Trust Board Paper T

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 30 October 2014

The following reports are attached to this Bulletin as items for noting, and are circulated to UHL Trust Board members and recipients of public Trust Board papers accordingly:-

- **Declarations of Interests from Mr K Singh, Trust Chairman and Mr M Traynor, Non-Executive Director** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 1.**
- **Quarterly update on Trust sealings** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8721) – **paper 2.**
- **Members' Engagement Forum meeting (11 September 2014) minutes** – Lead contact point Mr M Wightman, Director of Marketing and Communications (0116 258 8952) – **paper 3.**

It is intended that these papers will not be discussed at the formal Trust Board meeting on 30 October 2014, unless members wish to raise specific points on the reports.

This approach was agreed by the Trust Board on 10 June 2004 (point 7 of paper Q). Any queries should be directed to the specified lead contact point in the first instance. In the event of any further outstanding issues, these may be raised at the Trust Board meeting with the prior agreement of the Chairman.

The following declarations of Trust Board interests have been received:-

NAME	POSITION	INTEREST(S) DECLARED
Karamjit Singh	Chairman	Trustee, Joseph Rowntree Foundation Trustee, Joseph Rowntree Housing Trust Council Member of Justice Trustee, Malaysian Commonwealth Studies Centre, Cambridge University
Martin Traynor OBE	Non-Executive Director	Partner – Traynor Consulting & Training LLP Non- Executive Chairman – The Forest Experience Ltd Non- Executive Chairman – King Richard lll Visitor Centre Trust Ltd Non-Executive Director – Leicestershire Promotions Ltd Trustee-The National Forest Charitable Trust Ltd Trustee – Leicestershire Rural Community Council Ltd Trustee - LOROS Ltd Trustee – Menphys Member – HM Govt's Regulatory Policy Committee

The Trust Board is invited to note the above, which will be maintained in a publicly-available register as required.

Stephen Ward

Director of Corporate and Legal Affairs

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **30 OCTOBER 2014**

REPORT BY: **DIRECTOR OF CORPORATE AND LEGAL AFFAIRS**

SUBJECT: **SEALING OF DOCUMENTS**

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1. The Trust's Standing Orders (Standing Order 12) set out the approved arrangements for custody of the Trust's seal and the sealing of documents.

2. Appended to this report is a table setting out details of the Trust sealings for the 2014-15 financial year to date (by quarter).

3. The Trust Board is invited to receive and note this information.

4. Reports on Trust sealings will continue to be submitted to the Trust Board on a quarterly basis.

Stephen Ward
Director of Corporate and Legal Affairs

List of Trust Sealings for Quarter 2, 2014/15

There were no Trust sealings for Quarter 2.

University Hospitals of Leicester NHS Trust

Members' Engagement Forum Meeting 11/09/2014

Minutes

In attendance
Richard Kilner, Acting Chairman, UHL
John Adler, Chief Executive
Jane Wilson, Non Executive Director
Ian Crowe, Non Executive Director
Mark Wightman, Director of Communications and Marketing
Karl Mayes, Patient and Public Involvement / Membership Manager

Apologies
Stephen Ward, Director of Corporate and Legal Affairs

1. Welcome and Introductions

1.1 Participants were welcomed to the meeting by Mr Richard Kilner, Acting Chair of the Trust who started the meeting with an update on Trust business. He spoke about the recent LLR Quality Review which went public in the preceding month. Richard noted that we were the first health economy to undertake such an exercise and said that the review aimed to actively identify any issues in care and medical management of patients. Cases for 350 patients were reviewed, two thirds of whom died in hospital. The review asked whether, in each case, there was any indication that patients had not received an appropriate quality of care. Looking across the health economy the review did identify situations where care had not been acceptable. A number of issues related to end of life care. Following the publication of the review each part of the health economy now has a detailed action plan which they are acting upon.

1.2 Richard then spoke about the Trust's Referral to Treatment (RTT) targets saying that the Trust was now back on track and had agreed a plan with its clinicians. Overall cancer performance has been good in the last few months despite a significant increase in referrals which has been challenging. Part of the forward plan is an "early warning" system which seeks to identify patients earlier on in their cancer journey.

