Trust Board paper V

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 6 July 2017

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

- **Quarterly report of Trust sealings** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8615) – **paper 1**, and
- **System Leadership Team minutes (20 April 2017)** – Lead contact point Mr J Adler, Chief Executive (0116 258 8940) – **paper 2.**

It is intended that this paper will not be discussed at the formal Trust Board meeting on 6 July 2017, 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.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **6 JULY 2017**

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 2016-17 and 2017-18 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 4, 2016/17

Date of Sealing	Nature of Document	Sealed by	Remarks
07/12/16	**Deed of Indemnity between (1) the University Hospitals of Leicester NHS Trust and (2) The Royal College of Surgeons of England and (3) The British Medical Association of Oral and Maxillofacial Surgery and (4) Mr Mike Davidson and (5) Mr Cyrus Kerawala**	Chairman/Director of Corporate and Legal Affairs	Originals placed in Safe in Belgrave House, LGH Site.
19/01/17	**Deed of Agreement to set up the Mesothelioma Research Network between (1) The Trustees of the Victor Philip Bahdalem Charitable Foundation (2) The British Lung Foundation (3) The University Hospitals of Leicester NHS Trust (5) Papworth Hospital Foundation Trust.**	Chairman/Witness	Original placed in Belgrave House Safe.
28/03/17	**Deed between (1) University Hospitals of Leicester NHS Trust and (2) Wernick Buildings Limited relating to 56 8ed, 2 storey modular ward block at Leicester Royal Infimary**	Chairman/Witness	Original handed to Nigel Bond, Head of Capital Projects.
28/03/17	**Deed between (1) University Hospitals of Leicester NHS Trust and (2) E.Manton Limited relating to the reconfiguration/extension of the existing East Midlands Cardiac Wards at Glenfield Hospital.**	Chairman/Witness	Original handed to Nigel Bond, Head of Capital Projects.
28/03/17	**Deed between (1) University Hospitals of Leicester NHS Trust and (2) BUA Construction Limited relating to Paediatric and Genetic Clinical Research Facility and Leicester Royal Infirmary.**	Chairman/Witness	Original handed to Nigel Bond, Head of Capital Projects.
28/03/17	**Deed between (1) University Hospitals of Leicester NHS Trust and (2) Rocare Building Services Limited relating to Bosworth HOR Linear Accelerator, Leicester Royal Infirmary.**	Chairman/Witness	Original handed to Nigel Bond, Head of Capital Projects.
28/03/17	**Deed between (1) University Hospitals of Leicester NHS Trust and (2) Co Henry & Sons Limited, relating to Alterations, Ward 1, LGH.**	Chairman/Witness	Original handed to Nigel Bond, Head of Capital Projects.

28/03/17	**Deed between (1) University Hospitals of Leicester NHS Trust and (2) B&A Construction (Leicester) Limited relating to Ward 14, LRI.**	Chairman/Witness	Originals handed to Nigel Bond, Head of Capital Projects.
09/03/17	**Deed between (1) University Hospitals of Leicester NHS Trust and (2) the Royal College of Surgeons of England and (3) British Association of Oral and Maxillofacial Surgery and (4) Mr Cyrus Kerawala, FRCS, being a deed of indemnity.**	Chairman/Director of Corporate and Legal Affairs.	Originals handed to Rosemarie Hughes, PA to Medical Director.

List of Trust Sealings for Quarter 1, 2017/18

Date of Sealing	Nature of Document	Sealed by	Remarks
01/04/17	**Section 278 Deed between (1) University Hospitals of Leicester NHS Trusts and (2) Interserve Construction Limited and (3) Leicester City Council.**	Chairman/Assistant Director	Handed to Adrian Middleton.
01/04/17	**Lease of Pharmacy Premises at Block 4, Leicester General Hospital, Gwendolen Road, Leicester to Trust Group Holdings Limited.**	Chairman/Assistant Director	
01/04/17	**Lease of Portacabin Pharmacy Premises at Leicester Royal Infirmary, Infirmary Square, Leicester, to Trust Group Holdings Limited.**	Chairman/Assistant Director	
01/04/17	**Lease of Pharmacy Premises at Leicester Glenfield Hospital, Groby Road, Leicester, to Trust Group Holdings Limited.**	Chairman/Assistant Director	

