System Expectations and Actions

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Trust Board paper G

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	X
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	ESB May	
Trust Board Committee		
Trust Board	June & August 2020	Presented as part of CEX Recovery and Restoration and in TBTD and discussed as a single item in August

Executive Summary

In recent weeks as partners in the LLR health and social care system have turned our collective attention to restoration and recovery from the first pandemic peak there has been a strong desire that the innovation, improvement and lessons learned across the system are captured and used for the longer term benefit of patients, public, staff and our organisations.

As such the System Strategic Recovery Group (made up of senior representatives from each organisation in LLR) tasked the LLR Clinical Leadership Group with thinking about some high level 'expectations' which would inform the nature of recovery and the future disposition of healthcare locally.

The Clinical Leadership Group took soundings from their clinical colleagues before recommending 10 Expectations to the Strategic Recovery Group. These expectations and their subsequent corresponding actions are attached at Appendix 1.

It is important to note that from the outset system colleagues have been keen to ensure that the expectations are meaningful, that is to say, more than just well-intentioned hopes and aspirations. Hence we have worked hard with partners to ascribe specific, measurable, attainable and timely actions to each high level expectation.

Whilst there was a relatively easily established consensus from partners that the 'expectations' were appropriate, there has been rather more discussion around the 'actions'. This was expected and reflects the fact that the actions will challenge the status quo for all partners when they are eventually signed off. (Noting that some of the target dates have already slipped).

Lastly and with reference to 'sign off'; the expectations and actions are currently being socialised with partner boards and governing bodies. The intention is to then for system partners widen the engagement to include stakeholders before finally ratifying at UHL and partner Boards, ideally in October.

Questions

1. **Are there expectations / actions missing from the draft?**
2. **Are there expectations / actions which the Board would not support?**
3. **Do the Board support the expectations and actions, following a thorough discussion on 1 and 2 above?**

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes /No /Not applicable]
Safely and timely discharge	[Yes /No /Not applicable]
Improved Cancer pathways	[Yes /No /Not applicable]
Streamlined emergency care	[Yes /No /Not applicable]
Better care pathways	[Yes /No /Not applicable]
Ward accreditation	[Yes /No /Not applicable]

2. Supporting priorities:

People strategy implementation	[Yes /No /Not applicable]
Estate investment and reconfiguration	[Yes /No /Not applicable]
e-Hospital	[Yes /No /Not applicable]
More embedded research	[Yes /No /Not applicable]
Better corporate services	[Yes /No /Not applicable]
Quality strategy development	[Yes /No /Not applicable]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? To be completed

- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required: To be completed

- How did the outcome of the EIA influence your Patient and Public Involvement ?

- If an EIA was not carried out, what was the rationale for this decision?

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	**Select (X)**	**Risk Description:**
Strategic: Does this link to a ***Principal Risk*** on the BAF?		
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register		
New Risk identified in paper: What ***type*** and ***description***?		
None	**X**	

5. Scheduled date for the **next paper** on this topic: [TBC]
6. Executive Summaries should not exceed **5 sides** [My paper does]

Our 10 System Expectations and their associated actions

1 Safety first approach

We will adopt a safety-first approach to markedly reduce the infection hazard for patients and staff

- ☑ We will **make sure that every service applies the latest Infection, Prevention and Control guidance**
- ☑ We will **ensure that every provider of services has appropriate cohorting arrangements in place** for patients and staff
- ☑ We will **have the right Personal Protective Equipment** to maintain safety for our staff and patients
- ☑ As we transform our models of care we will **ensure we adapt our safeguarding arrangements**
- ☑ We will **provide health and well-being support to all our staff**

2 Equitable care for all

We will pursue high-quality, equitable care for all focusing on health inequalities, community development and the impact of COVID-19 on our BAME community and staff

- ☑ We will **ensure that physical and mental health have parity**
- ☑ We will **direct resources to where there is greatest need** based on population health data by 1st April 2021
- ☑ We will **develop Place and Locality Based Plans** that will contribute to closing the health inequalities gap and support community resilience by 31st December 2020
- ☑ We will **work with our academic and research partners to focus on the risk factors for COVID-19 and develop appropriate interventions** by 30th September 2020
- ☑ We will **work with our BAME staff to manage the enhanced risks that this group has from infection of COVID-19**

3 Involve our patients and public

We will transform our public and patient involvement and seek to co-produce strategies which improve the health and wellbeing of local people

- ☑ We will **develop and implement a new approach and dialogue with our public** to ensure advice and care is accessible when needed from the right setting by 31st December 2020
- ☑ We will **develop innovative ways of engaging with our population and we will always involve patients in shaping our transformational programmes**
- ☑ We will **develop a compact with local people** which sets what they can expect from their NHS and what we would ask them to do in return by 30th December 2020

Our 10 System Expectations and their associated actions

4 Have a virtual by default approach

Remote consultations at the front-end of all care pathways in all health and care settings especially before escalations of care

