

Meeting title:	Trust Board (public session)				Paper D
Date of the meeting:	7 July 2022				
Title:	Chair's Report				
Report presented by:	John MacDonald – Trust Chair				
Report written by:	John MacDonald – Trust Chair				
Action – this paper is for:	Decision/Approval		Assurance		Update X

The Leicester, Leicestershire and Rutland Integrated Care Board was established as a statutory authority on the 1st July 2022 and the Clinical Commissioning Group ICB disestablished on the same date. We have already established strong relationships with the ICB and look forward to continuing to develop strong partnerships across the health and care sector.

I would like to welcome Simon Barton as Deputy CEO with a particular responsibility for leading on Reconfiguration and Transformation together with a responsibility for developing UHL's role as an anchor institution and partner in addressing the wider determinants of ill health and the wider socio-economic agenda.

UHL continues to face challenges across the urgent and emergency care pathway, reducing the number of people who are waiting for a planned operation or treatment and in providing cancer care.

With regard to the time patients are waiting in ambulances or for admission to a bed, we are working hard to reduce the time people wait including the opening of the Minor Injuries and Minor Illness (MIaMI) unit, reducing the time taken to discharge patients and strengthening our internal procedures. Whilst patients are still waiting too long, a recent visit by the national lead for emergency and urgent care recognised that significant improvement had been made in the processes within the emergency department. However, we know there is still much more to do both at UHL and across the wider health and care system.

UHL is one of the most challenged Trusts in reducing the time and number of people waiting over 2 years for treatment. We are however making progress. I would also like to acknowledge the support we have had from a number of nearby hospitals where patients have been offered treatment, I am grateful for their support and collaboration.

The Board recently spent some time discussing the progress we are making on developing the digital capabilities to support staff in delivering care, making clinical decisions as well as improving efficiency and information for patients. We were joined by the clinicians leading on the developments in this area, particularly Nervecentre and, secondly the development of an electronic patient record. There are however opportunities to develop our digital capabilities much further and this will need to be an important focus for the Board.

I recently visited a number of services at Glenfield Hospital including the new Renal Transplant Unit and the Pharmacy services at Glenfield. The staff were doing a fantastic job but the opportunities that digital systems would offer in providing information to support clinicians in delivering care, in streamlining processes and in providing safe care were demonstrated very clearly as I talked to staff.

We know that there are major health inequalities across the UK and LLR is not an exception. Some recent work in chronic respiratory disease and four other clinical areas has shown how we can improve the care provided to deprived communities and/or those from ethnic minority backgrounds. In particular there have been significant improvements in access and reduction in the number of people missing their appointments and we continue to learn how we can better provide services differently for different communities.