

Chairman's Note

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Trust Board paper D

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board		
Trust Board Committee		
Trust Board		

Dear Colleagues

At our last Board meeting (which occurred during National Organ Donation Week) you will recall that we heard those very moving comments from a member of the public speaking about the decision that she and her family took in donating several organs from a close family member shortly after his death. The Board also noted the sensitivity and care which she and her family felt they had received from our staff during this difficult time. I have written to her on behalf of the Trust Board for her willingness to come and share her experiences with us as part of the patient story session we have each month. During our discussions we reflected on the forthcoming statutory changes to organ donation practice next year and in particular the relatively lower rates from South Asian communities. I am grateful to my Non Executive colleague Ballu Patel for actively raising the profile of these issues through his community links and in chairing the Organ Donation Committee.

I am sure that those Board colleagues who also attended our sixth annual Caring At Its Best Presentation Awards evening will have enjoyed the enthusiasm and pride displayed by all the individuals and teams of staff and volunteers nominated for these awards. This event underlines the critical importance of our values stressing the centrality of patients and caring and it is pleasing to see how staff actively compete to be recognised as purveyors of excellence. The sponsorship received from several organisations make this gala event possible and my thanks on behalf of the Board to Tiffany Jones, our Deputy Director of Communications, and her colleagues for all their hard work in organising this.

During the past month, and in addition to formal meetings and walk rounds within the Trust, I have also been involved in the following activities:

- meeting the Chairs of Sherwood Forest NHSFT and Imperial Healthcare NHS Trust
- attending (by invitation) a national HSJ conference on Integrating Health systems
- attending a Board meeting of NHS Providers
- attending the first Partnership Group meeting for the Chairs and senior councillors within the Leicester, Leicestershire and Rutland health and social care system
- attending our annual Leadership conference and our annual Consultants conference
- attending our latest engagement event , this time with the Somali community
- attending launch of the national 100 BAME Leaders List at Somerset House, London
- speaking about UHL at a Westminster Briefing session on Diversity in Healthcare
- participating in a discussion group convened by the Leadership Academy focusing on the next iteration of the leadership and culture section of the interim People Plan
- hosting a visit together with Board colleagues by Secretary of State Matt Hancock MP, including an engagement session with some of our staff
- together with Board colleagues, welcoming Sir David Behan, Chair of Health Education England to our last informal Board Thinking Day where he shared his perspectives.

I would like to draw some of these different threads together as the basis for future discussions about our role as an employer, provider of health services and as a public body with potential influence.

The first and most obvious point is that with 16,500 staff, an annual operating budget of just under £ 1 billion, and serving a local population of 1.2 million people our Trust is amongst the ten largest institutions within the NHS. The Long Term Plan published earlier this year makes clear that we will be mandated to work with our health and social care partners in planning for and implementing an integrated system of public services providing for our local population (and further afield with some of our tertiary services). This will give greater emphasis to personalised care and trends in population health management for our very diverse communities facing different kinds of health inequalities within the city and counties of Leicester, Leicestershire and Rutland. I look forward to the Partnership Group encouraging greater interaction between the different Boards and committees as we move towards focusing on an integrated care system, whilst still being mindful of our distinct legal and fiduciary responsibilities. The ultimate beneficiaries must be our patients and communities.

The Chief Executive of the Carers Association who spoke at the HSJ conference on Integrated Care reminded us that nationally there were more carers than there were staff in the entire NHS. This does highlight the important role of carers for patients and their families and the necessity for NHS organisations such as ours to utilise their experiences and insights appropriately. Linked to this of course is the invaluable assistance provided by the hundreds of volunteers within our Trust.

Sir David Behan provided us with a thought provoking commentary of the workforce opportunities and challenges facing organisations such as ours both today and tomorrow. The need to upskill our current workforce and preparing for future needs in the NHS workforce of tomorrow we're highlighted by him and he expressed his appreciation of the significant progress the Trust has made in training nursing associates. The need for agility on the part of NHS bodies and individuals, being responsive to the mind-sets and expectations of millennials, and thinking about the impact

of emerging needs, new technologies and new ways of working were some of the issues that were discussed.

I thought one of his most important contributions to our Board Thinking Day was focusing on our potential role as an anchor institution in our local communities. This was a reference to seeing ourselves as a major source of employment (a not unreasonable expectation given our relative size amongst employers in the region), and thinking about connecting with our communities both now and on an ongoing basis. The local labour market will face its own challenges in terms of whether there will be enough people to meet everyone's needs, whether there is appropriate skills and education training, and whether barriers to access are recognised and dealt with. There is a real opportunity for us both as an organisation and partner in our health economy on capitalising on the energy within our different local communities on a sustained basis from the point at which people enter education institutions at all levels. For some of our workforce we will also look to recruit in global terms but even here their own personal and professional links need to draw on with greater emphasis. In economic development terms we also need to recognise the purchasing power that we could potentially have in supporting local businesses and the regional economy.

This concept of an anchor institution also lends itself to the themes I have outlined above in relation to developing an integrated care system and fostering closer relationships not only with other health and social care partners, but with institutions such as universities, colleges and other public bodies. As a service provider we want to provide the best quality of care that we are able to and in addition think about how we can make a meaningful contribution to the health of our communities.

We are also a large public body and as such we also have a potential role in the public space through our interactions with public, private and third sector organisations as well as engaging with our local communities. One of the distinguishing features about our local communities is the range of diversity within them both in a demographic and geographical sense. How we leverage the talents and relationships within them should be a key objective for all of us. I am also mindful of the range of skills and varied interests and connections that my Board colleagues have.

I hope these comments stimulate some further thoughts and look forward to seeing you at our next Board meeting on 3 October 2019.

Regards

Karamjit Singh
Chairman

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	Not applicable
Safely and timely discharge	Not applicable
Improved Cancer pathways	Not applicable
Streamlined emergency care	Not applicable
Better care pathways	Not applicable
Ward accreditation	Not applicable

2. Supporting priorities:

People strategy implementation	Not applicable
Estate investment and reconfiguration	Not applicable
e-Hospital	Not applicable
More embedded research	Not applicable
Better corporate services	Not applicable
Quality strategy development	Not applicable

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? – not applicable
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required – none required
- How did the outcome of the EIA influence your Patient and Public Involvement? not applicable
- If an EIA was not carried out, what was the rationale for this decision? – none required

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a <i>Principal Risk</i> on the BAF?		
Organisational: Does this link to an <i>Operational/Corporate Risk</i> on Datix Register		
New Risk identified in paper: What <i>type</i> and <i>description</i> ?		
None		

- 5. Scheduled date for the **next paper** on this topic: 7 November 2019 Trust Board
- 6. Executive Summaries should not exceed **5 sides** My paper does comply