

**TRUST BOARD – 5<sup>th</sup> FEBRUARY 2015**

**Chairman’s Monthly Report**

<b>DIRECTOR:</b>	Chairman
<b>AUTHOR:</b>	Chairman
<b>DATE:</b>	2 <sup>nd</sup> February 2015
<b>PURPOSE:</b>	<b>(concise description of the purpose, including any recommendations)</b> To brief the Board monthly on the Chairman’s perspective.
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>(name of Committee)</b> N/A
<b>Objective(s) to which issue relates *</b>	<input checked="" type="checkbox"/> 1. Safe, high quality, patient-centred healthcare <input checked="" type="checkbox"/> 2. An effective, joined up emergency care system <input checked="" type="checkbox"/> 3. Responsive services which people choose to use (secondary, specialised and tertiary care) <input checked="" type="checkbox"/> 4. Integrated care in partnership with others (secondary, specialised and tertiary care) <input checked="" type="checkbox"/> 5. Enhanced reputation in research, innovation and clinical education <input checked="" type="checkbox"/> 6. Delivering services through a caring, professional, passionate and valued workforce <input checked="" type="checkbox"/> 7. A clinically and financially sustainable NHS Foundation Trust <input checked="" type="checkbox"/> 8. Enabled by excellent IM&T
<b>Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:</b>	As stated in the report.
<b>Please explain the results of any Equality Impact assessment undertaken in relation to this matter:</b>	N/A
<b>Organisational Risk Register/ Board Assurance Framework *</b>	<input type="checkbox"/> Organisational Risk Register <input type="checkbox"/> Board Assurance Framework <input checked="" type="checkbox"/> Not Featured
<b>ACTION REQUIRED *</b>	
For decision <input type="checkbox"/>	For assurance <input type="checkbox"/>
	For information <input checked="" type="checkbox"/>

- ♦ We treat people how we would like to be treated
- ♦ We do what we say we are going to do
- ♦ We focus on what matters most
- ♦ We are one team and we are best when we work together
- ♦ We are passionate and creative in our work

\* tick applicable box

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO: TRUST BOARD**

**DATE: 5 FEBRUARY 2015**

**REPORT BY: CHAIRMAN**

**SUBJECT: CHAIRMAN'S MONTHLY REPORT**

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**Introduction**

This is the first of my reports that will be provided as part of the agenda and documentation for meetings of the Trust Board during this coming year. I have given considerable thought to how I should structure this report and to avoid needless duplication. With this in mind my reports will focus on two areas – one or two issues that I have been reflecting on (and which I have called environmental themes) and also highlighting a specific issue or two which is contained within the papers being considered by the Trust Board.

**Environmental Themes**

During the past two months it would have been difficult for anyone to miss the focus on accident and emergency departments (unless they did not read newspapers, listen to the radio, watch TV or participate in on line forums!). As one of the NHS Trusts with the highest attendances it is not surprising that staff, our various stakeholders and the public would show a keen interest in what has been happening. I had the opportunity myself to observe the pressures within our emergency services and the implications of this elsewhere in the Trust. I want to add my thanks to those of our Chief Executive, John Adler, to our staff who have worked tirelessly during this very challenging period. As we continue through this winter period it is important that we learn any lessons that can improve our performance even further but also ensure there is a culture throughout the Trust which focuses on being as open as possible. At a future Board meeting we will receive a report about the new statutory duty of candour which the Board and Trust must now observe. In simple English it is being open about our mistakes and using this as a driver for improvement in delivering patient centred care.

We are a large and complex organisation and we need transformative ideas coming from our staff which will contribute to our future as a sustainable organisation. This innovation theme is also important because healthcare continues to change and we must foster a mindset that continually asks the question – why do we do things in this manner and is there a more effective way? Earlier this week I welcomed the Italian Ambassador when he formally opened the pilot medicine prescribing robotic initiative taking place in our renal wards at the General Hospital site. This particular project is very interesting because it seeks to combine patient safety (with prescribing errors and delays identified as one of the top five clinical risks by the Health Foundation) with accuracy, speed and financial efficiency. We will be looking at this initiative

with some interest over the coming months as it is being evaluated. The broader issue here is that we continually need to encourage a culture in which new ideas are welcomed, some of which may not necessarily deliver the benefits that we would expect to see. If that happens we need to learn why but in a manner in which we have thought about the risks before, during and after the event. The implications of this for the Board and Trust is that whilst patient safety will be paramount, we do not become so risk averse that we are unwilling to try out new ideas. In this case we are trialling an Italian robot before anyone else in the NHS and I know that the Listening Into Action initiative seeks to support and celebrate similar initiatives.

### **Board Reports**

I would like to briefly draw attention to two items on the Trust Board agenda for its February 2015 meeting.

The first is the standing item which we have at each Board meeting which is the patient story. This will always be near the beginning of our Board meetings because it allows us to focus on some real life scenarios involving patients and members of staff. It is important that we learn about challenges and how these were overcome as well as what the outcome of these experiences has been for patients and staff. I look forward to this discussion with my colleagues.

The second is the item dealing with a proposed reconfiguration of services and their relocation from the General Hospital site to the Royal Infirmary site. Issues such as this require careful and thorough planning and consultation with a wide range of internal and external stakeholders. As a Trust Board we would want to be guided by an emphasis on what is in the best interests of patients and the clinical safety issues associated with such changes as well as being satisfied that everything has gone to plan. I look forward to this discussion with my colleagues and taking the appropriate decisions as a group who have important collective financial and legal responsibilities.

Karamjit Singh CBE  
Chairman, UHL Trust