System Leadership Team

Chair: Toby Sanders

Date: 18th May 2017

Time: 9.00 -12.00

Venue: 8th Floor Conference Room, St Johns House, East Street, Leicester, LE1 6NB

Present:	
Toby Sanders (TS)	LLR STP Lead, Managing Director, West Leicestershire CCG
John Adler (JA)	Chief Executive, University Hospitals of Leicester NHS Trust
Karen English (KE)	Managing Director, East Leicestershire and Rutland CCG
Azhar Farooqi (Afa)	Clinical Chair, Leicester City Clinical Commissioning Group
Steven Forbes (SF)	Strategic Director for Adult Social Care, Leicester City Council
Andrew Furlong (AF)	Medical Director, University Hospitals of Leicester NHS Trust
Satheesh Kumar (SK)	Medical Director, Leicestershire Partnership NHS Trust, Co-Chair, Clinical Leadership Group
Mayur Lakhani (ML)	Chair, West Leicestershire Clinical Commissioning Group, GP, Sileby Co- Chair, Clinical Leadership Group
Sue Lock (SL)	Managing Director, Leicester City CCG
Peter Miller (PM)	Chief Executive, Leicester Partnership Trust
Tim O'Neil (TO'N)	Deputy Chief Executive, Rutland County Council
Richard Palin (RP)	Chair, East Leicestershire and Rutland CCG
Sarah Prema (SP)	Director of Strategy & Implementation, Leicester City CCG
Evan Rees (ER)	Chair, BCT PPI Group
John Sinnott (JS)	Chief Executive, Leicestershire County Council
Bob Winter (BW)	Medical Director, East Midlands Ambulance Service

Apologies	
Nicola Bridge (NB)	Finance Director and Deputy Programme Director, BCT
Helen Briggs (HB)	Chief Executive, Rutland County Council

Will Legge (WL)	Director of Strategy and Information, East Midlands Ambulance Service NHS Trust
Richard Henderson (RH)	Deputy Chief Executive, Rutland County Council

In Attendance	
Emma Gillespie	Project and Admin support, BCT(Minutes)
Martha Milhavy (MM)	Communications and Engagement Manager, BCT

1. Apologies and introduction	
Apologies received from Niki Bridge, Helen Briggs and Richard Henderson.	
2. Conflicts of interest handling	
The following conflicts of interest were noted. Item 7 – Mental Health Transformation – LPT Item 8 – Urgent and emergency care current performance – UHL Item 9 – Home First – GPs Item 14 – CDU redesign and contracting issues – UHL	
3. Minutes of last meeting, 20th April 2017	
Minutes were approved as an accurate record.	
4. Review of action log	
170316/4 – Proposed front cover sheet for consideration – paperwork to be used more consistently from next month. TS noted that all other actions were either complete, on track or to be discussed in the agenda.	
5. Refresh of the STP	
The 'Next steps' implementation planning guidance paper was tabled and presented by SP. This guidance sets out the core requirements of STPs implementation plans and a template for submission to NHSE/I to inform dialogue and support going forward. SP noted documents are in draft form and will likely be published after the STP Leadership Meeting on Monday 22 May. SLT members were asked not to share the draft documents. SP highlighted the following points: • The proposed deadline for the STP resubmission is currently 21 June. It is envisioned that NHSE/I will undertake an assurance process between 21st June and end of June. • The implementation plan sets out STP deliverables for each workstream area. • There is an area for local actions which are over and above national requirements for each workstream. • The draft deadline for STP resubmission is 21 June 2017. TS to request if this can be submitted on 22 June 2017 to gain SLT approval prior to submission. • An STP Implementation Plan and Outcomes Template to be created and circulated to SROs for completion by 28 May 2017. SLT Sponsors to support the process. Draft to be shared with NHSE in early June. • It is suspected the narrative will be refreshed in July/August. • Refreshed finance return needed to align with financial budgets for 17/18. TS noted that there is an STP Leaders Meeting in London on Monday 22 May 2017 and will feed back any key issues to SLT members. TS advised that NHSE is focussed on implementation delivery on key areas. TS suggested workshop sessions be held in early June for SROs, workstream leads and clinical leads to progress the STP refresh. JS queried financial input from social care. SP thought the financial template included social care funding but noted templates have not yet been circulated.	**TS** **SP/SLT Sponsors** **TS**

