

Chairman's Note

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Trust Board paper C

Dear Colleagues,

As we meet for this Board meeting, the national picture for the Covid 19 pandemic continues to show that the numbers of hospital admissions is declining. Whilst the national statistics also highlight falls in the daily numbers of fatalities, we must be mindful that each death in our Trust and elsewhere means an individual leaves behind grieving relatives and friends. We also need to recognise the intense pressures that our staff on the front line in areas such as ICU, theatres and ED have faced during the past few weeks as well as those in a wide variety of supporting roles. The Acting Chief Executive will focus on how the Trust has responded to the Covid 19 pandemic in her report and comments.

Against this background context the Board needs to look towards planning for a sustainable future where Covid 19 will continue to be with us for some time to come (so that its ongoing and future impact is factored into our service configuration) but that we also turn our attention to the current, emerging and future health needs of our local communities. This challenge facing both UHL and our health and social care partners is a critical one requiring significant change in mindsets and practices.

All of us (both in UHL and our partners) need to take a step back and look at the needs of our patients and local communities before taking decisions about service provision in the future. We all have a responsibility as a system to demonstrate how we intend to focus on unequal access to health services and their outcomes in relation to our diverse local communities and also produce measurable health outcomes or gains. This requires an evidence led approach which continues to ask - do these changes stimulate greater access or hinder and are there specific pockets of disadvantage that these changes have not addressed?

Within our Trust and the wider health and social care system, we need to promote an appropriate sense of ambition and appetite for change. We need to distinguish between the automation of tasks (e.g. through the advent of the internet or virtual communication modes) which may impact positively on the timeliness and resource costs of our response to patients, and transformative change which considers the complexity of our environment both now and in the future and the implications for services within acute hospitals such as this one. We could also see this unscheduled pandemic experience as creating dynamics for changes that might have taken several years but are now being implemented within weeks, and requiring the opening up of minds of everyone and not just those providing clinical services on the front line.

We need to focus on developing our existing staff so that they can compete for and take up opportunities within our organisation or the local health economy as they present themselves, as well as having a vision that articulates and measures the greater participation of new entrants to the labour market from our local education and training institutions, and how we achieve the aspiration that the profile of our staff (at all levels) mirrors the diversity of the communities we serve .

We need to ensure that our organisation is aligned in terms of putting into practice a common sense of purpose and monitoring the effective use of our resources as we consider the implementation of our reconfiguration and its implications for the future. Against this background context, I note The Silo Effect by Gillian Tett (who trained as a social anthropologist but is now a leading Financial Times journalist) discusses how silos and specialisation within large organisations can lead to dissonance and internal competition which is wasteful in terms of organisational focus, resources and productivity.

Planning for and implementation of transformative change will require clear objectives and measurable staging posts over set time periods. In the immediate future, implementation priorities may have to focus on stabilising and improving our own organisation (for which we as a Board will continue to have fiduciary and legal responsibilities) as well ensuring effective partnerships within our local health and social care system lead to meaningful changes in services. Both in the short and medium term we also have to continually embed and industrialise what has gone well in terms of achieving a better quality and more efficient patient experience.

I look forward to discussing these broader themes and others in the context of our future planning and restoration of services at a forthcoming informal discussion of the Board before we begin to bring detailed proposals to the Board meetings formally.

Since the last Board meeting I have participated in a Board meeting of NHS Providers who have (to my mind) presented the challenges, experiences and opportunities facing the provider sector in a transparent and articulate manner.

The Acting Chief Executive and myself were interviewed recently on Radio Ramadan and I am very pleased to inform colleagues that £250k has been pledged by its listeners to the Children's Hospital Appeal. This is only one illustration of the generosity and commitment shown by our local communities to the Trust during these past few weeks. How we continually promote this sense of association with our communities is a theme I want to return to in future discussions.

Myself, non- executive colleagues Ballu Patel and Kiran Jenkins, together with the Acting Chief Executive and Medical Director all participated in a recent webinar organised by the Leicestershire Asian Doctors Association and involving over seventy of their members. The focus was on the experience of Black and Minority Ethnic (BAME) communities and their experiences during the Covid 19 pandemic and it was an insightful discussion. This is an ongoing issue and we will return to it at a future Board meeting because it has thrown into sharp relief not only our responsibility to respond to actual or perceived staff concerns, but also the wider question how we and our local health system ensures equity in access and quality of experience in service terms is monitored and achieved across all our communities.

I look forward to seeing you at the next Board meeting on 4th June 2020.

Regards

Regards,

Karamjit Singh, Chairman, University Hospitals of Leicester NHS Trust