

TRUST BOARD – 5th MARCH 2015

Chairman’s Monthly Report

DIRECTOR:	Chairman
AUTHOR:	Chairman
DATE:	26 th February 2015
PURPOSE:	(concise description of the purpose, including any recommendations) To brief the Board monthly on the Chairman’s perspective.
PREVIOUSLY CONSIDERED BY:	(name of Committee) N/A
Objective(s) to which issue relates *	<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
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	As stated in the report.
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	N/A
Organisational Risk Register/ Board Assurance Framework *	<input type="checkbox"/> Organisational Risk Register <input type="checkbox"/> Board Assurance Framework <input checked="" type="checkbox"/> Not Featured
ACTION REQUIRED *	
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 MARCH 2015

REPORT BY: CHAIRMAN

SUBJECT: CHAIRMAN'S MONTHLY REPORT

Introduction

In my report to the Trust Board last month I signalled that in future Board meetings I would draw attention (briefly) to two issues that were on my mind and also identify two specific items on the agenda in respect of which some questions which had occurred to me.

Key Considerations

All of us are aware that we are part of an aging society which will have implications for NHS expenditure and the shape of future services. This of course is a national issue but we also need to reflect on the key future challenges, opportunities and vision for the future of the aging population and the aging experience across Leicester, Leicestershire and Rutland. Given the diversity of our communities we also need to ensure this dimension is at the forefront of our thinking and planning for the future. If we don't we will not be responding to the different needs within our communities.

Much has been said and written about the need to ensure there is a constant patient focus embedded throughout the NHS. This poses the question in my mind how do we understand the patient and carer experience and where there is a user perception that this has been less than ideal then how do we respond? I appreciate that there is a wide spectrum between complaints about perceived discourtesy at one end and the investigations that focus on serious issues relating to safety and quality at the other but the common thread has to be a willingness to investigate thoroughly, promptly and transparently. The NHS obtains information about patient experiences in many different ways and it is not always clear to external observers how these insights are brought together. A recent report of the Health Ombudsman reviewing a sample of internal investigations by health bodies concluded that nearly half were deficient either in information gathering, analysis or transparency. There are of course other service focused organisations in the private sector who appear to take on customer comments in real time and link this to their service provision. Could the NHS emulate this?

The two items listed below are part of this month's Trust Board agenda.

The report on Patient and Public Involvement and Engagement Strategy raises the following questions in my mind:

To what extent are we seeking to engage across the different communities as a whole and not just those that are the most articulate or have traditionally featured in consultation processes?

How do we distinguish between communicating with external stakeholders and listening to them in our discussions about engagement?

How do we measure success in this area assuming we make a distinction between outcomes and activity?

The report on Institute of Frail Elderly Medicine - proposed partnership with De Montfort University raises the following questions in my mind:

Are any of the general points and questions that I have identified above relevant?

How do we measure success in terms of this potential partnership between academics and practitioners and are there any risks attached?

Given this is a forward looking initiative how will we seek to embed the research outcomes in terms of our learning?

Karamjit Singh CBE
Chairman, UHL Trust