

Chairman's Note

Trust Board paper C

Dear Board Member

KEY CONSIDERATIONS

Since we last met the key long term issue on my mind is leadership in the Board context and beyond.

The National Health Service, as with other public services, is facing increasing ambiguity, complexity and the challenges (which can also be viewed as opportunities) of making change against a background canvas of limited resource and increasing demand. Executive and Non Executives at Board level and those in leadership positions at different levels within organisations now find themselves in scenarios which may bear little resemblance to their previously learned experiences in the health sector.

This has two sets of implications for those in leadership positions. The first is how change is undertaken within organisations and crucially whether it is proactive change or reactive change.

Proactive change occurs when there are individual mind sets and organisational cultures which not only emphasise the need to change but encourage an active sense of entrepreneurship and innovation building on the insights of those who are in roles that come into contact with communities and individuals using our services. In my own experience elsewhere this can occur despite the existence of traditional boundaries or silos which might limit mind sets and also recognises that partnership work with other stakeholders across internal and external boundaries is necessary. This requires leadership skills which include the ability to learn about new and complex issues , the ability to shape a new narrative , the ability to work in partnership and to develop the expertise of others.

Reactive change occurs when there is a perceived crisis that requires immediate change and whilst this might eventually result in long term solutions it does not follow that mind sets or behaviours change easily or quickly. Essential to successful change in this scenario is a willingness, as with proactive change, to focus on the clarity of measurable outcomes with pace .

Both proactive and reactive changes are of course intrinsically linked to culture.

As a Non-Executive, in common with my other Non-Executive colleagues, I bring other non-health perspectives and experiences to this Board table. We try to transpose these to this setting and Executive members of the Board make contributions based on their professional disciplines. All of us, whether Non-Executive or Executive look, at issues through the lens of our own experiences. However, as a unitary Board we will increasingly (in my view), have to make decisions on the basis of judgements that will have to balance different sets of constraints. Our ability to listen to the different perspectives we have round the Board table, take decisions and act with confidence will be demonstrated through our effective governance, our collective ability to understand the culture in our organisation and set out our expectations clearly through a leadership approach that is embedded and sustained throughout its various levels.

This issue of leadership goes beyond any formal assessment of the new well led arrangements now being undertaken by the Care Quality Commission and will be part of their forthcoming inspections. We will return to these themes at various points over the next year.

The short term priorities which need immediate resolution are:

The performance and associated challenges within the Emergency Department and the issues related to this elsewhere in the Trust continue to remain amongst the forefront of my concerns. The Executive Team has considered the learning from our experiences within the Department and the remainder of the Trust during the past month, and I welcome the buddying opportunity with Luton and Dunstable NHS Trust which has been facilitated by NHS Improvement. Luton and Dunstable are consistently performing at the top of the four hour league table and I look forward to their insights and practical suggestions being adopted and translated into better outcomes for our patients. Our continued focus has to be on asking the question – how do we improve the quality and efficiency of our emergency services to the public?

We also know that the winter period is traditionally a period when the numbers of attendees and admissions from emergency departments begins to rise and it has a particular impact upon the frail and elderly. We need to reassure the public that both we and our partner organisations will be working closely to make our arrangements as resilient as possible.

We also need to keep a close eye on our use of resources during the coming months and in particular the finances and staffing issues (which are to some extent linked) in the light of potential demands or constraints. This requires not only an ability to take decisions which emphasise efficiency but also ensure that the quality of services is not undermined."

I would also like to remind Board colleagues of the recruitment competition being managed by NHS Improvement for a Non-Executive Director role and that we are seeking applications from those with a clinical background. In addition there is also an invitation to apply for an Associate Non-Executive Director role as part of our longer term succession planning arrangements. The closing date for both these competitions is Monday 6th November 2017.

Since the last Board meeting I have had the pleasure of visiting various services including the Vascular Service located at the Glenfield Hospital and Brain Injury Unit located at the General Hospital. All of them underline the central and obvious point that the NHS is about people – those we serve and those who provide that service.

I look forward to seeing you at our forthcoming board meeting on 2 November 2017.

Regards,

Karamjit Singh

Chairman

University Hospitals of Leicester NHS Trust