter at UHL. This will be discussed at the People and Culture Committee in October and will report back to the Board in November. Adopting the Charter is part of our Trust commitment to build on the work already done at UHL and to improve the working lives, education and career opportunities of Locally Employed Doctors at UHL and beyond. We forward to collaborating with BAPIO and other partners to do this.
- 5.5. At Leicester, we want to be recognised as a great place for all to receive care. For this to happen, we need to be a great place for all to work. We have a lot of work to do but the journey has already begun. I believe Leicester already feels like a different place to work and receive care. Locally Employed Doctors in Leicester are an incredibly important group of colleagues. They have my word that we will work tirelessly to ensure they are welcomed in the Trust and they are supported including with their educational and supervision needs and their career ambitions.

## **6. Celebrating Diversity and Inclusion - Black History Month 2022**

- 6.1. October is Black History Month and an opportunity to honour the achievements, culture and history of black people. The event was launched in the UK in the 1980s, as a result of local communities challenging racism and discrimination in British society. Today 'Black History Month' has become an important date in the cultural calendar.
- 6.2. This year the theme for Black History Month is 'Time for Change: Action not words.' Addressing discrimination and disparity is essential, unfortunately discrimination leads to talent being wasted and poor staff experience leads to poorer outcomes for patients and communities, so it is vital tackling this issue is at the forefront of every NHS organisation (<https://www.nhsemployers.org/articles/black-history-month>).
- 6.3. We are proud of the diverse workforce in UHL and the significant contribution they make to delivering healthcare services in Leicester, Leicestershire and Rutland. We want to recognise their contribution by celebrating events that raise awareness. We know the time is right for change. We are listening and we are committed to providing evidence through our actions and not just words.

- 6.4. We are holding events throughout October in recognition of the contribution colleagues have made to society, and the on-going commitment to delivering effective care.
- 6.5. Separately, our BAME staff network group met on 29 September. The contact for the BAME staff network is [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk) or staff can also contact Sophie Clare, EDI administrator at [sophie.clare@uhl-tr.nhs.uk](mailto:sophie.clare@uhl-tr.nhs.uk).
- 6.6. Further information on our planned events will be shared throughout the month. Our planned events and information sharing are detailed below:

Events	Dates
World Mental Health Day • Sharing our Health & Wellbeing Booklet	10 <sup>th</sup> October 2022
Promotion of our Staff Networks & Cultural Calendar Demographics of UHL Staff	12 <sup>th</sup> – 16 <sup>th</sup> October 2022
Blog on Black History Month	19 <sup>th</sup> – 23 <sup>rd</sup> October 2022
Friday Focus • Sickle Cell	28 <sup>th</sup> October 2022
Staff Stories	26 <sup>th</sup> – 30 <sup>th</sup> October 2022
Staff Recipe Competition	1 <sup>st</sup> – 30 <sup>th</sup> October 2022 Competition announcement in November 2022
LLR System wide events and information	1 <sup>st</sup> – 31 <sup>st</sup> October
Nursing Conference	October 2022

## 7. Staff Survey

- 7.1. The national staff survey is now live. It provides an opportunity for all our colleagues to provide anonymous and honest feedback about what it is like to work at UHL.
- 7.2. Between September and December 2021, the National Staff survey was open to 16,122 colleagues at UHL. Our response rate was 45% (7271) which is the highest response rate we have had. This response rate compared well to the previous year which was 33%. The 2021 response rate was however still lower than the national average 52%.
- 7.3. In terms of other key indicators, I would recommend my organisation as a place to work:

	2020	2021	Change
Best	84.0%	77.6%	-6.4%
Average	67.0%	58.4%	-8.6%
UHL	65.7%	55.5%	-10.2%
Worst	46.5%	38.5%	-8.0%

7.4. If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation:

	2020	2021	Change
Best	91.7%	89.5%	-2.2%
Average	74.3%	66.9%	-7.4%
<b>UHL</b>	<b>71.4%</b>	<b>62.8%</b>	<b>-8.6%</b>
Worst	49.7%	43.6%	-6.1%

7.5. We would like to further strengthen our response rate this year. I would urge people to respond because of these five reasons; 1) it is confidential and anonymous, 2) it takes ten minutes to complete, 3) there has been a lot of change at UHL over the last year and we want to hear how you feel, 4) as evidenced in a report later in the board, we are listening and your views make a difference and 5) we want to provide great care to patients and the best trusts have the best staff survey results.

**8. Emergency care, ambulance handover and winter**

8.1. As we will hear throughout our public board meeting today, we are under significant pressure. We have made progress with our ambulance waits at LRI, but they are nowhere near the level we want them to be.

8.2. We will continue to work closely with partner organisations in LLR to safely reduce the number of patients attending hospital, safely improve internal flow within UHL and safely improve discharge from UHL and LPT.

**9. Elective care**

9.1. We continue to reduce our waits for planned and cancer care. Despite the work going into this, patients are waiting longer than we and they want.

9.2. The three elements to the plan are; maximising UHL productivity, increasing UHL capacity through actions such as the elective care hub and working with independent sector providers and other NHS providers in the East Midlands. We are grateful for the support we continue to receive.

**10. Wider improvement**

10.1. As detailed in this report, we have a lot of opportunity and we also have a lot to do. I am confident about the future because of the people we have in our team at UHL and across LLR. I know we collectively and passionately believe in the importance of looking after people and I was interested to read an article in the HSJ last week on improvement; "Prioritising workplace culture when planning and delivering improvement at an organisation and system wide level is the need of the hour. The article stated;

10.2. When it comes to improving health care, a focus on getting the right culture, behaviours and relationships in place is key. Without a positive workplace culture and the willingness to embrace new ways of working,

it is hard to deliver meaningful improvement, especially at scale across whole organisations and systems. The evaluation offered three key findings for local leaders and national policymakers.

- 10.3. Organisational culture that is conducive to improvement must precede the start of any organisation wide improvement programme.
- 10.4. Organisation leaders need to adopt a coaching style of leadership.
- 10.5. Improvement activity must be aligned with organisational goals and national priorities.
- 10.6. Positive organisational culture, strong relationships and a distributed leadership model are the cornerstones of an organisation wide approach to improvement and I think it is important we continue to check whether these elements are consistently present in UHL.