Trust Board Paper AA

To:	**Trust Board**
From:	**Mark Wightman, Director of Communications and Marketing**
Date:	**24th April 2014**
CQC regulation:	As applicable

Title:	**Members' Engagement Forum: Minutes and Terms of Reference**

Author/Responsible Director:
Karl Mayes: PPI & Membership Manager
Mark Wightman: Director of Communications and Marketing

Purpose of the Report:
To present to the Board the minutes of the last Members' Engagement Forum and its new Terms of Reference for endorsement.

The Report is provided to the Board for:

Decision		Discussion	
Assurance		Endorsement	**X**

Summary / Key Points:
A programme of Prospective Governor meetings was reinstated in January 2013, corresponding with the Trust's intention, at the time, to apply for Foundation Trust status. Thereafter, meetings have been held bi-monthly and have covered a range of issues from an overview of Foundation status and governorship to an examination of the Trust's response to the Francis report. The Prospective Governor meetings have been chaired by Trust's Chairman and attended by other Directors and senior clinicians and managers.

Approximately 60 people have expressed an interest in the governor role and the meetings are generally attended by around 30 people on each occasion. To date the engagement with this group has been very positive and the meetings are well evaluated. Membership of the group is open, but has naturally drawn individuals who are particularly interested in becoming a governor.

In November 2013 the group were informed by the Chief Executive that the Trust's Foundation Trust application was unlikely to go ahead for the foreseeable future. Rather, as a matter of priority, the Trust's key focus would be on financial stability, improving its management of emergency patients and delivering the quality commitment; these themes being the essential elements of a successful FT application.

With the prospect of FT governorship receding, the group were therefore asked to consider the future direction of these meetings. With one or two exceptions participants wished to continue meeting, citing the opportunity to be kept informed and to meet and discuss issues directly with our Board members as elements they wished to retain. Some members cautioned that they did not want the group to exist merely as a "Talking shop" and were keen to ensure any future engagement was meaningful and had the support of the Trust Board.

Volunteers were sought from the group to work with the Trust on a new Terms of Reference for the group which reflected earlier discussions and set the future direction of meetings. As such, six participants met with the PPI & Membership Manager and Director of Corporate and Legal Affairs to draft the document. The draft was then shared with the group and with the Trust's Chief Executive, Chairman, Director of Communications and Marketing and Director of

Corporate and Legal Affairs for comment.

It is proposed that the group will now be known as the "Members' Engagement Forum" and will provide a regular opportunity for the Board to meet with the Trust's public members to discuss matters of strategic importance and topical interest. The group will be chaired by the Trust's Chair and a commitment has been made within the Terms of Reference to field a minimum of two Executive and two Non Executive Directors at each meeting. A Deputy Chair will be elected from among the group. A further commitment has been made to present the minutes of each meeting quarterly to the Trust Board. The first such submission is presented here for the Board's consideration alongside the Terms of Reference.

Recommendations:
The Trust Board is asked to note the minutes of the last meeting and endorse the Terms of Reference for the Members' Engagement Forum.

Previously considered at another corporate UHL Committee?
No

Board Assurance Framework:	**Performance KPIs year to date:**

Resource Implications (eg Financial, HR):
Administration for the group is currently undertaken by the PPI and Communications manager. The meetings are held in Trust venues. Other than a small hospitality budget there are no significant resource implications.

Assurance Implications:
In terms of Board assurance, the quarterly presentation of minutes and the ongoing presence of Board members will provide assurance that patients and the wider public have opportunities to engage with our most senior leaders.

Patient and Public Involvement (PPI) Implications:
The development of this group, outlined in the Terms of Reference, will support and enhance patient and public involvement. The group will comprise one of the key means by which members of the Trust Board may engage with its public membership. The group will develop as a public consultation body which will inform the annual planning process. It will also act as a "sounding board" of public opinion on UHL service provision.

Stakeholder Engagement Implications:
The group will provide a regular forum to which other stakeholders may be invited to engage on issues that involve partnership working with the Trust. It will also provide useful feedback on partner organisations which may be passed on to those concerned.

