

Meeting title:	Trust Board (public)
Date of the meeting:	07 April 2022
Title:	Chief Executive update
Report presented by:	Richard Mitchell, Chief Executive
Report written by:	Richard Mitchell, Chief Executive

Action – this paper is for:	Decision/Approval		Assurance		Update	x
Where this report has been discussed previously	N/A					

Acronyms used:

Purpose of the Report

To update the Trust Board on the key messages this month.

Recommendation

The Trust Board are asked to note the update.

Main report detail

Simon Cole

It is with great sadness that I recognise the death of Simon Cole QPM, former Leicestershire Police Constable. Simon served policing for over 30 years and took up the position of Chief Constable in June 2010. He was a greatly respected senior colleague and the bond between the police and the NHS is a tight one. Simon had been very supportive and kind to me when I first worked in Leicestershire between 2013 and 2017 and then again when I re-joined in 2021. He and I had recently spoken about meeting at Leicester Tigers before the end of the season. Our thoughts are with Simon's family and friends. Simon, you will be hugely missed.

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. Since we last met in public, the number of patients with Covid has increased, although the vast majority are in hospital with Covid as a secondary diagnosis.

As stated at the last board, a bigger risk than Covid is emergency care. A key part of this is system flow and the volume of patients who are medically fit for discharge. As well as focussing on emergency care we must also make progress with elective care but the two are closely linked. It is very difficult to make elective care progress whilst emergency care is so challenged.

Ramadan

The Muslim holy month of Ramadan will start at the weekend which is a month of fasting, repentance, increased prayer and giving to charity. As Muslims follow a lunar calendar, Ramadan is

approximately 11-12 days earlier each year so this year the fasts are slightly shorter than last year. As we fast from dawn to sunset, we will still be experiencing a 15-16 hour fast with total abstinence during these times of food and drink.

There will be lots of colleagues observing Ramadan in the Trust and the fasting may affect people in different ways. Headaches and tiredness, especially as the month progresses are a common side effect of the dehydration and hunger. This year is already a blessing as after having two years of fasting in Covid times, with reduced social interaction and being unable to pray in congregation, things are back to normal which I am sure will be very much welcomed and the joy that Ramadan brings can be shared with families and friends.

Wishing a blessed Ramadan Mubarak to all our Muslim colleagues and patients.

2019/20 accounts

You will be aware that our delayed 2019/20 accounts were presented to our public Trust Board last week. These were delayed due to concerns highlighted by the auditor. I would like to thank the many colleagues, in particular the finance team, who were involved in the work to get our accounts to board. The work that has been completed is important for a number of reasons including, it has helped us develop a true picture of our assets and liabilities and it has started the journey of change that will put on a path to a more sustainable financial future and enable us to make the right decisions in the best interests of our patients.

Our accounting systems, processes and culture today are not what they were two years ago and positive progress has been made in the two years since the auditors highlighted their concerns; progress that we can be confident will ensure we embed sustainable change.

As we undertake this journey, some may be concerned that our financial situation will impact patient care. It will not. We will work effectively with our partner organisations across LLR and beyond to protect and improve the quality of our care and make UHL a better place to work, whilst managing ourselves to a position of stability. This comes with the understanding that we need to transform how we work, where we work, our hospitals and our services; finance is a key enabler in making this change possible.

One of the things we have learned is the importance of being able to speak out wherever you work in whatever role. If you have a concern we would like you to speak up. There are many ways you can do this, including anonymously, and I would urge all colleagues to speak up irrespective of their concerns.

Recognising diversity

There are nine protected characteristics in the UK and we have a very diverse group of colleagues working at UHL. This week we have launched a campaign to recognise the many different backgrounds of people who work at UHL and the many different roles we have here. I was really pleased with the response from colleagues at UHL and I am grateful to all who have been involved in this work.

Conflict

I know our thoughts are with the people of Ukraine, Belarus and Russia. We have at least 22 UHL colleagues born in those countries and we have made individual contact with all of them. I am sure we have many more colleagues who have friends and family living in those countries.

There are 28 other conflicts taking place across the world and many more colleagues will be affected by these events. I recognise it is just words, but we stand with them and your families. UHL is a caring community and now more than ever, we should look after each other as well as ourselves.

BRC interviews

Yesterday, I joined six colleagues from UHL, the University of Leicester and Loughborough University to present our Biomedical Research themes to an international panel in London. This is incredibly important as we look to strengthen our already world class research programme across LLR.

