

Chairman's Note

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Trust Board paper D

Dear colleagues

KEY CONSIDERATIONS

Since the last Board meeting I have had a number of discussions in different settings that I would like to summarise and share with you.

At a meeting of Chairs for University Teaching Hospitals we had a presentation followed by a discussion with Ian Trenholm, Chief Executive of the Care Quality Commission. He has an interesting background having served in the police service and then as a chief executive in local government. He is currently reshaping the CQC as well as charting a new course for the regulator with a greater focus on the leadership, culture, performance outcomes and quality demonstrated by the organisations being inspected.

I also attended another meeting of Chairs, organised by NHS Providers, with Prerna Issar, the Chief People Officer for NHSE/I who was appointed a few months ago. She also has an interesting background having studied and worked in India, then worked in the US corporate sector and most recently in the UN humanitarian agencies (including visits to conflict zones). She is very interested in a range of people issues in the NHS including organisational culture and the role of senior leadership, diversity and inclusion, and the role of middle level and front line staff in relation to quality outcomes. I have written to her inviting her to visit the Trust and to engage with a range of different groups including the Board.

I have also met with the newly appointed Vice Chancellor of the University of Leicester Professor Nishan Canagarajah who has previously had experience of the NHS as a Non-Executive Director of an acute hospital provider. Amongst issues that we discussed, it is clear that he has a strong commitment to diversity and inclusion with an emphasis on seeing the university staffing profile more linked to that of the student profile.

I also attended a prayer meeting at the Chapel, Leicester General Hospital organised by the Sikh Chaplain to mark the 550th birth anniversary of the founder of the Sikh faith, Guru Nanak. This was followed later in the day by two Sikh twins (in the 6th form and aspiring to be doctors!) giving a very polished violin performance in the Leicester Royal Infirmary restaurant and attracting considerable attention. These events follow on from invitations from the Chaplaincy to attend a lamp lighting ceremony to celebrate the Hindu festival of Diwali that I attended at the Leicester Royal Infirmary Chapel and a forthcoming ceremony to celebrate the Jewish festival of Chanukah later this month.

During the past month I made a brief visit to India which included meeting senior persons in an healthcare business started by ex-NHS medical staff who had returned to India. In discussions with them and a visit to a nearby hospital it is clear that the focus on innovation in healthcare and other sectors in the Indian economy is underpinned by what is termed the 'jugaad' approach incorporating all of the following principles:

- (1) keep the initiatives frugal and focus on the outcomes
- (2) make it permissionless or try not to let existing rules act as a brake
- (3) try and integrate customers in feedback critical for development
- (4) create platforms and policies to respond nimbly to ad hoc needs
- (5) maximise the information necessary to measure experimentation as well as success and which may not be the same used to guide the management of mature businesses

- (6) innovation in organisations is not an activity for senior leaders but has to be democratised
- (7) engage passion that comes with a sense of purpose so that it can inspire others
- (8) well managed and disciplined multiple streams of innovation can reinforce one another to capitalise on opportunities in the here and now as well as fundamentally transformative ideas for the future.

I hope that we can reflect on these themes at a future thinking day when we focus on leadership, culture and quality improvement themes again.

At our next Thinking Day we will be focusing on our potential reconfiguration plan and discussing a number of dimensions that we would want to focus on before public consultation begins in 2020.

Finally I would specifically want to draw the attention of the Board to the sections in the Chief Executive's report dealing with performance in the Emergency Department and the factors impacting on it, including the implications for the organisation as a whole and ambulance handovers. Winter is a critical time of the year with challenges for our staff and patients, and it is important that as a Board we focus on what is happening and the actions that are being taken.

I look forward to seeing you at the Board meeting on 5th December 2019.

Best regards
Karamjit Singh
Chairman, UHL