UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

NOTES OF A MEETING BETWEEN UHL TRUST BOARD MEMBERS AND UHL'S STAKEHOLDERS TO CONSIDER THE RECOMMENDATIONS ARISING FROM THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY

HELD ON THURSDAY 28 FEBRUARY 2013 AT 12NOON IN THE C J BOND ROOM, CLINICAL EDUCATION CENTRE, LEICESTER ROYAL INFIRMARY

Present:

UHL NHS Trust Representatives:

Mr M Hindle – Trust Chairman
Mr J Adler – Chief Executive
Ms K Bradley – Director of Human Resources
Dr K Harris – Medical Director
Mrs S Hinchliffe – Chief Nurse/Deputy Chief Executive
Ms K Jenkins – Non-Executive Director
Mrs S Khalid – Acting Head of Service Improvement
Mr R Kilner – Non-Executive Director
Mr K Mayes – PPI and Membership Manager
Mr P Panchal – Non-Executive Director
Mr I Reid – Non-Executive Director
Mr A Seddon – Director of Finance and Business Services
Mr J Tozer – Interim Director of Operations
Mr D Tracy – Non-Executive Director
Mr S Ward – Director of Corporate and Legal Affairs
Mr M Wightman – Director of Communications and External Relations
Ms J Wilson – Non-Executive Director
Professor D Wynford-Thomas – Non-Executive Director

Stakeholders:

Ms B Patel – Chair, Leicester Mercury Patient Panel
Mr P Burlingham – UHL Patient Adviser
Mr E Charlesworth – Board Member, Better Care Together
Cllr M Cooke – Chair, Leicester City Health and Community Involvement Scrutiny Commission
Mr A Donovan – Executive Director, Age UK
Mr J Jobanputra – Chair, Leicester LINk
Mr A Locke – Incoming Chair, Leicester Mercury Patient Panel
Ms A Mitchell – Health Policy Officer, Leicestershire County Council's Health Overview and Scrutiny Committee
Mr B Smith – Policy Development Officer, Voluntary Action LeicesterShire/Healthwatch Leicester and Leicestershire
Mr G Smith – Board Member, Leicestershire LINk
Ms D Watson – Director of Public Health and Interim Strategic Director of Adult Social Care (on behalf of Cllr R Palmer, Deputy City Mayor)

In attendance:
Mrs K Rayns – Trust Administrator

1. INTRODUCTION

The Chairman welcomed everyone to the meeting and thanked them for attending. He introduced the session by setting the context in relation to the report on the Mid Staffordshire

NHS Foundation Trust Public Inquiry and the arising recommendations relating to internal governance of clinical performance and patient safety. The aim of the session was to engage with the Trust's stakeholders and invite comments, ideas and suggestions in terms of areas for improvement and increased focus at UHL. Whilst the meeting was not being held in public, the Chairman noted the intention to present the notes from this session to the 28 March 2013 public Trust Board meeting.

The Chief Nurse/Deputy Chief Executive also extended her thanks to everyone present, noting that a report on the preliminary review of UHL's response to the Francis recommendations featured on that afternoon's public Trust Board agenda (paper O refers). This report focused on 10 key themes arising from root cause analysis of the events that transpired at Mid Staffordshire NHSFT. In addition, a gap analysis for UHL's services was being prepared and developments were being taken forward as part of UHL's Quality and Safety Commitment. She particularly invited attendees to raise questions and comments on themes such as mortality, care of the elderly, dementia care, transparency, whistleblowing, complaints, the Trust's Patient Information and Liaison Service (PILS), and the arrangements for public and patient involvement.

2. ISSUES DISCUSSED

2.1 Patient and Public Involvement/Transparency

Mr G Smith advised that the LINks (which were being stepped down with effect from 31 March 2013) had undertaken an objective assessment of whether the events at Mid Staffordshire NHSFT would have been picked up by the LINks, any concerns or doubts regarding the Trusts they worked with, the "critical friend" relationship enjoyed currently and some general concerns regarding the arrangements for public and patient involvement. He suggested that UHL might like to focus on the following areas:-

(a) arrangements for PPI within the Strategic Direction;
(b) the process for raising/filtering of issues at public Trust Board meetings;
(c) consideration of the proposed workload for UHL Governors;
(d) establishment of a Governors' support office to enable Governors to meet their challenging workload;
(e) strengthening assurance that patients' complaints were being handled in the most effective way, and
(f) increasing the degree of openness, transparency and candour by reviewing the balance between public/private Trust Board items.

In response, the Chief Nurse/Deputy Chief Executive confirmed that PPI involvement was being developed further through the Quality and Safety Commitment for patient centred care and that where possible private Trust Board business was being contained to items of commercial sensitivity or personal data. The Trust was expecting the Government to comment on the arrangements for appointing, training and supporting FT Governors.

Mr A Locke suggested ways in which the Trust could address transparency in different ways, eg inviting staff to public Board meetings to talk about negative issues and complaints. He suggested that increased staff openness might help to address patient concerns before they were escalated to the formal complaints stage, noting that reductions in complaints would help to support improvements in staff morale.

2.2 Care of the Elderly

Mr A Donovan confirmed that Age UK was committed to working with UHL to enhance care for the frail elderly to ensure that such care was as good as it possibly could be. Mr A Locke added that frail elderly patients were the least likely patient group to raise issues and he suggested that staff should be made aware of specific issues affecting the care of this vulnerable patient group.

