

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 1 February 2018

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:-

- **Trust sealings report Q3 2017-18** – Lead contact point Mr S Ward, Director of Corporate and Legal Affairs (0116 258 8615) – paper 1, and
- **System Leadership Team minutes (21 December 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 1 February 2018, 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: 1 FEBRUARY 2018
REPORT BY: DIRECTOR OF CORPORATE AND LEGAL AFFAIRS
SUBJECT: SEALING OF DOCUMENTS

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 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 3, 2017/18

Date of Sealing	Nature of Document	Sealed by	Remarks
02/11/17	Deed of Guarantee between The University Hospitals of Leicester NHS Trust and Roche Products Limited.	Chairman/Assistant Director of Corporate and Legal Affairs	Originals handed to Chris Benham, Director of Operational Finance.

System Leadership Team

Chair: Toby Sanders

Date: 21 December 2017

Time: 9.00 – 9.45am

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

Present:	
Toby Sanders (TS)	Chair, LLR STP Lead, Managing Director, West Leicestershire CCG
John Adler (JA)	Chief Executive, University Hospitals of Leicester NHS Trust
Nicola Bridge (NB)	Finance Director and Deputy Programme Director
John Devapriam (JD)	Clinical Director, Leicestershire Partnership NHS Trust
Karen English (KE)	Managing Director, East Leicestershire and Rutland CCG
Steven Forbes (SF)	Strategic Director for Adult Social Care, Leicester City Council
Andrew Furlong (AF)	Medical Director, University Hospitals of Leicester NHS Trust
Will Legge (WL)	Director of Strategy and Information, East Midlands Ambulance Service NHS Trust
Sue Lock (SL)	Managing Director, Leicester City CCG
Richard Morris (RM)	Director of Corporate Affairs, LCCG SRO Communications and Engagement
Tim O' Neill (TO'N)	Deputy Chief Executive, Rutland County Council
Richard Palin (RP)	Chair, East Leicestershire and Rutland CCG
Sarah Prema (SP)	Director of Strategy and Implementation, Leicester City CCG
Evan Rees (ER)	Chair, BCT PPI Group
John Sinnott (JS)	Chief Executive, Leicestershire County Council
Chris Trzcinski (CT)	Vice Clinical Chair, West Leicestershire CCG
Apologies	
Azhar Farooqi (AFa)	Clinical Chair, Leicester City CCG
Satheesh Kumar (SK)	Medical Director, Leicestershire Partnership Trust, Co-Chair Clinical Leadership Group
Mayur Lakhani (ML)	Chair, West Leicestershire CCG, GP, Sileby Co-Chair Clinical Leadership Group
Peter Miller (PM)	Chief Executive, Leicestershire Partnership Trust



