

Chairman's Note

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Trust Board paper C

Dear Board Member,

KEY CONSIDERATIONS

Since we last met the key things on my mind have been:

- I am pleased to report that the recent open competition for a Non-Executive Director has resulted in the NHSI appointing Dr Shirley Crawshaw as the latest addition to our Trust Board. She has a distinguished clinical background having previously worked as a GP and prison doctor in Leicestershire and has then held a number of senior public health roles in the East Midlands Strategic Health Authority, UK Department of Health and most recently in the New Zealand Department of Health.
- The performance (and the associated financial and staffing challenges) in the Emergency Department continues to remain amongst the forefront of my concerns.

PRIORITY ITEMS & QUESTIONS

In preparation for our next Board meeting I would like to highlight the following priority items and a few specific questions to consider.

1. With the appointment of Dr Shirley Crawshaw the Trust Board is (for the first time since I took up my own appointment in October 2014) fully quorate with eight Non-Executive Directors and five Executive Directors not counting the presence of other non-voting Directors who attend Trust Board and committee meetings. The degree of churn at Trust Board level can be illustrated by the fact that only three out of twelve voting Board members pre-date my own appointment. Without introducing a false sense of complacency I do think that notwithstanding these changes in membership and the complex environment we are operating in, the Board has not appeared to lose its composure or sense of direction. However I do consider that the time is right to ask ourselves:
 - How can we improve our performance and efficiency at formal Trust Board meetings, Thinking Days, Board committees and other forums ?
 - How can we most effectively utilise the wide spectrum of experience and insights that exist within the Board?

These questions are as much about culture and relationships within a Board context and not just about governance structures and processes. The Board will be interested to note that NHSI and the CQC are working together to further develop the well led Board frameworks and I have asked Stephen Ward, our Director of Corporate and Legal Affairs, to take an active interest in monitoring these developments. We will be discussing these issues further at our February Thinking Day.

2. When I visited the Emergency Department on Christmas Day with the Chief Operating Officer and one of my Non-Executive colleagues, there were sixteen patients waiting to be seen. This was an unusually low number by comparison with the intake on other days and sustained red – green focus during the previous days had led to a number of discharges from medical wards so that the conditions for a steady flow were possible. However our performance in ED continues to be of concern to the Board given its implications for the Trust and the local health system. This scenario is not of course unique to us and we should continue to see what lessons and insights we can learn from others facing the same challenges. We will continue to focus on these themes at Board meetings, Thinking Days and appropriate committees.
3. In my discussions with some of our own Trust staff and persons external to the Trust, I have been struck by the amount of voluntary activity that is being undertaken in countries located in the global South. Some of this is sponsored by fundraising efforts by staff themselves, or supported by local businesses where the owners may have a personal connection with the countries that are being visited, or by modest personal contributions on the part of staff themselves. This is anecdotal information and we have no systematic information about this kind of voluntary activity. I believe that in this particular Trust we have a unique opportunity to link up this motivation for international volunteering by our staff (in their own time) with support from our local community and business organisations and matching this to needs in specific countries such as Uganda. Whilst this cannot be a direct charge on NHS funds or fall directly within the use of donations to our own Charitable Funds, I think we could consider developing initiatives in association with some external organisations or individuals with the objective of supporting staff who wish to volunteer for specific projects. With the agreement of the Charitable Funds Committee Chairman I would like to discuss these issues further at the next meeting of the committee. The question in my mind is – would supporting this type of initiative assist in enhancing staff motivation internally and commitment to the Trust externally?

I look forward to seeing you at our forthcoming Board meeting on 5th January 2017.

Regards,

Karamjit Singh

Chairman, University Hospitals of Leicester NHS Trust