JA noted the national priority list includes areas that LLR have not progressed as far as others such as 7 day services. TO'N noted some areas will struggle on capacity and there is a need to review how the system uses capacity effectively.	
6. Workstream highlight reporting process	
TS presented Paper C, the BCT Highlight Reports. TS drew attention to the Executive Summary which illustrates variability across the programmes and emphasised that all workstreams need to show as green to demonstrate that they have completed the workbook. SLT workstream leads to support SROs to submit completed PMO workbooks needed to populate the STP planning process. KE queried if PMO could receive data from reports already submitted to NHSE. TS acknowledged issues within workbooks and explained SLT had agreed for consistent reporting and noted that Midlands and Lancashire CSU is working with the PMO to improve the reporting process. ER queried PPI Group input into the workstreams. Discussion needed for how the PPI Group feeds intelligence into all workstream areas.	**SLT Workstream Sponsors** **TS/ER**
7. Mental Health Transformation	
The following LPT colleagues joined the meeting to present Paper D, a presentation on Better Mental Health and Wellbeing for LLR. Jim Bosworth(JB), Associate Director Contracting, John Edwards (JE) Head of Business Development and Transformation, and Mark McConnochie (MMc), Interim Clinical Director for Inpatient Complex and Liaison. The Paper outlined transformational work at Northumberland, Tyne and Wear (NTW) and the proposed transformational approach for LLR drawing on the success and expertise of NTW. PM asked SLT to support the fundamental change in services. TS welcomed the proposition. AFa supported the approach and wanted to acknowledge the time and resource needed to deliver and the involvement of stakeholders. AFa wanted more information on deliverables, finances and consequences on other stakeholders. RP supported using an approach based on good practice and emphasised the need to involve GPs and address difficulties in existing services. RP would welcome a more congruent service where people only have to tell their story once. JE reported this works well in NTW. TO'N strongly supported the work but queried children's mental health. ER reported this was welcomed from a service user perspective. ML felt this was exactly what LLR needed and wanted to share good practice in OD and culture change. ML queried the use of only one Trust and noted others that have used a similar strategy. JE explained LLR will be recreating the methodology from a Trust that has enacted that change and are also looking to other services. MMc added NTW have gone through a complete transformation from a Trust in real difficulty and have now been rated as CQC outstanding. ML queried timescale of change. JE reported that mobilisation would commence in the second year. MMc explained there are elements that have already been implemented and there has been some impact on lower demand.	

SK noted that NTW and East London Foundation Trust have followed similar methodology and after a 5-6 year investment achieved financial stability. They are the only two Trusts to achieve Outstanding with CQC.

JS stated there would be strong political support from Leicestershire County Council and suggested presenting to H&W boards. JE advised engagement starts today to build the strategy component.

TS concluded that the overall approach and quality improvement is welcome by SLT and noted this needs to be a system piece of work with the involvement of stakeholders; the way the work is put together from the outset is critical and needs to capture the patient view and also the voluntary and community sector that focus on mental health including the police.

