

# Chairman's Note

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Trust Board paper D

Dear Colleagues

Since the last Board meeting I have attended the second Annual India – UK Healthcare conference (which took place in Birmingham) as a speaker in the plenary session. Key themes were exploring potential partnerships in nursing and medical workforce; digital systems; pharmaceutical and life sciences; and other areas of research and innovation. The day before this conference we hosted a visit of some twenty Indian delegates at Glenfield and I am grateful for the support and arrangements made by clinical staff.

We also hosted a visit by HRH The Duchess of Cornwall to the General Hospital with a primary focus on the role played by Royal Voluntary Service volunteers at the shop and in wards. There was an enthusiastic welcome by staff during her visit.

I also met with Dr Luke Evans MP and Liz Kendall MP following on from the previous visits made by Edward Agar MP and Jane Hunt MP. Both the Chief Executive and myself will be continuing this schedule in order to meet with all the MPs elected for the Leicester, Leicestershire and Rutland (LLR) constituencies following the recent General Election.

There are three general issues that I would like to draw to the Board's attention, and which to my mind are interlinked.

The recent publication of the report produced by Sir Michael Marmot (and commissioned by the Health Foundation) and with its focus on the disparities between different geographical regions and areas; cohorts of population; life styles and opportunities; and physical and social environments; highlights what I think all of us should see as our primary objective. The Secretary of State put it succinctly when he said "Every single one of us, no matter who we are, where we live, or our social circumstances, deserves to live a long and healthy life". I would like to point out that if we drew a line from east to west or north to south across the LLR area then we see communities exhibiting all these characteristics of health inequalities in an area of considerable diversity in demography and geography. The next question that arises from this is for our Board (and those of our Health partners) to consider what impact are our separate and collective efforts making in addressing these inequalities both in the planning and delivery of services to meet the most pressing needs?

This leads me to the second point. During the past few years there has been an increasing encouragement towards seeing health systems emerge with active partnerships between hitherto distinct organisations. These internal boundaries mean little to the publics that we all seek to serve. Whilst the term partnership can be much overused, what really matters is whether any practical improvements in outcomes result and that bring tangible benefits to local communities. Linked to this has to be greater transparency about objectives, meaningful engagement with local publics and robust governance which holds all partner organisations to account. Nationally and locally there is much work to do in this area which I think is either ignored or not given enough attention. In my capacity as a member of the NHS Providers Board I have attended a Roundtable on system framework governance, and have been invited to chair a session on this topic at the national NHS Providers Governance conference in May.

The third point that follows on from this is the responsibility that we have as a Board in actively promoting a focus on seeking changes in health outcomes for our local populations. We should be questioning traditional assumptions and practices in how our service provision is delivered and its efficiency and

effectiveness. We should seek to achieve the maximum economic and social value investment within our local communities from the capital investment we will be utilising to transform our services both in the short and longer term. We need to consider, sponsor and promote the research undertaken within our local universities as well as highlighting the potential benefits of the Leicester Academic Health Partnership. I hope we can explore how our current Board, committee and executive structures could facilitate these objectives during our forthcoming session at the April Thinking Day.

Our Board papers highlight a number of challenges most notably in areas such as finance, workforce risks and some aspects of operational performance. We also have to see these as opportunities to test out new assumptions and approaches for the future.

I look forward to seeing you at our next Board meeting on March 5th 2020.

Regards  
Karamjit Singh  
Chairman, UHL