Trust Board paper Q

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 7 June 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 (19 April 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 7 June 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 19th April 2018

Time: 11.00 – 12.00

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
Helen Briggs (HB)	Chief Executive, Rutland County Council
Nicola Bridge (NB)	Finance Director and Deputy Programme Director
Karen English (KE)	Managing Director, East Leicestershire and Rutland CCG
Azhar Farooqi (AFa)	Clinical Chair, Leicester City CCG
Andrew Furlong (AF)	Medical Director, University Hospitals of Leicester NHS Trust
Mark Gregory (MG)	General Manager, EMAS NHS Trust
Andy Keeling (AK)	Chief Executive, Leicester City Council
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
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
Mark Wightman (MW)	Director of Strategy and Communications, University Hospitals of Leicester NHS Trust

Apologies	
Steven Forbes (SF)	Strategic Director for Adult Social Care, Leicester City Council
Will Legge (WL)	Director of Strategy & Information, EMAS, NHS Trust
In Attendance	
Shelly Heap	Board Support, BCT(Minutes)

1. Apologies and introduction

Apologies received from Steven Forbes and Will Legge.

2. Conflicts of interest handling

There were no items of note for this part of the agenda.

3. Minutes of last meeting

The minutes of the last meeting on 15th February 2018 were accepted as a true and accurate record.

4. Review of Action log

It was noted that the actions have a progress update added to the log and remain ongoing.

171221/1 BCT draft outcomes framework will come back to the May SLT meeting.

180215/5 SPT Clinical Leadership arrangements – there was a verbal update that these discussions have been paused. It was agreed that the clinical lead contact for engagement with NHSE pending clinical appointments will be Mayur Lakhani as chair of CLG.

5. IM&T workstream progress

Ian Wakeford (IW), Head of Leicestershire Health Informatics and the IM&T Senior Responsible Officer (SRO), Tony Bentley, GP, Clinical IT lead for City CCG and chair of IM&T Delivery Board and Nick Pulman, Senior Partner at Long Lane Surgery, West CCG IM&T lead attended the meeting to feedback on progress.

IW explained that IM&T have recently redesigned their direction and governance arrangements. Work has been underway to reconnect with the clinical work stream leads so that they can understand what IT needs there are for each of the work streams transformation programmes. After discussions there was a shopping list of 69 'asks' which have been aggregated into about 18 major programmes of work with five overarching strategic objectives. The governance process are analysing the projects for those with the highest likelihood of deliverability and those that will have the most impact on STP outcomes.

The big 5 strategic objectives are:
Information Technology enabling integrated working across Health and Care, empowering practitioners and patients.

- Health and Care integration of Information Systems along patient pathway
- Supporting pathways, (Templates, PRISM, E-Comms)
- Digital self-care (Apps and remote sensing)
- LLR wide BI Supporting Public Health and Research and service redesign
- End to End Business Transformation using IT, not IT deployments

Some examples of benefits delivered so far are:

- System 1 (S1) EPR Core – Providers can view CP record

- LLR Paperless project (to and from GPs – providers starting this)
- SCR (GP upload, Providers, LA's)
- Building up the S1 estate – 85.5% GP and LPT (Comm & Hosp)
- Trusted Assessment Pilot - Rutland

It has been recognised that having one software system is key and there are already 86% of patients across LLR on System 1 (S1). Having one system will allow the relevant health care professionals to view patient records for example: District nurse, LOROS, Out of hours etc. which enables more efficient working practices.

Some examples were given where access to full patient records allayed unnecessary surgery and the associated costs or allowed quick and efficient referral to another health care professional.

The use of PRISM pathways allows for an efficient, consistent and high quality referral process (instead of the very complicated UHL/LPT referral pathway) which is quicker and can also reduce waiting times. Coroner referrals are also starting to use PRISM.

There has been a Trusted assessment pilot carried out in Rutland which was very successful. (sharing records with social care) The outcomes to delayed transfers of care reduced from 200 to 20 are more efficient and have enabled a reduction of 1 FTE administrative post. It is planned to extend the pilot to UHL, City, County and the wider LPT and it is envisaged that this could have a massive positive financial impact across the system.

The STP programme board has made a strategic decision to adopt S1 as the common EPR for Health and Care; therefore S1 will be extended further. The IM&T work stream is keen to adopt the BI strategy as it aligns very well with the IM&T strategy. There will be a single EPR (from RIO & S1 to S1 only. Furthermore, Alliance will move to S1 and ICE as it is currently paper based. Additionally, there is the potential for benefits for the UHL patient administration system and maternity to move to S1 as there are interdependencies with primary care.

