**Trust Board paper Q**

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

## Trust Board Bulletin – 5 July 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:-

- **System Leadership Team minutes (17 May 2018)** – Lead contact point Mr J Adler, Chief Executive (0116 258 8940) – **paper 1**

**It is intended that these papers will not be discussed at the formal Trust Board meeting on 5 July 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.

**System Leadership Team**

Chair: Toby Sanders

Date: Thursday 17th May 2018

Time: 9:00 – 10:50

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

| **Present:** | |
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| Toby Sanders (TS) | Chair, 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 |
| Avi Prasad (AP) | Co-Chair, Leicester City CCG |
| Steven Forbes (SF) | Strategic Director for Adult Social Care, Leicester City Council |
| Andrew Furlong (AF) | Medical Director, University Hospitals of Leicester NHS Trust |
| Roz Lindridge (RL) | Locality Director Central Midlands, NHS England |
| Sue Lock (SL) | Managing Director, Leicester City CCG |
| Peter Miller (PM) | Chief Executive, Leicestershire Partnership Trust |
| 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 |
| Mayur Lakhani (ML) | Chair, West Leicestershire CCG, GP, Sileby Co-Chair Clinical Leadership Group |
| Will Legge (WL) | Director of Strategy & Information, EMAS, NHS Trust |

| In Attendance: | |
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| Shelly Heap | Board Support, BCT(Minutes) |
| Sue Venables (SV) | Head of Communications and Engagement, Better Care Together |

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| **1. Apologies and introduction** | |
| Apologies received from Mayur Lakhani (Chris Trzcinski deputised), Will Legge and Azhar Farooqi (Avi Prasad deputised). It was noted that the new Medical Director will be starting around July 2018. | |
| **2. Conflicts of interest handling** | |
| The following item is of note for this part of the agenda:<br><br>Item 7 – update on frailty and multi-morbidity has been reviewed by Corporate Affairs and there are no conflicts of interest to note.<br><br>TS apologised for the late papers that were distributed last evening. | |
| **3. Minutes of last meeting** | |
| The minutes of the last meeting on 19th April 2018 were accepted as a true and accurate record. | |
| **4. Review of Action log** | |
| The first two items on the action log are to be discussed on the agenda.<br><br>180419/1 - LLR STP Systems Leadership Support Programme. There is a next steps meeting with TS, JA and Debbie Sorkin arranged for 24th May 2018 and a proposition will come back to the June SLT meeting. TS requested JS share any relevant feedback on the two training providers whose portfolios were provided in the papers at the last meeting via email directly to TS. | **TS/JA** |
| **5. Feedback from STP Meetings** | |
| There have been three key meetings recently for feedback as follows:<br><br>***National Ministerial Round Table***<br>The session was organised by Jeremy Hunt, Secretary of State for Health and Social Care, in the build up to the announcement on the long term funding review. There was a round of very constructive and positive sessions and it seems that there will be four areas that might be the focus for the next 10 years: Technology and artificial intelligence, Integrated Care - Frailty and multi-morbidity, Mental health and Cancer. Other topics mentioned on the day included Maternity safety, Prevention and Workforce. It seems that it has been accepted that there will be a need for increased growth in NHS budgets; however, it was not clear if this will include offsetting efficiency. There was a mention of 25% productivity gains for doctors and nurses from the use of technology. Social care is likely to be covered in a separate review and which is likely to be delayed. Transformational funding was a big theme with money for primary care and capacity; however, it is unknown what the level of expectation will be. It is anticipated that it is likely there will be modest growth over the 10 year period which will at least provide an element of certainty and improve LLRs current assumptions.<br><br>***Regional NHSE/I STP Stocktake***<br>TS outlined three discussion topics (Paper C) from the meeting held on 9th May 2018. Firstly there was an open discussion regarding LLR service improvement plans and the leadership and governance review both of which NHSE and NHSI were broadly supportive of. Secondly, | |

the future oversight arrangements in respect of improved performance and assurance discussed quarterly performance reporting using a single framework linking to national and regional dashboards. Lastly, the national positioning of LLRs estates, capital and consultation. Generally speaking the stocktake was very constructive and supportive particularly in regard to capital which LLR will continue to push ahead with, however, it was noted that there is now a very strict process in place for capital bids. JS asked about the revised timeline for the pre-consultation business case (PCBC) which will be discussed under the capital item in the confidential agenda. These meetings will continue on a quarterly basis throughout the year.

