

Chairman's Note

Trust Board paper D

Dear Board Member,

Introduction

As we begin a new year and being mindful of the challenges which the last year has posed for all of us whether it is at a societal, sectoral, institutional or personal level I would like to highlight the critical role that all our staff have played and will continue to play in serving our patients and communities. On behalf of the Board I would want to express our appreciation for their commitment and motivation during what will be a testing period in the weeks ahead. The recent decision to designate our local areas (and those for most of England) as Tier 4 reinforces this point. On a more positive note it is very pleasing to see that front line staff will be given priority in receiving vaccinations. In terms of boosting the health and well being of our staff, this is probably the most critical action that we can now take as an employer.

Our role and responsibilities as a Board

The Francis Report (2013) pinpointed a number of issues in the NHS at large and recommended fundamental culture change as part of the report by Sir Robert Francis QC into the mid Staffordshire NHS Foundation Trust. A key quote in the report was:

“Aspects of a negative culture have emerged at all levels of the NHS system. These include: a lack of consideration of risks to patients, defensiveness, looking inwards not outwards, secrecy, misplaced assumptions of trust, acceptance of poor standards and, above all, a failure to put the patient first in everything done.”

The Francis Report led to new legislation including the introduction of a duty of candour and a revised care quality inspection process. At that time the external environment for acute hospital trusts such as UHL also meant establishing relationships with the newly established commissioning bodies as well as ensuring efficiencies as demand for services was increasing. The recent proposals for giving statutory effect to Integrated Care Systems do raise some issues that will require further clarification but it does appear that Trust Boards will continue to be directly responsible for the quality, funding and activity of their services.

I am pleased to see on the Board agenda that we are receiving a report about the recently published Ockenden Report into maternity services at the Shrewsbury and Telford NHS Trust because the themes highlighted within it echo the quote above from the Francis Report. Maternity services are a really important part of the clinical services that we provide to our diverse communities. In addition to reflecting on the learning points contained within the Ockenden Report and noting the actions being taken or proposed within our own setting (as part of the

assurance we would wish to rely on as a Trust Board) we would also want to enhance confidence amongst the different publics at large that we serve.

In its formal response to the Francis Inquiry, the Department of Health emphasised the critical role of the Board in the following quote:

“The leadership of an NHS provider organisation is the job of the board of that organisation.”

As a Board we face a number of immediate and ongoing challenges relating to the Covid 19 pandemic and balancing this with how to restore services to meet the needs of other patients with non Covid conditions. I note that on the Board agenda we will also be receiving the letter setting out NHSI/E (our regulator’s) expectations of operational priorities for winter and 2021/22 together with commentary on how our executive team propose to implement this. In addition we have to move towards becoming financially sustainable without compromising on quality and performance.

Unitary NHS Boards such as ours all have a number of common objectives including holding executives to account for performance and supporting them if necessary; charting a clear sense of direction; building the reputation of the organisation; drawing upon the views of diverse internal and external stakeholders; and reconciling competing interests. This ability to look inwards and outwards will become more pronounced with the continuing maturity of integrated care systems.

It is an obvious statement that Trust Boards vary in their perceived and actual effectiveness. Relevant factors are likely to be the calibre of people sitting around the Board table and the depth of their experience, their willingness to engage in discussion, the respect given to different perspectives, how the agendas for meetings and the documents presented at them are constructed, and the degree to which there is a common wish to work together. I think that over this next year we need to reflect on how we can collectively enhance the role and purpose of our unitary board.

I look forward to seeing you at our next Trust Board meeting on Thursday 7th January 2021.

With best wishes for the New Year!

Regards

Karamjit Singh
Chairman, UHL