

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 2 February 2012

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:-

- **Executive Team Review of Meetings/Committee Structure.** Lead contact point – Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8615) – **paper 1**;
- **Bids to the NHS National Contingency Fund: Access/Performance/Winter Pressures.** Lead contact point – Mrs S Hinchliffe, Chief Operating Officer/Chief Nurse (0116 258 6111) – **paper 2**;
- **Response to queries from the December 2011 Trust Board Meeting.** Lead contact point – Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8615) – **paper 3**;

It is intended that these papers will not be discussed at the formal Trust Board meeting on 2 February 2012, 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: 2 FEBRUARY 2012

REPORT BY: DIRECTOR OF CORPORATE AND LEGAL AFFAIRS

SUBJECT: EXECUTIVE TEAM – REVIEW OF MEETINGS/COMMITTEE STRUCTURE

1. This report updates the Trust Board on the results of a recent review of Executive Team meetings, and the supporting Executive Team meetings structure, conducted by the Director of Corporate and Legal Affairs in consultation with the Executive Team.
2. The results of the review may be summarised as follows:-
 - Executive Team membership to remain as currently comprised;
 - Core agenda structure to be focused on Finance; Strategy/IBP; Clinical Quality; and Staff Engagement;
 - The Executive Team to continue to meet on Tuesdays and Fridays each week, save for that Tuesday each month when the Clinical Collaborative Interface Group meets: various Executive Team members attend meetings of this Group;
 - Divisional metric meetings to continue to be held weekly, with an option to defer such meetings when all indicators are 'green'; this arrangement to be reviewed again at the end of March 2012;
 - Divisional Confirm and Challenge meetings to continue to be held on a monthly basis and otherwise, as and when necessary; and CBU Confirm and Challenge meetings to be held in February and September each year;
 - The Quality and Performance Management Group to be re-titled Quality and Safety Performance Group and the new group to be chaired by the Medical Director. QSPG to assume responsibilities from the Infection Prevention Committee. Further consideration to be given to the future role of the Clinical Effectiveness Committee;
 - Transformation Board established as a sub committee of the Executive Team; to meet fortnightly and to escalate issues, by exception, to the Executive Team. Further consideration to be given to the terms of reference of this Board and its modus operandi in the light of feedback received from the Finance and Performance Committee at its meeting held on 25th January 2012.

3. In parallel, a review of a range of other meetings is underway, led by the Chief Operating Officer/Chief Nurse. The principal aim of this review is to streamline the existing arrangements, with a view to releasing time for Divisions and CBUs in particular. The outcome of this review is to be reported to the Executive Team.
4. The Board committee structure and its effectiveness also need to be kept under review. It is proposed that a review be coordinated by the Director of Corporate and Legal Affairs within the context of the work now to be undertaken in relation to the Assurance Framework for Applicant Foundation Trusts (Board Governance Memorandum), a report on which features elsewhere on the agenda of this meeting of the Board.
5. This report is submitted to the Board for information.

Stephen Ward
Director of Corporate and Legal Affairs

27 January 2012

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD
DATE: 2 FEBRUARY 2012
REPORT BY: CHIEF OPERATING OFFICER/CHIEF NURSE
**SUBJECT: BIDS TO NATIONAL CONTINGENCY FUND:
ACCESS/PERFORMANCE/WINTER PRESSURES**

This Chief Operating Officer/Chief Nurse will report verbally to the Trust Board on the following applications:-

Access

- Timely access to services and delivery of national access waiting times
- Timely access to ophthalmology services and delivery of national access waiting times
- Conversion of examination room to clean room

Capital

- Extension of ward capacity
- Clinical Estate
- Rapid Access to Diagnostic Services
- ED Fracture Clinic Conversion
- Improved Space Utilisation
- Access to and re-design of services for endoscopic urology procedures
- Improved access to Endoscopy services
- Workforce planning

Winter Pressures

- Emergency Operating Capacity
- Access to emergency surgery
- Weekend emergency activity diagnostic support
- Introduction of Consultant Led Surgical Triage at LRI
- Therapy support for Emergency Activity
- Extra Capacity
- Reduction in avoidable readmissions / supporting ECN objective of 10% reduction
- Discharge Lounge Capacity
- Weekend Discharge Lounge

This report is submitted to the Board for information.

Suzanne Hinchliffe
Chief Operating Officer/Chief Nurse

27 January 2012

Corporate and Legal Affairs
Trust Administration – direct line 0116 258 8590

20 January 2012

Mr Malcolm Woods

Dear Mr Woods

Queries from the December 2011 UHL NHS Trust Board meeting

Thank you for advising of your further verbal queries after the 1 December 2011 University Hospitals of Leicester NHS Trust Board meeting – please accept my apologies for the delay in replying to you on those points. I understand from the Trust's Head of Legal Services that your queries were as set out below – I have sought views from the Chief Operating Officer/Chief Nurse and the Director of Strategy, and the Trust's responses are therefore shown under each of your points.

*1. **'Safe and Sustainable'** With respect to Glenfield General Hospital if JCPCT looked at our current procedures/position would we get a 'better' report and are the JCPCT prepared to consider our current procedures/position?.'*

UHL has implemented a number of improvements to the service (as described in the 1 December Trust Board report) which mean that we should receive a higher score if the assessment was to be repeated. UHL has asked the JCPCT to consider the most up to date position so that any final recommendation is based on the most up to date and comprehensive evidence.

*2. **'Complaints'** Is it not advisable to have someone with 'Patient Experience' on the panel/working party that looks into complaints?'*

I am advised that one of the UHL Patient Advisers is involved on this group.

*3. **'Patient Experience- Feedback Form'** Do we capture information about whether the level of complaints is affected by agency/bank staff ie is the use of bank staff a factor in adverse patient experience?'*

The ward dashboard used by UHL captures information on both staffing levels and patient survey results – if these are both low then that could indicate an impact from use of agency and/or bank staff.

I hope that this response is helpful and covers your queries satisfactorily.

Kind regards,

Helen Stokes
Senior Trust Administrator