8. Urgent and emergency care performance

Tamsin Hooton, Director of Urgent Care, UHL, joined the meeting to present Paper E, a presentation on the urgent care system performance and the impact of the opening of LRI emergency department. TH highlighted the following points:

- There was increased activity at the LRI emergency department (ED) at the time of opening the new ED. Teething problems have been resolved with improved performance compared with Q4 16/17.
- No ambulance handovers over 2 hours since 8 May 2017.
- Patient experience has significantly improved.
- JA noted that there have been issues with ED leadership which has been addressed as part of organisational care work and there is a stronger 'can do' approach.
- JA explained that there had been an Emergency Care Improvement Programme (ECIP) review and that formal feedback is being awaited.
- Bank holiday flow is an issue with staffing on ED and wards leading to spikes in discharge times. There will be business cases to expand on a successful re-enablement model.
- JA noted that the system target and actual performance trajectory had been submitted to NHSE/I which reflects the national requirement in the 5 Year Forward View Next Steps Publication (5YFV) to achieve 90% by September. It was noted that NHSE/I have neither accepted or rejected the trajectory but this is what UHL is currently working towards
- JA reported an overlap with remit of the A&E delivery board and the Home First model but communication is good and there is no concern of overlap or gaps in work.

AFa wanted clarity on the number of beds against predicted demand. JA explained that this is being discussed in the A&E delivery board. Figures have been factored into and are a subset of the STP bed bridge.

In response to queries around front door triage from AFa and demand on ED services for non-acute patients from RP, it was noted the Service Model and Procurement for LRI front door is on the CCB agenda and feedback will be provided to SLT members.

9. Home First

Jon Wilson (JW) Home First SRO, Julie Dixon (JD) UHL, and Carmel O'Brien (CO'B), Chief Nurse, UHL joined the meeting to present Paper F, which sets out in two parts the development of the Integrated Discharge Team (IDT) and the bed capacity on step down for patients that do not require an acute bed.

JW presented the first part of Paper F and noted that SLT had requested the implementation of an IDT by end Q1 17/18 in relation to ECIP recommendations. SLT considered the 8 recommendations in the Paper as follows:

1. Approve proposed scope and model and support resulting activity for pre-implementation and 'go live' on the 1st July.
2. Agree proposals for appointing a leader for the implementation phase and consider implications regarding the appointed individuals capacity and backfilling arrangements. JW added that he would like the role to evolve into a substantive post which would bear a cost for partners.
3. Support the development of a single governance structure
4. Support the development of protocols for trusted assessors to be able to commit resources on behalf of each other's organisation.
5. Acknowledge that there are wider system developments that need to be made for the IDT to be able to maximise its impact.
6. Support IMT developments required to enable the team to operate effectively. JW noted that staff outside of LPT and UHL will need IMT access.
7. Support the identification of developing an operational base within the UHL LRI site.
8. Each organisation to confirm its resource within the identified team and commit not to make staff savings on this team until after the review, to allow the benefits to be realised.

In response to Item 2, TS said that a decision would need to be brought back to SLT for a substantive post.

SL queried if the governance structure was for a project or ongoing service. JW explained this was for the delivery of an integrated discharge team. SL was supportive but noted the need for a formal process to commit resource.

TS said he would support in principle but would need an approval process to commit resources.

JA noted that honorary UHL contracts can be provided to non LPT/UHL staff in relation to item 6 and would be happy to provide an operational base as requested in item 7.

TS queried if there were any other known issues in addition to the PCC service in relation to item 8.

SP noted that social care needed to be included.

TS and ML agreed that recommendation 8 should be escalated to CCB for a decision across the three CCGs. **KE**

JW highlighted inconsistencies around DTOC and language and the need for a single narrative. SL stated there needs to be the same definition system wide and not just UHL.

CO'B presented the second part of Paper F in relation to Step Down services and highlighted that the cohort of patients requiring medical or nursing care that cannot be treated in acute or community is still to be determined. There is a gap in the community hospital model and the need for modelling community hospitals.

TS referred to the planned Community Capacity Workshop to move on the community inpatient beds model. JA noted this has been discussed in the A&E delivery board.

TH noted there is a need for UHL to carry out an internal audit on medical step down services. TH noted the Kingfisher business case is coming up for renewal and felt there was a pressing need to bring the business cases together.

TS noted that the overall LLR clinical strategic model needed to be determined for out of hospital care (Home First, Step Down and Community Hospital).