***Midlands and East STP Leadership Forum***

Feedback was provided as outlined in Paper D; the Leadership Forum meets on a quarterly basis. The development of Integrated Care System (ICS) was an item for discussion and the criteria for becoming an ICS were debated. These discussions will help to inform the LLR STP governance review and the new terms of reference must include the direction of travel to work towards becoming an ICS. In addition the very different geographies of the NHS and the Local Authorities will need to be carefully considered. It was acknowledged that there is a variable picture across the system but that LLR has a decent track record overall with some areas needing much more work. It was discussed that LLR would be around the middle if there were a league table. RL told the partners that LLR is well within the level of maturity required to meet the criteria to become an ICS and has demonstrated some real progress; however, there is still much work to be done in some areas.

SP recommended that the ICS provider network examples (from the Kings Fund Event) be considered as a topic for one of the new SLT informal development sessions.

**6. Proposed NHS Regional Geographies**

The letter in paper E outlines the proposed new NHS Regional Geographies which will come about when integrating NHSE and NHSI into 7 new regional teams under one director. Although the new approach is welcomed and supported broadly it had been very difficult to divide up the teams in terms of the geographies. There is an unfortunate consequence that LLR and Northampton will be under separate teams as they are one of UHL's acute care tertiary partners and strong relationships have been developed with them. JA has written a joint letter to alert NHSE and NHSI of this situation even though there is little likelihood of a solution as further geographical changes might make things worse.
Post meeting note: The final configuration has been agreed with Northamptonshire in the same area as LLR – the Midlands region.

Leicestershire County Council has provided very useful comments and feedback on the proposals for which they were thanked.

There is likely to be more clarity regarding the new Regional director role around September 2018.

TS recommended the regional geographies and tiers as the first topic for an informal SLT development session.

**7. Update on system approach to frailty and multi-morbidity**

Rachna Vyas (RV), Deputy Director of Strategy and Implementation attended the meeting to provide an update on the approach to frailty and multi-morbidity as outlined in the presentation in paper F.

Winter 18/19 is 22 weeks away and the system is unlikely to cope with the level of demand if things do not change. As there has not been a flu epidemic for the last three years it is pertinent for acute services to plan for this in 18/19 as a worst case scenario to ensure enough

capacity is available.

80% of resource is taken up by 20% patients across the system and these are largely the frail, multi-morbidity cohort. Although the model of care is very good it is not standardised or systemised and will not be able to support the best outcomes for this group of patients. Additionally the impact of interventions needs to be quantified to support the pre-consultation business case for acute reconfiguration.

In order to keep patients healthy at home and prevent admission a frailty focussed solution for 18/19 has been outlined on the handout to ensure the following:

- Improved community support for complex/multi-morbid/frail patients
- Accessible, effective support in a crisis and effective acute care
- Good discharge planning and effective post discharge support.

There have been 16 targeted pathway interventions prioritised (the list is not exhaustive) and mapped to the LLR system and have the potential to reduce duplication across the system. It is also important to be able to quantify the impact of these interventions at the system level. There was a summit held yesterday where the proposals were discussed at which clinician and social care support was gained. Most of the interventions are already allocated to a work stream but are not moving as quickly as hoped and therefore it is recommended to set up a small oversight group to support and drive this work over the next 6 months. RV asked SLT to support this approach and the pathway interventions identified as well as the use of the current structures for this purpose.