Equality Impact:
The Trust's public membership is closely reflective of the community it serves. As such, the Members' Engagement Forum will be open to and promoted to the full membership. Participants will be asked to identify any access requirements (interpretation, induction loops, wheelchair access etc.) and every attempt will be made to accommodate these. The meetings are held in an accessible venue with hearing loop facilities. Feedback forms will also assist the Trust in identifying any barriers to access. Consideration will be given to equality monitoring of attendees and targeted promotion undertaken where necessary. The forum is anticipated to have a positive impact insofar as it will provide a platform for patients and the public to engage directly with members of the Trust Board.

Information exempt from Disclosure: no

Requirement for further review? Quarterly Minutes

University Hospitals of Leicester NHS Trust

Members' Engagement Forum: Terms of Reference

1. Purpose of this document

1.1 The Members' Engagement Forum will be one of the key means by which the Trust Board engages with the Trust's public members. This document describes how the group will carry out its work, including information about its membership, organisation and interaction with staff from the Trust.

2. Background

2.1 Over the last eighteen months the Trust has convened a bi-monthly meeting for public members who were interested in the role of Foundation Trust Governor. These "Prospective Governors" meetings were well attended and provided an opportunity for our more interested members to engage with senior staff on current issues and on the strategic direction of the organisation. The meetings also covered aspects of governorship in preparation for the Trust's Foundation Trust application.

2.2 In the changing climate of today's NHS it has become clear that the Trust will not apply formally for Foundation Trust status for some time. As such, in consultation with the group, a decision was made to shift the focus of these meetings away from preparation for governorship and more overtly towards engagement with the Trust's public membership.

2.3 The Trust is keen to ensure that its engagement with patients and the public is meaningful and that adequate opportunities are provided to meet with members of our Trust Board, most senior managers and clinicians. The Trust's public membership now stands at over 14,500 and is closely representative of the population that we serve. It is anticipated that a more explicit focus on membership engagement will encourage new members to participate and provide the Trust with a useful "sounding board" of public opinion in the years ahead.

3. The role of the Members' Forum

3.1 The role of the Members' Engagement Forum is to;

- Constitute a regular forum in which the Trust may consult with its members on matters of strategic importance.
- Provide opportunities for members to engage in the Trust's annual planning cycle.
- Act as a "sounding board" by which the Trust may gauge the views of patients and the wider public.
- Promote the development of services that are designed around patients and their needs.
- Provide feedback from members on the quality of services provided by the Trust.
- Have input in to policy development and to senior appointments.

4. Powers and responsibility

4.1 The Members' Engagement Forum is an engagement and advisory body and does not have the power to take decisions on its own. Instead it will share its views with members of the Trust Board, senior managers and clinicians. These views may then inform the work of the Trust.

4.2 The Members' Engagement Forum will not function as an opportunity to air personal grievances and issues. Instead its focus will be thematic and strategic.

4.3 The Members' Engagement Forum will be chaired by the Chair of UHL. Its members will also elect a Deputy Chair from among the group. The Chair, supported by the Deputy Chair will;

- Ensure that the work of the Members' Engagement Forum is conducted in accordance with these Terms of Reference.
- Ensure that minutes are taken and all other important information is recorded.
- Act as a point of contact between the Trust and the Members' Engagement Forum.

4.4 The Deputy Chair position shall be subject to annual election. Individuals may serve no more than two consecutive terms of office.

4.5 The Members' Engagement Forum may establish sub – groups, working parties or other committees in order to carry out its functions.

4.6 Agenda items will be generated by both Trust staff and participants in the Forum.

4.7 The Trust will take responsibility for ensuring that the Members' Engagement Forum is able to function effectively. The Trust Board will therefore;

- Work with the Chair to give leadership to the Members' Engagement Forum
- Ensure that the views of the Members' Engagement Forum contribute to the work of the Trust
- Receive a quarterly update on progress

4.8 The Trust Board will ensure that at least two executive directors and two non executive directors attend each forum meeting. Attendance will also be encouraged from other members of the Trust Board.

