

Chairman's Note

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Trust Board paper D

Dear Colleagues,

This month I would like to pick up a number of themes that have emerged during the past month in various guises. The first is how we, and other parts of the NHS locally and nationally, respond to risks that may have been identified already or were not anticipated. An obvious example of the latter is the coronavirus and the recent declaration of a global health emergency by the WHO and the implications this might have for organisations such as ourselves.

Closer to home we await the publication of the report from our fourth CQC inspection during the past six years. The focus on the safety and quality of our services together with an assessment of how robust our processes are for achieving this should rightly be at the centre of our and the public's attention. Equally the extent to which our leadership (at all levels) is able to respond flexibly and imaginatively to the challenges and opportunities for achieving more within resource constraints has to be a continuing major focus for this Board. During the next few Thinking Days I anticipate that we will focus on key parts of our workforce (beginning with nursing), our financial strategy over the next five years to achieve sustainability, and the financial and other changes that will be needed to achieve this. We have to do this whilst focusing on the here and now requirements in delivering on operational performance, finance and quality that are imposed by our regulators.

In relation to this I note the recent inter Board discussion that took place with other partner organisations in our local health system. The Long Term Plan requires us to collaborate not only because of demand versus capacity constraints but the patient journey and changing needs requires this perspective. I hope we are able to build on this initiative and continue to bring whole Boards together because ultimately each Board will be held to account for their separate legal and fiduciary responsibilities. In my experience successful partnerships are built on trust, mutual confidence and investing in relationships on a long term basis.

Since the last Board I have had the opportunity to visit Alliance activities at the Melton (with Ian Crowe and Andrew Johnson) and Hinckley locations which raised some interesting issues including how do we ensure services such as outpatient clinics and day surgery are offered as close to patients as possible, how do we ensure that capacity throughout our system is utilised properly, and most importantly how do we ensure changes in mindsets and behaviours whilst recognising front line staff often operate in micro teams?

My visits to the team focusing on musculoskeletal research and the nutrition and dietetics team serving all three sites raised a number of issues. It underlined the importance of research as well as how do we ensure there is a more efficient method of ensuring communication between and appreciation of research throughout the Trust and local health system. The nutrition team plays an important role in supporting other services and illustrates not only the complexity of our service configuration and but also how they may not be immediately visible when considering changes to processes, use of resources and locations.

I also attended a high profile launch at Coventry Cathedral for the new Maggie's Centre to be commissioned at our acute neighbour UHCW and which will be the second one in the Midlands (following Nottingham). I met Dame Laura Lee, the Chief Executive, who is very keen to explore the possibility of commissioning a Maggie's Centre at Leicester and is aware of our oncology services. Board colleagues will recall that we discussed this issue over a year ago. I have invited Dame Laura to visit us with her colleagues in the near future and in particular before our reconfiguration locational planning becomes too advanced.

I have also participated, together with the Medical Director and the Deputy Director for Workforce, in the recruitment process for new lay persons to chair the recruitment process for consultants. An interesting issue coming out is how we ensure values as well as technical competencies are taken into account. We also need to appreciate how important in resource terms this area of recruitment is and how robustly we are looking at future trends in service delivery and needs before initiating these selection processes.

Finally I was also invited to participate in the selection process for non-executive directors at Royal Derby Hospitals. This was an interesting and insightful day providing an opportunity to compare and contrast ourselves in responding to common challenges and opportunities.

I look forward to seeing you at our next Trust Board meeting on 6th February 2020.

Karamjit Singh
Chairman, UHL