- We will **ensure that prior to an escalation of care every patient is reviewed remotely** by a relevant clinician seeking specialist opinion when appropriate to ensure that the patient is seen in the right setting by 30th September 2020
- We will **adopt a primary care 'total triage' approach** for patients that need a consultation and this will be done remotely unless there is a clinical reason not to do so by the end of August 2020
- We will **ensure that all referrals to UHL for elective services will be done** via a fully completed PRISM form by 30th November 2020
- We will **ensure that all relevant specialities will have advice and guidance in place** including a telephone/video option by 30th December 2020
- We will **conduct 70% of outpatient appointments and follow-ups virtually** either by telephone or video consultation by 30th December 2020
- We will **ensure there is an alternative** for those that cannot access the virtual option

5 Arrange care in local settings

There will be a decisive shift away from hospitals to care in local settings based around Primary Care Networks

- We will **produce 'Place Based Plan's for the three 'places'** (Leicestershire, Leicester City and Rutland) **and the seven 'localities' across Leicestershire** (North West Leicestershire; Charnwood; Hinckley & Bosworth; Oadby & Wigston; Harborough; Melton; and Blaby) by 31st December 2020
- We will **provide a 2 hour community based response from a multi-disciplinary team** to keep people at home and avoid admissions by 31st October 2020
- We will **discharge patients from hospital to the right setting on the day they are deemed medically fit** by 31st October 2020
- We will **manage our actual and virtual bed base as one resource** across Leicester, Leicestershire and Rutland with all discharges co-ordinated through a central service by 31st October 2020
- We will **develop community based integrated multi- disciplinary teams** including appropriate specialist support that will work as one team around the patient 31st October 2020
- We will **work with out of county providers to make sure that pathways are clear and understood by patients and clinicians**

6 Provide excellent care

We develop standardised end-to-end LLR pathways/clinical networks, tackling unwarranted variation, quality improvement, through a population health management approach

- We will **develop and implement standardised pathways** for major conditions that improve outcomes, reduce health inequalities and reduce unwarranted variation by 31st March 2021
- We will **use population health management approaches** to risk stratify and segment our population and use this information to support transformation and commissioning of care
- We will **provide Primary Care Networks with data** to identify unwarranted variation by 31st July 2020
- We will **encourage all clinicians to work at the top of their licence** by 30th November 2020
- We will **deliver NHS performance requirements across all services** by 31st March 2022

7 Enhanced care in the community

Working with local government and the third sector we will provide enhanced care in the community

- We will **use population health management approaches to identify those at risk patients** and use our multi-disciplinary integrated teams to support them by 31st October 2020
- We will **ensure all patients that need a care plan have one,** which is regularly reviewed and can be accessed by all those caring for the patient by 31st October 2020
- We will **provide an enhanced offer to Care Homes** by 30th November 2020
- We will **work with communities to harness the volunteer and third sector** to support local people by 31st March 2021

Our 10 System Expectations and their associated actions

8 Have an enabling culture

We will put in enabling mechanisms to create a culture where our workforce thrive and are nurtured and there is simplified decision-making and governance structures

- We will **review and implement a new simplified system wide governance structure** that enables transformation to be undertaken rapidly by 30th June 2020
- We will **develop a single system wide Programme Management Office** to support system efficiency and transformation by 30th June 2020
- We will **establish clinical networks that enable specialists, general practice, primary care networks and other professionals to work together across the system** by 30th June 2020
- We will **develop clinical and managerial opportunities** for secondment, rotation and shadowing by 31st March 2021 that supports our underrepresented groups
- We will **ensure all staff involved in transformation are trained and competent in applying the quality improvement methodology adopted by the system**
- We will **embed a culture of learning** from best practice and research

9 Drive technology, innovation and sustainability

Technology, innovation, financial and environmental sustainability will underpin all our services

- We will **work with our partners to increase IT literacy skills in our population**
- We will **ensure that multi-disciplinary team meetings are supported by the right technology** which enables clinicians and services to review individual patients' needs together by 30th September 2020
- We will **undertake an assessment of remote patient monitoring technology** and AI to enable improved productivity and support to patients by 30th September 2020
- We will **deliver interoperability between NerveCentre and Systm1** by 30th June 2020
- We will **use technology to support flexible, mobile and home based working** to reduce our office footprint, environmental impact and running cost by 30th December 2020
- We will **develop a clear, deliverable plan** by 30th September 2020 to **restore the system's finances**

10 Work as one system with a system workforce

We will take collaborative working to a new level by dissolving boundaries between services providers

- We will **explore and implement volunteer models that support our population and services** by 31st March 2021
- We will **develop integrated workforce models that enable our pathway approach to be delivered and do not duplicate resources** by 31st March 2021
- We will **use our experience from the COVID-19 emergency to develop mutual aid protocols and arrangements across our providers** by 30th September 2020
- We will **explore opportunities for shared service teams for our back office functions** by 31st March 2021
- We will **become an Integrated Care System** by 31st March 2021