5. Meetings

5.1 The Members' Engagement Forum will meet quarterly, with meetings established one year in advance.

5.2 Meetings will take place in the evenings and be scheduled to last approximately two hours.

5.3 Agendas shall give equal weight to issues that the Members' Engagement Forum wishes to raise and issues that the Trust wishes to seek engagement on.

5.4 A standing agenda item will ensure that the Trust reports back to the Forum on how its views have informed the work of the Trust (a "You Said, We Did" report).

5.5 Additional meetings, postponements or cancellation of meetings will be for the Chair and Forum members to decide.

6. Membership

6.1 There will be no cap on the number of members. However, this decision will be reviewed if the number of participants exceeds the available meeting space.

6.2 The Members' Engagement Forum will be open to all of the Trust's public members. Non- members will also be welcomed and will be encouraged to join the Trust's membership.

6.3 Members of other patient representation groups (e.g. Patient Advisors, Healthwatch, the Leicester Mercury Patient's Panel) will also be welcome to participate and to join the Trust's public membership.

6.4 The Members' Engagement Forum will be promoted to members through the Trust's members' magazine and other media channels.

6.5 Disruptive participants or those acting inappropriately may be excluded from the meeting at the discretion of the Chair.

7. Administration

7.1 The Members' Engagement Forum shall record its proceedings in minutes. Administration of the meetings will be undertaken by the Trust.

7.2 Agendas, previous minutes and other relevant papers will be circulated no later than one week prior to each meeting.

8. Contacts

8.1 The Trust contact for the Members' Engagement Forum will be the PPI and Membership Manager

8.2 The Forum may also be contacted through the Chair and Deputy Chair.

University Hospitals of Leicester NHS Trust

Prospective Governors Meeting 17/03/2014

Minutes

In attendance
Richard Kilner, Acting Chairman, UHL
Stephen Ward, Director of Corporate and Legal Affairs
Kate Shields, Director of Strategy
Prakash Panchal, Non Executive Director
Karl Mayes, Patient and Public Involvement / Membership Manager
Monica Harris, CMG Manager (ITAPS)
Michael Nattrass, CMG Manager (CHUGS)
David Yeomanson, CMG Manager (Women's' & Children's)

Apologies
Mark Wightman, Director of Communications and Marketing
Jane Wilson, Non Executive Director

11 Prospective Governors participated in the meeting.

1. Welcome and Introductions

1.1 Participants were welcomed to the meeting by Mr Richard Kilner, Acting Chair of the Trust. Richard noted that attendance at this meeting was lower than usual. He said that the Trust will contact members to determine whether the day (Monday) was less preferable than others or if there were other issues affecting attendance.

1.2 Richard informed the group that he had been acting Chairman since October 2013, an interim position which will extend until the Trust appoints a substantive Chair. He noted that the previous appointment process had been halted by the Trust Development Authority (TDA) and was due to recommence later this year with a view to appoint a Chair in July / August.

1.3 Richard provided an update to the group on specific issues that the Trust was dealing with. He spoke about the increasing pressure on our Emergency Department (ED) and praised our ED staff for their continuing hard work and expertise under pressure. Richard noted that this was a "whole system" issue. ED has seen an increase in admissions, both via GPs and from people arriving at the front door. GP admissions are up 26% and roughly 80% of these admissions come from 20% of local GP practices. The March 27th Trust Board will be exploring these issues, looking specifically at UHL's capacity. Richard explained that if we do not have an appropriate capacity and length of stay for patients then our beds fill and this creates a back flow to the ED.

1.4 The Chair also reported on two recent "Super weekends" in January 2014 which were very successful. The initiative increases our capacity to run services more efficiently through the weekends and is part of the Trust's ambition to work better 7 days a week. A further two Super Weekends are scheduled for March; each bringing us a step closer to 7 day working.