CO'B suggested that there is duplication of the Tiger Team work and some of the work being carried out by the workstreams. She noted that while it is necessary to get clinical views, there is also a need to determine what is the scope, how it connects with the ask centrally and what is the right clinical model of care for the right people.

JA noted the difficulty in deciding what capacity is needed for different cohorts of patients where some patients do not fit neatly into cohorts. Patients are being re-enabled as quickly as possible.

RP asked about Step Down beds and how they align with the core idea within the STP to treat people at home. CO'B explained the struggle for people that are medically fit but need medical input and cannot be at home.

TS noted the need for rapid work to determine the LLR overall clinical strategic model for Home First and Step Down. This will go to the STP refresh workshop in early June as discussed in item 5. He noted this will not answer the recommendations in the Paper regarding cohorts of patients.

JA advised that UHL is considering using community hospital step down facilities but is now thinking closer to LRI. JA was under the impression that this was to be based in Home First and had been agreed in the Home First Commissioning Board but accepted the need for further debate.

TH explained this will be carried forward with Caroline Trevithick (CT) and report through A&E delivery board and Home First.

Two key pieces of work to progress during June/July to enable service model for out of hospital care to be progressed:

- Audit of patient utilising hospital beds **TH**
- Review of ICS **CT**

JW noted that the Home First Commissioning Board agreed that the first cohort within the scope of Home First would be about a journey home. The patients discussed in the Paper are people who need beds with ongoing and nursing needs. JA thought that organisationally they should be in the Home First workstream.

TS concluded that audit work will be carried out from UHL and will be reviewed as part of the STP refresh.

10. System Induction

Item deferred.

11. STP Lead Appointment Process

Item deferred.

12. PMO Capacity and Capability

TS presented Paper H and highlighted the following:

- Information was for discussion only and no decision will be taken in this forum.
- Martin Pope, Midlands Lancashire CSU is conducting work regards to the structure. The current structure chart is a result of discussions with SROs and PMO and considers this the level of resource needed for STP implementation.
- TS does not want to add finance across the system and need to look at how it is resourced and populated.

AFa queried if roles were full time equivalents. TS confirmed and stated the proposal is to triple the size of PMO.

JA queried workstream delivery roles. TS explained these roles are based on successful delivery models that have a support function in PMO. Delivery partners will support 2-4 workstreams at one time to address skills gaps in the workstreams such as business case writing, PIDs and populating reports. JA agreed with the structure but suggested the overall scale could be trimmed. JA noted that UHL had no additional resource to commit particularly as financial plans have been set. The structure would have to be contained within existing resource such as through secondments. UHL supports the need to have a serious PMO function that supports workstream delivery models. SL noted concern that building a big PMO will draw people out of organisations. SL reinforced the need for a PMO function to coordinate and to ensure the system is delivering. She said that the most important thing was to have the right people in the right places, and that that might not mean an equal spread across the organisations. AFa queried if the model could be developed. TS felt that some elements are time critical with regards to workstream delivery and will take time to populate. RP supported the workstream delivery function but agreed the structure looked large and was concerned about adding another managerial layer. ML argued that the reason large scale change fails is because the mission is not clear, governance is not agreed or is fragmented and emphasised the importance of a strong PMO function. ML felt that the structure should not be slimmed down significantly. KE explained the day job for CCGs is the STP and that they will continue to release staff but emphasised this needs to be across the system and not just CCGs. SK felt it would be difficult for organisations to find new money and considered workstream delivery partners essential. JA suggested governance is part of the same team. SF felt there was scope to trim the structure and that further discussions should be held with regards to input in kind. PMO structure to be taken forward to Chief Officers meeting on 19th May 2017. It was agreed to start the process of recruiting a Programme Director once the STP Lead appointment has been ratified.	**TS** **TS**
13. Date and Time of next meeting	
Date: 22nd June 2017, Time: 9.00 -12.00, Venue: 8th Floor Conference Room, St Johns House, East Street, Leicester, LE1 6NB.	