The partners were asked for their views and comments as follows:

- The proposition and timescale was unanimously accepted by the partners
- It was acknowledged that a more coherent simplified approach across linked work steams is needed and that delivery should be driven at the locality level (i.e. CCG level)
- Current IT systems are prohibitive to gathering intelligence although there have been developments with the new digital roadmap
- Ensure GPs and clinicians have good quality information to help them prevent unnecessary admissions
- Whole pathways need to be moved forward to help reduce the funding gap
- Ensure robust patient engagement in pathway development
- Consider cross border referrals
- Both short and medium term plans to be considered and to inform the PCBC
- Look at the risks and impact this will have on GP workload, where capacity can be created and where additional resource may be required
- Link into the STP governance review along with rationalisation of the work streams

It was suggested to use the Interdependencies Group meeting slots for the new oversight group/task force for the 6 month period, identify a SLT partner to chair, set direction, drive and oversee the work along with identifying management support.

SP asked that the Clinical Leadership Group should be involved in agreeing to the pathway interventions and prioritises proposed and AF will raise this at their meeting later today.

JS recommended that this should be communicated to all levels as well as to front line staff and this was agreed.

**8. NHS 18/19 System Financial Plan**

Spencer Gay (SG), Chief Financial Officer, West Leicestershire CCG and Louise Perry (LP), Head of Finance, Better Care Together attended the meeting to present Paper G.

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| SG explained that he is taking the executive lead and oversight of finance for Better Care Together.<br><br>There is an overall increase in NHS funding in 18/19 of circa £37 m although this funding is likely to be outstripped by demand and inflation. To achieve targets there will have to be unprecedented levels of savings of approx. £117 m to remain in budget. There is a phased saving plan, however 37% of the savings are to be delivered in the last quarter therefore there will need to be close monitoring and control with regular updates at SLT so that remedial action can be taken if necessary.<br><br>The partners views and comments were as follows:<br>• There was agreement from partners to have regular financial plan monitoring at SLT on a quarterly basis<br>• SLT would like a summary level breakdown for each category so that the financial detail and what action is being taken is visible<br>• Strengthening PMO resource and processes is a priority for this year for which funding has been provided by NHSE<br>• Consideration for successive years financial planning in light of the budget pressures | **BCT** |
| SG reported that CFOs have scheduled regular meetings going forward and key priorities and system reporting has been established.<br><br>KE pointed out that although these figures are frightening the national context is that all CCGs are required to drive improvement and quality and achieve efficiencies of an average of 4%, therefore LLR is in line nationally.<br><br>PM commented that community and primary care reduction in budgets do not seem to be in line in respect to national planning. JA pointed out that acute funding is directly related to activity levels and is therefore more sensitive to levels of demand. This year's figures have been skewed by national guidance.<br><br>JS requested more information on the CCG £60 m saving target and it was agreed to hold a Joint Scrutiny Committee Meeting with the Local Authorities and the CCGs. JS will provide suggestions for dates/times so the meeting can be arranged.<br><br>It was noted that there is a detailed plan which has been to boards and this will be published soon. | **JS** |
| **9. Workforce Workstream Update** | |
| Sarah Willis (SW), Director of HR and OD, Leicestershire Partnership Trust and Bina Kotecha (BK), UHL Director of Learning and Organisational Development attended the meeting to give an update on the Local Workforce Action Board (LWAB) Workforce Strategy as outlined in Paper H.<br><br>The goal is to ensure the right workforce is in place with the right skills and behaviours in the right place at the right time to support the local population to stay healthy and lead independent lives. LWAG is responsible for the strategy and there are several sub groups with good representation across Health & Social Care such as Strategic Workforce planning, Attraction and Retention, Capability and Organisational development and culture change.<br><br>There has been good progress during 2017/18 from the General Practice Workforce Group including the development of the workforce strategy, workforce modelling to support practices and GP trainee programme. There is an established Staff Engagement Group who engages with the Unions on workforce challenges. In addition there are individual organisations which | |