1.5 The group were also given a summary of the recent Care Quality Commission (CQC) inspection of the Trust. This saw between 45 and 50 CQC inspectors visiting

over one week and talking to all grades of staff and to patients and the wider public. This was a new style of review with genuine peer to peer assessment. The full report will be in the public domain on March 27th, following a Quality Summit on March 26th. Early informal feedback suggests that there are no surprises in the report and that any issues identified are already being addressed by the Trust Board.

1.6 In relation to Finance, since the group last met the Trust has forecast a £39.8 million deficit at year end. The Chair acknowledged that this is significant, but pointed out that as a percentage of total revenue the figure puts us in the middle of the pack when compared nationally.

2. Draft Terms of Reference

2.1 Richard Kilner introduced this item, noting that a draft Terms of Reference had been drawn up in consultation with some members of the group. However, he pointed out that these had not been to the Trust Board. As such, there was still an opportunity to reflect on the draft and influence the document.

2.2 Karl Mayes, Patient and Public Involvement & Membership Manager then delivered a short presentation outlining progress on the draft Terms of Reference. He provided a recap, noting that the group had met in November to debate the future direction of these meetings. In January 2014 a small number of group members had also met with he and Stephen Ward to develop a new Terms of Reference.

2.3 Karl noted that while there was disappointment form both UHL staff and prospective governors that the Trust was not pursuing FT governorship at this time, both sides were keen to retain the excellent level of engagement that we have built up over the year.

2.4 Summarising feedback from the group to date, there was general agreement to;

- use the meetings as an opportunity to engage with our public membership
- ensure that the group engages meaningfully with the Trust Board
- ensure that the Board are represented at each meeting
- seek greater member involvement in setting the agenda for meetings
- provide opportunities to influence strategy, policies and Board appointments
- support the UHL Chair to lead these meetings (ensuring a connection to our Board)

2.5 From previous discussions with participants in the meetings it was suggested that the group adopt a new title; that of “Members’ Forum”. Karl noted that this was up for debate and welcomed comments from the floor. The aim of such a Forum would be to;

- Provide an opportunity for the Trust to consult with its members on matters of strategic importance.
- Facilitate member engagement in the Trust’s annual planning cycle.
- Act as a “sounding board” by which the Trust may gauge the views of patients and the wider public.
- Promote the development of services that are designed around patients and their needs.

2.6 As such, the Members’ Forum would;

- become an advisory body which will share its views with members of the Trust Board
- be chaired by the UHL Chair
- elect a deputy Chair from among its number
- share agenda setting between Trust staff and members.

2.7 It was proposed the minutes of each meeting be presented to the Trust Board and that the Board would commit to a minimum of two Non Executive Directors and two Executive Directors attending each meeting. It was further suggested that the meetings take place quarterly and be held in the evenings to encourage participation.

2.8 The group were asked to reflect on this draft summary and comment. The following points were raised during the subsequent discussion.

- Instead of a Deputy Chair, the group should be Co-chaired
- The connection to the Trust Board must be emphasised.
- One participant suggested the group be called the "Public and Patient Improvement Agenda".
- Could this include employee engagement?
- A number of participants concurred that the word "Engagement" in the title would strengthen the perceived purpose of the group
- Richard Kilner agreed with this last point, noting that the purpose of the group is precisely about providing a floor for engagement.
- One participant, taking a phrase from the draft Terms of Reference suggested that the group be called an "Engagement and Advisory Body"

2.9 Richard Kilner summarised the discussion, noting that the term "Members" was fairly unanimously agreed. The phrase "Forum" was preferred by the majority. The Trust would reflect on this discussion and share an amended Terms of Reference with the group.

3. Annual Operational Plan

3.1 The Trust's Director of Strategy, Kate Shields, then delivered a presentation to the group outlining the Trust's developing thoughts on its forthcoming two year plan. The plan will be submitted to the Trust Development Authority (TDA).

3.2 Kate outlined some of the challenges facing the Trust, noting that every health economy is currently facing a significant economic gap. Other factors influencing the Trust's planning are the increasing numbers of older people seeking care, the ongoing drive to self care and the increased move towards patients being seen as partners in their own care. Kate also noted high consumer demand in the technologically advanced environment we are now working in.