In Attendance	
Stuart Baird (SB)	BCT Communications and Engagement
Shelpa Chauhan (SC)	Office Manager, BCT
Shelly Heap	Board Support, BCT(Minutes)
1. Apologies and introduction	
<p>Apologies received from Azhar Farooqi, Satheesh Kumar, Mayur Lakhani and Peter Miller. John Devapriam attended on behalf of Satheesh Kumar and Chris Trzcinski on behalf of Mayur Lakhani.</p> <p>Future meetings in February, March and October may need to be rearranged due to clash with additional key meetings. SC will send out revised meeting calendar invitations.</p>	
2. Conflicts of interest handling	
Nothing noted.	
3. Minutes of last meeting, 16 th November 2017	
The minutes of the meeting on 16 th November 2017 were accepted as a true and accurate record.	
4. Review of Action log	
<p>171019/7 – Draft Business Intelligence Strategy to be brought back to January’s SLT meeting. TS requested that JS confirm whether Cheryl Davenport’s role will be covered by Helen Seth as lead for this piece of work.</p> <p>TS noted that actions were either completed, ongoing or to be discussed in the agenda.</p>	JS
5. BCT draft outcomes framework	
<p>Sarah Cooke (SC) from Midlands and Lancashire CSU Business Intelligence (BI) for Leicester, Leicestershire and Rutland (LLR) attended the meeting to present Version 2 of the LLR STP draft outcomes model and framework set out in Paper C.</p> <p>SC explained that stakeholder engagement has taken place during November and December and the feedback from SLT and the Senior Responsible Owners (SRO’s) Group has been included, however updates from the Clinical Leadership Group and the Patient & Public Involvement Group are yet to be incorporated although there was some crossover of feedback from the various groups.</p> <p>Changes incorporated in the model, Appendix1:</p> <ul style="list-style-type: none"> • The SPT plan refresh has been cross checked against the outcomes model • The vision has been updated to reflect the refreshed SPT plan • The principals may change in the final version • Goal D has been changed to High Quality Specialist Care and some KPIs have been amended accordingly • Some public health indicators have moved into Goal A • The four overarching KPIs have been removed until agreed <p>Alterations and updates to the framework, Appendix 2:</p> <p><i>Goal A – More People Well and Out of Hospital</i></p> <ul style="list-style-type: none"> - Reduction in alcohol admissions and premature CVD mortality has been included following feedback from Ruth Tennant and Mike Sandys from Public Health. - EMAS - See and Treat following feedback from WL. (WL explained that there is a national source available for this KPI) <p><i>Goal B – More Care Closer to Home</i></p> <ul style="list-style-type: none"> - Increase in older people still at home 91 days after discharge and Reduction in 	

admissions to residential and nursing care homes included in response to feedback from Cheryl Davenport and AD's in Adult Social Care

Goal C – Responsive Care in a Crisis

- Improving ambulance response times included after feedback from SROs

Goal D – High Quality Specialised Care

- End of life choice, Increased IAPT recovery and Dementia diagnosis rate, Reduction in mental health out of area placements added in response to input from LPT at SLT
- Maternity indicator and access to children's and adolescent Mental Health Services.

Goal E – Health & Social Care System Fit for the Future

- Estates running costs and IM&T access to patient records after input from Ian Wakefield
- Workforce, Increase in number of GPs and reduction in turnover of staff

SC will continue to develop the model and will meet with the Providers to include their input as well as incorporating advice from CLG and PPI. SC will produce a rationale on why the KPIs and outcomes have been chosen and set baselines and targets. Each KPI will have a nominated Responsible Officer to ensure buy in. SC and SP have a meeting arranged in January 2018 to work on this. It is intended to have a formal review of the model once it has been embedded in approximately six months around September 2018, with monitoring proposed to start in April 2018.

SC requested further resource and capacity from the PMO to get the model up and running and will discuss further with NB in January 2018.

The group provided feedback as follows:

AF advised omitting reduction in MRSA and CDIFF as the numbers are very low the indicator may not be of benefit and asked how patient user experience and confidence could be captured and benchmarked as this is something that the public might want to see and which would be a good measurement.

JA said that to get buy in for the model it must be carefully considered, balanced and rigorous with absolute clarity on the rationale behind the system level measures and outcomes that are included and advised SC to ask all partners to specify which are their absolute must do's, for example A&E 4 hour target and Delayed transfers of Care (DTCO).

SP explained that the model has been aligned to the refreshed STP plan.

JS questioned how the indicators included relate to the Local Authorities which don't have the same specificity in terms of outcomes as the NHS and felt that the model is currently health dominated. The inclusion of alcohol admissions was similarly queried and JS requested that there is further involvement needed with Social Care.

TS stated the importance to agree, from a system perspective, the most important high level indicators for the STP to focus on which tie back to workstreams and to ensure they are an embedded and an integral part of the STP plan. It is also important that each KPI has a Responsible Officer allocated.

It was agreed that further discussions with public health and adult social care are necessary for further development of the model and commitment from the county. JS advised SC to seek input from the police with relation to mental health.

TO'N advised that it is vital to make a distinction between performance measures and outcomes to ensure clarity and to aspire to understand and take account of the patient experience.