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| support the work of the LWAB as well as links into national and regional workforce programmes. Other products are as follows:<br>• Established Nurse Associate Programme and<br>• Rotational nursing posts – working closely with UHL<br>• Practice Managers academy has been set up<br>• Lots of Clinical Engagement Events have been organised<br>• Roll out of the Mental Health First Aid programme<br>• LLR web based portal for recruitment and attraction to be launched in July<br><br>Some of the key deliverables are as follows:<br>• New and extended roles such as Physician Associates, Administrator and Advanced Care Practitioners - further work is underway to embed these roles.<br>• Career progression such as nurse associate<br>• Increased apprentice opportunities<br><br>Areas to strengthen have been identified and include:<br>• Workforce support to bring together STP plans and improving system communication by working more closely with the Interdependencies work stream<br>• Ensuring workforce subgroups are aligned to future priorities<br>• Becoming more outcomes focussed<br><br>Priorities for 2018/19 include:<br>• Updating the Workforce Strategy<br>• Ensuring race equality is embedded in the plan<br>• Supporting national priority areas – cancer, primary care, mental health and maternity<br>• Support leadership and OD<br><br>There are major challenges to ensure staff are future proofed and to build skills and flexibility into the workforce.<br><br>TS thanked LWAB for the excellent progress being made but pointed out that this is not always visible and it would be great to hear about actual examples from staff of their own experiences.<br><br>There was feedback from SLT partners as follows:<br>• Form stronger links with Interdependencies group and staff to support the Frailty pathway work in preparation for next winter<br>• Build strong links with work streams to assist them with their workforce needs in the future<br>• Give consideration to attracting staff to work in the City<br>• Consider how to raise the profile of alternative Health Care professionals<br>• Build stronger connections between LWAB and LA's<br>• SLT to become more directive with work streams on setting targets and outcomes monitoring through the use of the Outcomes Framework.<br><br>The new Workforce Strategy will come back to a future SLT once it has been completed. | **PM** |
| **10. Draft BCT STP Outcomes Framework** | |
| Philippa Crane (PC), STP Performance Analyst joined Sarah Prema to give SLT an update on the latest iteration of the draft Outcomes Framework in Paper I.<br><br>SP told the members that the framework has been designed to monitor progress on LLR STP system priorities and is not intended to be used for performance management or as an accountability framework. There is currently a Regional dashboard under development and | |

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| this will be checked to see if there is anything in it that might be useful to add to the draft framework. It was recommended that the information is reviewed at SLT on a quarterly basis once use of the framework has commenced so that any issues or blockages can be identified and partners can support work streams to overcome and resolve any difficulties. The framework will be reviewed after the first six months to ensure the metrics are still relevant and then a regular 6 or 12 monthly review will be undertaken. The use of the framework will increase collective visibility and link back to the visions and goals of the STP.<br><br>After discussion between the partners the following views and comments were made:<br>• Although it was acknowledged that the STP plan refresh will not be published in the short term, the partnership has previously agreed STP priorities and the use of the framework for monitoring purposes thought to be productive and useful.<br>• Leicestershire County Council would not support a STP branded framework to be used as a performance or accountability system for LA Senior Responsible Officers; however, social care data is already in the public domain and can be captured for monitoring purposes.<br>• A lack of patient engagement was identified and existing metrics can be used to strengthen this area.<br>• It was agreed that the narrative of the framework should clarify its purpose.<br>• The Outcomes Framework should be looked at again in the forthcoming Governance review.<br>• Consider mapping framework to any schemes that could potentially help to achieve outcomes.<br><br>SP will add a new narrative to the Outcomes Framework to clarify it is not for performance management or accountability purposes. | **SP** |
| **11. Date, time and venue of next meeting** | |
| 9am-12pm Thursday, 21st June 2018, 8th Floor Conference Room, St John's House | |