3.3 Reviewing the local drivers for change, Kate noted the £290 million financial gap that has been calculated for the local NHS economy over the next five years. Local NHS estate is poorly utilised and there is also a higher drive for 24/7 care (evidenced by our successful Super Weekends) and care in lower cost settings. In all we are likely to see far more partnership working across traditional boundaries in the future.

3.4 Kate updated the group on the new "Alliance" organisation which will see local NHS partners (UHL, LPT, CCGs and the LLR partner group) managing a three year

contract to provide outpatient and minor procedure services in local community settings. The contract represents approximately £20 million of UHL activity and the majority of staff will come over to UHL's payroll. The contract also provides an excellent opportunity to redevelop models of care and explore how we both make services more efficient and move them "closer to home".

3.5 Specialised services will be central to how we work over the next five years and beyond. Historically PCTs worked on their own models of care. Now there are 148 specifications (with 75 clinical reference groups) which UHL will need to measure its services against. The strategic ambition for UHL is that we will lead on developing models of care, working alongside other organisations in LLR as part of the wider health economy. This way of working will look more at five year plans than one year plans. Kate spoke about how she would like to see planning in terms of creating a "route map", illustrating a flow of service developments. Plans will also need to address the closing of the financial gap.

Women's and Childrens CMG

3.6 David Yeomanson was invited to talk about some of the service developments within the Women's' and Children's Clinical Management Group. David focused on three key initiatives which will be taken forward over the next two years; a Children's Hospital Board, Improved access and environment for Maternity and Neonates and improved services for children requiring surgery.

3.7 David spoke about the CMG's ambition to develop the specialist end of their services. Part of the early work for this would be the development of a prospectus of Children's services as well as the development of a full business plan. He also noted;

- A dedicated Children's Hospital Board has now been established and its priorities agreed. Among these are
- The Children's hearts business case
- Partnership with Nottingham University Hospital for patient transport services
- Supporting the emergency floor project
- Establishing a youth forum and a Parents' group

3.8 Turning to improved access in Maternity and Neonatal services, David noted that recent service improvements had led to UHL's Maternity services achieving CNST level 3 which is the highest rating, achieved by only 20% of Trusts nationally. He also informed the group that the Trust was increasing capacity in its service with extra delivery rooms. This means that women may be more certain of where they will be admitted.

3.9 Children's surgical services will soon benefit from a joint consultant post, shared with Peterborough. Networked partnerships have already begun with Lincolnshire, Peterborough and Nottingham. There is further work ahead to partner with Northamptonshire.

Cancer, Haematology, Urology & Gastroenterology & Surgery (CHUGS) CMG

3.10 Michael Nattrass was invited to summarise the developing CHUGS two year plan. Michael told the group about developments to the surgical Triage service. This service is currently served by junior medical staff. The CMG would like to involve

consultants to see patients directly in the department, resulting in a quicker more efficient service for patients. He also noted the recent capital funding that had been used to improve the environment of this service.

3.11 The group were also informed about developments in bowel screening. Capital funding has been secured for improvements to the Glenfield Hospital service which will start in a few months' time. A business case was also being prepared for a new bowel scope which will enable the implementation of early screening for over 55s. Early screening will lead to earlier treatment which improves prognosis and life expectancy. The acquisition of the bowel scope will also mean that patients may access a local early screening programme without the need to travel to another centre.

3.12 Michael provided an overview of a work programme for 2014/15 which will improve access to specialist cancer treatment. This will create an oncology service covering for Northamptonshire and Leicestershire, ensuring year round availability of treatment when it is needed. It will also enable Northamptonshire hospitals to access research trials and other resources. Improving the research profile will inevitably attract talented staff to work with UHL in its oncology services.

Intensive Care, Theatres, Anaesthesia, Pain and Sleep (ITAPS) CMG

3.13 Monica Harris covered the ITAPS developing two year plans. She told the group about work the CMG was undertaking to improve theatre efficiency, noting the recent refurbishment and reopening of the LRI theatre arrivals area.