<p>It was agreed that:</p> <ul style="list-style-type: none"> - The draft outcomes framework will go to confidential NHS Boards in January 2018 with a supporting cover summary outlining what is required from the Boards. - Baselines, Targets and RO responsibilities to be added to the draft along with Boards feedback and return to March SLT meeting. 	<p>SC</p> <p>SC</p>
6. PPI Workstream Engagement report	
<p>ER presented the Workstream Engagement report outlined in Paper D which provides SLT with a outline view and a breakdown of RAG rating for engagement and involvement with individual workstreams.</p> <p>ER explained that engagement links are mixed across the various workstreams and although there is a lot of extremely good work going on and some very good engagement in some workstreams there is little or no evidence of engagement within others such as Urgent & Emergency Care, Dementia, IM&T and Communications & Engagement. ER requested Accountable Officers reinforce the importance of this to each of their Senior Responsible Officers to reinvigorate engagement and links with the PPI.</p> <p>In addition, the previous lack of a Communications and Engagement lead attending PPI meetings and no coherent map of engagement actively being provided to the group from the Partnership Office has led to an absence of feedback which has impacted the group as they have not always been made aware of activities and achievements and can't see how their input is influencing decisions. Although it was noted that RM is now regularly attending the meetings. Moreover, Terms of Reference between the workstreams are not consistent in terms of a good process and audit trail for engagement and interdependence with other workstreams.</p> <p>A major overarching matter currently is regarding engagement on Accountable Care System (ACS) and the refreshed STP plan which PPI have yet to be sighted on; consequently they feel that their input is not seen as valuable and that they're not being treated as trusted partners. It is hard to influence the development of the STP without early and meaningful engagement on both of these key matters.</p> <p>ER told SLT about the East Midlands Academic Health Public Involvement Senate paper which outlines a framework for a good PPI structure and recommended a similar control process is adopted by the STP to develop and improve contribution from the PPI.</p> <p>RM explained that there have been some positive steps forward over the past few months and that both he and SB have been looking at how to strengthen links and bring groups together with the PPI reps. It was acknowledged that the reinstated monthly Bulletin has proved helpful but that communications still require further improvement. It is planned to have a joint session between Communications & Engagement and the PPI to reach agreement on a common set of expectations for a gold standard PPI. RM has begun to meet with workstream SROs and would like ER to be involved in further meetings and that good practice within some workstreams could be shared and rolled out across others.</p> <p>TS asked for views and reactions from the group:</p> <p>JA was not aware of any lack of engagement with PPI within the Urgent & Emergency Care workstream and will raise it with Tamsin Hooton, SRO.</p> <p>KE questioned whether the Estates is an appropriate forum for representation as this particular meeting is purely technical, however, PPI and SLT are of the opinion that the Estates workstream should definitely have patient involvement on various specific topics</p>	

<p>such as parking, disabled access and signposting and to be able to help shape future plans and to share information on outcomes that have been achieved to support areas such as Hinckley, Lutterworth and Rutland</p> <p>Following a further discussion from SLT regarding other patient groups and public forums across the partnership organisations and Local Authorities, it was agreed that additional discussions are needed in order to reach an appropriate set of arrangements. Additionally, to map links between the PPI and other patient groups who can connect together to enable effective engagement within each workstream and come to a collective decision as it was acknowledged that there won't be a one size fits all approach.</p> <p>TS and JA raised that there were previous discussions about holding a STP stakeholder forum and the group agreed that this would be a positive way forward to schedule a date early in New Year.</p> <p>The following actions were agreed:</p> <ul style="list-style-type: none"> - ER and RM will devise an overall Engagement plan for the STP, addressing each workstream. This will be fed back to the February SLT meeting. - A small Stakeholder group will be invited to an Engagement Forum to be held in January to input into the STP draft plan in parallel to the draft plan going to January NHS Boards 	<p>ER/RM</p> <p>RM/SB</p>
7. Date, time and venue of next meeting	
9am-12pm Thursday, 18 th January 2018, 8 th Floor Conference Room, St John's House	