Mr Donovan commented upon the valuable patient benefits provided by the Directorate of Services for Older People (under the Trust's previous Directorate structure) and received an update from the Chief Nurse/Deputy Chief Executive regarding the retirement of Dr Robin Graham-Brown who had led that Directorate, the work of Older People's Champions at UHL. Whilst the Trust no longer operated designated wards for older people, 9 UHL wards were currently participating in the Quality Mark Scheme which incorporated additional staff training to enhance the understanding of patients' needs (including mobility, special needs, dementia care, environmental issues, respect and dignity).

2.3 Patient Information and Liaison Service (PILS)

The Director of Communications and External Relations highlighted outline proposals for UHL to establish a Patient Information and Liaison Service (PILS) base and patient information centre adjacent to the Balmoral reception at the LRI and suggested that this might also be utilised as a joint UHL/community space. Mr Donovan indicated that information on appropriate links with outside agencies for post-discharge patients would be very welcome.

Mr P Burlingham noted his concerns regarding the number and grade of staff within the PILS team, suggesting that with improved resources, this team might be able to prevent a higher proportion of patient concerns being escalated as complaints.

Mr B Smith suggested that Healthwatch might be interested in working with the Trust to base a Healthwatch Officer within the PILS base at the LRI (if this proposal was to be developed further).

2.4 Hospital Volunteer Services

Mr P Burlingham highlighted opportunities to harness and develop the work of volunteers more consistently across the Trust, especially as the role of the Patient Adviser would cease to exist once the Trust achieved FT status (to be succeeded by the role of Service Improvement Volunteer).

2.5 Staff and Ward Culture

A suggestion was received that an interim step could be introduced which was less formal than a complaint where patients could raise concerns such as the example provided where a patient whose first language was not English had remained on a ward for 5 days before staff had realised that he did not prefer the Asian menu items.

Mr Donovan provided anecdotal evidence of poor care received from a non-UHL hospital ward where a relative of his had been cared for. That non-UHL ward had a notorious reputation for poor ward culture and he queried whether some UHL wards at the LRI might have a similar reputation involving particular staff groupings which might be challenging to move around/split apart. Mr A Locke responded that any comments on less than satisfactory wards at the LRI were too old and not specific enough to follow-through, but they might be broadly connected to low staff morale.

In response, the Chief Nurse/Deputy Chief Executive confirmed that patients' dietary preferences should be more readily accommodated. She welcomed any comments or views regarding UHL ward culture to be escalated directly to her for immediate attention. In the event that any poor ward culture was demonstrated by particular staff groups, procedures were in place to detect this through ward level indicators and any staff attitude or behaviour concerns would be properly performance managed.

Further concerns were raised regarding clinician availability to discuss patients' care with their family during visiting hours and wider communications issues with primary care and local

authority services post-discharge from UHL.

Mr E Charlesworth highlighted an issue raised by the Francis Inquiry, whereby patients' food had been delivered to the bedside, but no member of staff had accepted the responsibility of helping the patient to eat (where necessary). Similar issues had arisen at Mid Staffordshire NHSFT regarding nursing and HCA roles and a query regarding whose responsibility it had been to deliver a commode to a patient. In such cases, staff had tried to avoid setting a precedent for activity which was not usually carried out by staff of a particular grade. Mr Charlesworth also highlighted opportunities to build on good practice at UHL and promote more of the Trust's good news stories.

2.6 Health Overview and Scrutiny

Cllr M Cooke noted that introductions would have been helpful at the beginning of the meeting, but he waived the Chairman's offer to correct this omission. Cllr Cooke advised that the Francis Inquiry recommendations demanded reflection on the arrangements for Health and Community Involvement Scrutiny and whether this role was being conducted appropriately. This theme was due to be considered in detail by a meeting of the Leicester HOSC in April 2013. He also highlighted opportunities to examine complaints trends data in more detail and establish a consistent reporting mechanism to include benchmarking data with other Trusts.

The Director of Communications and External Relations took this opportunity to thank Cllr Cooke for the LLR Joint Health Overview and Scrutiny Commission support provided in relation to the Safe and Sustainable Review of Paediatric Cardiology and in securing a second visit from the Independent Review Panel on 31 January 2013. He confirmed that the Trust would be very willing to work with the Commission on matters of interest to the Commission and extended an invitation to Cllr Cooke to attend UHL Trust Board meetings on a regular basis.

3. CLOSING COMMENTS

The Chief Executive thanked everyone present for their valuable input provided at this meeting, recognising the importance of assessing UHL's wards on a spectrum which might potentially range from "excellent" to "failing". He suggested that factors for poor ward performance could broadly be broken down into two categories: (1) a position where staff were not able to deliver the appropriate care, and (2) poor ward leadership. Surveillance systems were in place at UHL to detect and escalate any such issues as they arose and £2m investment in additional nursing acuity had recently been introduced. It was essential that the Trust Board remained vigilant, listened to individual feedback where provided and took prompt action to address any concerns.

The Chief Executive also provided a briefing on the Listening into Action approach towards improving staff engagement, which was due to be launched at UHL in April 2013. Listening into Action was aimed at providing members of staff with a stronger voice, delivering some quick wins, and promoting a gradual change in organisational culture.

In summary, the Chairman confirmed that the points raised at today's meeting would be documented and reported to the next public Trust Board meeting on 28 March 2013.

The meeting closed at 1.30pm

Kate Rayns,
Trust Administrator