3.14 Monica also shared with the group the CMG's work on workforce redesign, retention and recruitment. She explained their programme of national and international recruitment to ensure they were providing the "right staff at the right cost at the right band and on the right hours". ITAPS are also exploring Advanced Nurse Practitioner roles to replace junior doctors and supporting investment in the medical workforce.

3.15 "Left Shift" of Pain Management services was also highlighted. ITAPS have already begun negotiations with the LLR Alliance to explore the relocation of some Pain Management services from the LGH to community settings by the end of December 2014. This is part of a larger piece of work which will map the geography of patient demand and look at the optimum means by which to deliver safe, quality services which best meet our patients' needs.

4. Discussion

Richard Kilner thanked the presenters for their input and opened the floor for questions.

The following reflections were offered to the presenters;

4.1 What worries me is that there is a lot of talk about strategy, but what do we mean? It is clear things have to change because of the current climate, but what are the *outcomes*? We can focus too much on strategy but lose sight of what we want to achieve.

Kate Shields agreed with this comment, noting that she doesn't like the term "strategy" and prefers to talk of "plans". The Trust has been asking the all important

"so what" question of the CMGs lately. Kate is keen that we are very clear about the long term big decisions and what they will achieve.

4.2 Referring to the recent incident in the media where 17 ambulances were queuing to deliver their patients in to the ED, is this a result of organisations not working properly together.

Richard Kilner acknowledged the difficulties working in a large health economy with organisations that have historically not always got along. He stressed how important it was to make sure that partnerships and cross organisational working works smoothly for the sake of patients.

4.3 I am concerned that some of the plans shared here today may conflict with another piece of work that is being done to develop the local LLR "Five Year Plan".

Kate Shields pointed out that the Trust is well represented in that piece of work and that there was a harmony in the direction of travel for both the Trust and the wider health community. For example, Kate was involved in the recent LLR workshops where colleagues from partner organisations were asked to prioritise programmes. In Kate's particular group care plan coordination in the community, fast escalation and the choice of place to die emerged as priority areas.

4.4 What do you mean by "Left Shift?"

Monica Harris noted that this was a terminology that referred to moving some services in to community settings. Richard Kilner offered an example; we have sometimes struggled to accommodate all of the patients requiring an endoscopy. However there is an endoscopy suite that is currently under utilised in Market Harborough Hospital. By re routing patients to the Market Harborough facility they would be seen quicker and our collective resources would be better utilised.

Kate Shields added that this was a good illustration of the principles of the LLR Alliance, which aims to improve efficiency in our community hospitals.

4.5 If you are moving services out in to the community are you sure that the correct infrastructure will be there to enable you to deliver them?

Richard Kilner pointed out that, if we took Outpatient clinics as an example, already some GP services are running dermatology clinics successfully. In each case the Trust will make an assessment about which services can be delivered elsewhere while sticking to high standards of patient safety and service quality. Annually, UHL see in the region of 800,000 outpatients a year; we will not be seeing this many in the future. Kate Shields added that it is critical that the infrastructure needed to deliver a service is properly costed and forms part of the strategy.

Richard Kilner noted that one of the big wins would be to determine how many of the 800,000 outpatients no one actually needed to see.

4.6 From my experience Market Harborough hospital is vey under utilised. Surely it would be easier to transport one consultant to come and see patients there rather than 50 patients having to travel to UHL.

Kate Shields said that many of our community hospitals are fantastic, so why not use them. Moreover, in the community setting GPs, district nurses and the community

support team are close by. This would offer better partnership working and a better support network for the patient.

5. Future topics

5.1 Richard Kilner thanked the group for the discussion and asked for suggestions for future agenda items for the meeting. The following suggestions were put forward;

- The Trust's response to the Clywd report and the review of its complaints process.
- An update on the recent CQC report and actions arising from it.
- Clarification on the new NHS structure (a lay person's overview)
- What the Trust is doing to support carers
- Communication, particularly at ward level; between staff and with patients and families

6. Date and time of next meeting

June 16th, 6 – 8pm in the Education Centre, Leicester General Hospital