1.3 The Emergency Department (ED) has faced a number of challenges since the group last met. Richard had mentioned the support the Trust was receiving from Dr Ian Sturgess last time. Ian will be with the Trust until November 2014 and he has identified "consistency" as our key challenge; not just over the working week, but throughout each day. One plan that the Trust is already implementing is its "Super Weekends" which are already generating improvements in performance.

1.4 Richard covered the Trust's financial position, saying that we had a deficit of 40 Million forecast for the year. As of month 3 we were on track to not go over this but month four saw some slippage of around half a million. 800,000 of that figure relates to receiving less income than the Trust had expected. Richard noted that we were in discussion with Commissioners about this and were working on how we manage with a reduced income and how we control both pay and non pay expenditure.

1.5 Richard then informed the group about the "Safe and Sustainable" review of paediatric cardiac surgery, noting that a new evaluation had just begun. One of the key changes to this next phase of review is a standard that such surgery needs to be co-located with other Children's' services on one site. The Trust Board has committed to supporting Children's cardiac surgery. As such, we now need to create a single Children's hospital which will be located at the LRI site. This will result in better services.

1.6 Richard then gave some examples for the regular "You Said We Did" slot in this meeting. He referred to the election of a deputy chair for the group, noting that with the arrival of a new Chairman we wanted to take his views into account regarding the governance of this group and would therefore review this once he had had a chance to consider. Richard said that the group had asked that there be some patient and public involvement in the appointment of the new Chairman. He said that a community stakeholder panel had been assembled which met with each of the short listed candidates before their interview. The views of the panel were then fed in to the appointment process.

1.7 Richard then paused to allow the group to ask any questions.

1.8 Q: With rising referrals to the cancer service, will UHL take on board the need to liaise with the psycho – oncology service?

1.9 John Adler said that this service was managed by LPT but noted the question and would pick this up with LPT.

1.10 Q: There is an issue, particularly with the South Asian population, of not presenting themselves to a psycho – oncology specialist. Generally people aren't aware of the service.

1.11 Richard reiterated that this was an LPT run service and suggested that the best opportunity to raise this would be at the forthcoming LPT AGM.

1.12 Q End of life Care. What can we do about the gap between discharge and the point where social care pick up care?

1.13 Mark Wightman said that one of the key actions in the review 9mentioned earlier) was the formation of a new team to ensure that people take responsibility for this gap following discharge. John Adler noted that this was not just an issue for those at the end of life but related to the handover from one agency to another. He said that there was already a great deal of work going on to address this.

2. Presentation – John Adler: Reconfiguration

2.1 John Adler shared some of the Trust's reconfiguration plans with the group. He emphasised that the Trust's five year plan will be informed by, and must be consistent with the Better Care Together programme which will shape how healthcare is delivered locally in the future. John said that the reconfiguration work can be complex and there were many interdependencies to consider. Morevoer, a number of key moves will be subject to consultation which will happen next year. .

2.2 John acknowledged that since the demise of Pathway there hasn't been a whole system plan in place. The reconfiguration will concentrate on co-location. For example, we currently have emergency surgery on two sites.

2.3 Another key aspect of the reconfiguration work will be the provision of more services in community settings. This work has already begun with the establishment of the "Alliance" group who manage day case and outpatient services in the county community hospitals.

2.4 Reconfiguration can impact on training (particularly medical) and also research. As such we must be mindful of how best to group research teams together.

2.5 John said that we currently do not have a dedicated day case centre, but such a facility would provide a more reliable experience for patients. The Trust is currently finalising two options, to be sited either at the LGH or GH. Thus far clinicians prefer the GH option. However consideration needs to be given to how much space we need and to what needs to go with what (adjacencies) in order to improve pathways.

2.6 There are various options open to the Trust to achieve its vision. For example, developing obstetrics on one site. However, lower risk pregnancies could equally be managed in other ways such as midwifery led units. The Trust's reconfiguration work will be subject to consultation in 2015 and John noted that the Trust was likely to consult on the "whole picture" as well as specific service developments which will need the involvement of specific audiences.

2.7 John said that for each scheme the Trust needs to develop a business case which would identify the clinical and financial cases and articulate a benefits analysis etc.

2.8 Speaking of the new ED Floor development John shared an artist's impression of what the ED floor would look like once complete. He said that this was a £42 Million scheme with an £8 – 9 Million cost for enabling works. As such it is a significant development for the Trust. TO date the Trust Board have approved the business case and with TDA approval work will begin in November.