Staff survey

Last week, we were able to share with you the findings of the NHS Staff Survey 2021. Forty-five per cent of colleagues (7,271 people) responded to the survey and wrote 1,569 anonymous free-text comments. The NHS Staff Survey has run since 2013 and this was our highest ever response rate. The average response rate nationally was 46% and the response at UHL in 2020 was 33%.

The NHS Staff Survey results launched on a day when there were three other national NHS stories: the independent inquiry into maternity services at Shrewsbury and Telford Hospital NHS Trust, public satisfaction towards the NHS sinking to its lowest level since 1997 and the Department of Health and Social Care confirming that free parking for NHS staff will end on Friday.

My feeling when reading the results of the Staff Survey is exactly the same as one of the anonymous comments;

“We can do so much better than this!”

The findings of the NHS Staff Survey are amongst the most useful information we have about UHL and we will use the comments to make UHL a better place to work and receive care for all.

We know many people at UHL and across the NHS are tired after an incredibly difficult two years. Covid has impacted our lives in many different ways and I know what is expected of us in the future can feel daunting. Tiredness and low morale runs through our Staff Survey results.

The two key questions in the Staff Survey are:

I would recommend my organisation as a place to work:

	2020	2021	Change
Best	84	77.6	-6.4
Average	67	58.4	-8.6
UHL	65.7	55.5	-10.2
Worst	46.5	38.5	-8

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
UHL	71.4	62.8	-8.6
Worst	49.7	43.6	-6.1

You will see from both answers that we are below average for the last two years (we have been below average for at least five years), our scores have deteriorated compared to 2020 and have deteriorated more than the average.

From what I have read in the Staff Survey, what I hear when I am out in the Trust and from the many emails I receive every day about experiences, below average for both and only one in two of us recommending UHL as a place to work is an accurate assessment of where we are now.

We have a lot of work to do. Colleagues have spoken up; direct anonymous comments in the staff survey include:

- “The primary problems affecting my wellbeing are all related to poor infrastructure eg: Inadequate IT, inadequate equipment, inadequate staffing...”
- “Many times I feel treated as a number and not as a human being.”
- “Food options in the staff canteens are very poor”.
- “We need better facilities and equipment, improvement in working conditions and workloads”
- “The parking situation at UHL... is unsafe and affects staff wellbeing”.
- “Management have free reign to speak and treat staff as they please mainly in a disrespectful manner”
- “People skills are often missing with staff sometimes being treated poorly by very senior managers leaving them feeling not valued and not good enough. I would question if very senior managers are visible enough.”

In response to this, over the next six months we will:

1. Improve the **car parking** experience. This includes: focusing on the customer service side of car parking, making arrangements for car park security and staff escorts during the Autumn/Winter months, identifying additional car parking close to GH, LGH and LRI to shorten the waiting lists and reviewing permit holders for LRI multi-storey car park to ensure the staff that need it most have access.

2. Improve **on-call rooms**. This includes; facilitating access through an online booking system, carrying out a full condition review on facilities and environment before developing a refurbishment programme, employing quality control procedures to ensure rooms are adequately cleaned and serviced and give users the opportunity to share feedback on their experience.
3. Improve **catering facilities** including safely reopening facilities across our three main sites, working with new suppliers on healthy hot food which is subsidised, improving 24-hour provision, adopting the NHSEI good food, good health recommendations, increasing the diversity in our food offer, improving some of our coffee shops and improving patient catering.
4. Review **space utilisation and allocation**. We have to find ways to make it easier for people to access the space they need.
5. Further invest in modernising and improving our **Wi-Fi and IT**.
6. Call out **poor behaviour** and no longer accept this. I believe we have already made some progress on this but it will take time for all to experience this.
7. Launch a new **Health and Wellbeing** offer and learn from the best in the NHS.
8. Make it easier to **recruit people** – it takes too long at the moment.
9. Launch a **new long service scheme**. In the next six months, we will focus on colleagues who have given 25 years' service to the NHS and we will then recognise colleagues who have given 5, 10, 15, 20, 30 and beyond years' service.
10. Further support our **staff networks** and the **diversity** of our leadership teams will increase.
11. Strengthen the voice of **administrative and clerical colleagues**.
12. Ensure that the senior leadership team are more **visible**, in particular at **Leicester General Hospital**.

These actions will be underpinned by regular open and transparent communication about how we are doing against the plan.

Things will not get better overnight but I believe in 12 months we will be better than average in our response rate and in the two key questions above. In 2026, and you won't believe me at this point, I expect us to be within the top three in the NHS.