Some blockers to progress were outlined as follows: There is a need to challenge the parochial view of IT as this is a much broader vision across LLR and Health and Care. There is no central pot of funding for IM&T and existing resource is limited. There are impacts with information governance and GDPR to consider and some organisations may have to 'take one for the team' for the benefit of the whole health and care community and the public.

There will be a formal Local Digital Roadmap (LDR) written which will come back to SLT when ready.

TS said it was encouraging to have such a positive discussion and very valuable update on progress from IM&T and good examples of joint working.

ML was pleased to hear about the work that has been completed and requested the digital patient self-care and GP online work can be accelerated if possible. IW responded that progress on both these items is monitored monthly at the IM&T project board and they are committed to the delivery of both.

JA expressed that although there is an obvious advantage to using one system, UHL must ensure they choose the best clinical tool. It is essential that there is a focus on frailty and multi morbidity to ensure the infrastructure and enablers behind the strategy are robust and aligned. JA outlined that UHL are currently working on an Option Appraisal and S1 will be considered as part of the appraisal due to the system potential and obvious advantages. The group acknowledged the lack of national funding for IT even though there is are benefits to create

savings. RL outlined that there are possible opportunities for NHSE capital funding for Primary Care related projects. TS stated the need for uniformity across the three CCGs to be agreed. SL thought that IM&T should be embedded in the work streams to realise full efficiencies. IW is also part of the Interdependencies Work stream which is a key group to influence the clinical work streams. PM expressed that it has been an absolute pleasure working with Ian, Tony and Nick who have a positive 'can do' attitude and have made excellent progress. The partners expressed their thanks to IM&T for their work and there was a round of applause.	
6. LLR STP Systems Leadership Support Programme	
Debbie Sorkin (DS), National Director of Systems Leadership from the Leadership Centre and Bina Kotecha (BK), UHL Director of Learning and Organisational Development and LLR Change Group joined the meeting to outline the National offer of Leadership Support from the Leadership Centre. LLR have successfully bid for funding for two strands of support (30 days). It has been agreed that the Discharge to Assess Programme would be of benefit to improve emergency care performance and Tamsin Hooton will be working on the offer with the providers, Bernie Brooks and Di Neale. (Both profiles are attached with paper D). The other stand which received funding from Health Education East Midlands Local Workforce Advisory Board was for broader system leadership capacity across the partnership and this may be of assistance to support the SLT partners. DS introduced herself and the work of the Leadership Centre which is a charity with close ties to LA's and outlined the kind of work they have supported with Nationally. The Centre has many years' experience working with LA's, NHS, clinicians and managers as well as across providers and commissioners for primary and secondary care, the police and others on complex issues. They have specialist enablers such as coaches with leadership backgrounds who can support with systems organisational requirements, improving relationships, building trust, common purposes as well as with any bumps in the road to make improvements and this can be one to one or group sessions. The offer is not mandatory or part of an assurance process therefore, there is no reporting anywhere. TS thought that the offer could be beneficial to the SLT partnership to develop the governance, relationships and trust and asked whether some of the formal SLT meetings could be alternated on a more informal and developmental basis to allow time for this purpose. TS requested some examples of the Leadership Centres National work from DS ahead of the next SLT. TO'N has worked with the Leadership Centre before and supported the offer and the move away from the more formal meeting structure for some meetings, however, stressed the importance to be clear on the outcomes required from each meeting/engagement. TS, JA, SK and the partners discussed the funded offer and the view was that it will dovetail well to the wider work and organisational development of the STP, also the timeline fits well with the review of the governance arrangements. It was agreed this should be done in parallel as DS advised this would work well to ensure a common purpose, accountability and to inform other work and DS was invited to attend the next meeting to discuss further. To return to May SLT agenda to agree target areas for support.	**TS**
7. Any Other Business	
It was noted that this is the last meeting that SK will attend as he has stepped down from the Medical Director role with effect the end of April 2018. There was a thank you from the System	

and the Clinical Leadership group for his work and the partners wished him well although he is not leaving and will still be involved with the system, working on the facilitation of the Leadership Training.	
8. Date, time and venue of next meeting	
9am-12pm Thursday, 17th May 2018, 8th Floor Conference Room, St John's House	