2.9 John added that the Trust had made a commitment to build a multi storey car park along with this development. He also noted that the Mayor of Leicester supported better links with the Park and Ride service.

3. Older People's Strategy

3.1 Mark Wightman then shared the Trust's Older People's strategy with the group, noting that compassion and care of older people was a core concern of the modern NHS.

3.2 Mark said that an assumption is often made that one must be old to be frail. While this is not always the case, clearly the two are often linked. The Trust's Older People's strategy is primarily concerned with the "oldest old" and sought to view these patients in a more positive and compassionate light.

3.3 Mark made the point that the term "elderly" ought to be dropped. A view which reflects the full and active contribution of people 75+ in contemporary life.

3.4 Some statistics were shared with the group. During the next 16 years we will see…

- 101% more people aged 85 and over in England in 2030 compared to 20102
- Over 50% more people with three or more long-term conditions in England by 2018 compared to 2008
- Over 80% more people aged 65 and over with dementia (moderate or severe cognitive impairment) in England and Wales by 2030 compared to 2010.
- People with diabetes: up by over 45%
- People with arthritis, coronary heart disease, stroke: each up by over 50%
- People with dementia (moderate or severe cognitive impairment): up by over 80% to 1.96 million
- People with moderate or severe need for social care, up by 90%.

As Mark put it, frail older people are not a cohort they are increasingly THE patient.

3.5 Working with University colleagues and the Trust's medical director we are developing a mandatory training requirement on the care of older people. Indeed, we aim to develop Leicester as somewhere recognised as a centre of excellence for the care of the oldest old.

3.6 Mark spoke of the need to "design for frailty" citing the ED floor development as the first frailty friendly ED in the country.

3.7 Mark said that the strategy recognised the need to work with carers, involving them in the development of a personal profile for patients which can be referred to be staff. He also noted the need to develop standards with our staff and ensure these are adhered to.

3.8 Mark also pointed to some collaborative work that the Trust has been doing with Age UK. The project is called the "Loneliness Prescription" which seeks, through a network of volunteers, to identify vulnerable people and intervene before a crisis occurs.

3.9 Summarising Mark made the following points;

The "oldest old" are THE patients and it is time to act accordingly…

- Change culture and practice and recognise that we need to fundamentally up skill our staff to enable them to meet the needs of the oldest old.
- Change our physical environment so that it is frailty friendly and understand that in doing so we are benefiting all patients.
- Fix some of the basics which simply make caring for this cohort of patients harder or less effective.
- Involve others in the design and planning of services for older people and involve carers in their care.
- Position care of older people as core business by appointing an Executive and NED Board lead.

4. Questions

4.1 Richard Kilner thanked Mark for his presentation and invited questions from the group.

Q. What is the time scale for areas addressed in the [older people's] presentation?

4.2 Mark said that he and Rachel Overfield, our Chief Nurse, had already set up a task group to engage with key clinicians. The group will establish a timeline for each of the challenges identified in the presentation.

Q. When John spoke about co-locating children's services, was he referring to a Children's Hospital?

4.3 John said that the answer to this was both yes and no. The Trust is not in a position to build a new building. Rather, this is more about creating an identifiable Children's centre, most likely to be situated in the Windsor building, with an identifiable brand. This is where children's cardiac services will go.

Q. Will all older people's services move to the LRI?

4.4 John said that most of our older people's services are actually already at the LRI. Mark noted that all acute emergency surgical work will move away from the LGH but made the point that an increasing amount of care will be delivered out in the community or in the patient's own home.

Q. What happened to the plan to move outpatients 1 – 4 and locate the new ED floor in that space?

4.5 Richard Kilner said that when the detail of this proposal was looked in to this was not the right solution in terms of practicality and cost. The new build will represent a greater fit for purpose. John added that building in an existing space involved too many compromises and that the new build would bring better results all round.

Q. How much engagement has been conducted with ED staff on the new development?

4.6 John said that a great deal of engagement had been undertaken; not just with ED staff but with other services and stakeholders.

4.7 Richard Kilner thanked the group for their participation and said that if anyone had suggestions for future agenda items they were welcome to contact Karl Mayes, PPI & Membership Manager on 01162588685 or by email on karl.mayes@uhl-tr.nhs.uk

5. Date and time of next meeting

The next meeting will be held on December 15th at 6pm in the Education Centre, Leicester General Hospital.