## Chairman's Note

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Trust Board 5 May 2016

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Dear Board Member,

## Key considerations

Since we last met the key things on my mind have been:

- As a Board how do we ensure that our planning assumptions about the future demands on our services and our capacity to meet them are not only examined and considered appropriately but are communicated so that our internal and external stakeholders understand the assumptions that we are making?
- As a Board how do we factor in the likelihood of continuing capital and other financial constraints and explore other potential sources of funding if we wish to press ahead with our reconfiguration programme?
- As a Board how do we encourage and evaluate new forms of partnership with commercial and other organisations if we consider this is the appropriate course of action to deliver various services?

## Priority Items & Questions

- The Board is increasingly aware of the difference between our assumptions about the likely demands on our services in the future and our current capacity to deal with this. We need to move beyond the analysis of this scenario to consideration of potential solutions and this process will inevitably making some difficult decisions. This is important both in terms of ensuring that we have an accurate narrative when the Better Care Together consultation process begins but also because we need to reassure our staff and external partners that we have a clear plan as we move forward. I look forward to the Board giving further consideration to proposals about this in the near future and I am aware Executive colleagues have been discussing these issues with a range of stakeholders.
- With the continuing emphasis on financial controls within public sector finances more generally and the health sector in particular, a key dimension here for us as a Trust Board to consider is whether this external national environment has implications for our own ambitious (and complex) reconfiguration programme. Clearly it does and we need to be innovative in searching for other sources of capital (as for example some

universities have recently been doing) whilst recognising there will be various regulatory controls in place. This is an issue the Board is aware of and we should return to it at some point in the near future not only to consider progress in identifying alternative sources of capital but what the implications are for the progress of our reconfiguration programme. These issues are of considerable interest to a range of internal and external stakeholders so there are some important communication themes here.

- The Board will be aware that since May 1<sup>st</sup> 2016 we have absorbed the former Interserve employees back into our workforce following the mutually agreed termination of our service contract. This does not mean that as a Trust Board that we will not be open to the possibilities of other forms of commercial partnerships if we consider that these could result in a better service to patients and public. Indeed we should be working with the mindset that lower cost and more efficiency can (in some scenarios) also have the result of raising quality. We need to encourage and evaluate new forms of partnership and at a future Thinking Day we will focus on this issue.
- Finally I would like to draw the attention of Board colleagues and more generally to the fact that we have just advertised for the current Non-Executive Director vacancy and an Associate (non-voting) Non-Executive Director. Appointments (which are handled by NHS Improvement) will of course be on merit but the information pack does draw attention to the relative lack of diversity on our Board and seeks to encourage women and minority group candidates to apply but this is not meant to deter anyone else. I would be grateful if you could draw this to the attention of suitably qualified candidates.

I look forward to seeing you at the forthcoming Board meeting on 5th May 2016.

Regards, Karamjit Singh

Chairman, University Hospitals of Leicester NHS Trust