CHIEF EXECUTIVE'S MONTHLY UPDATE REPORT – AUGUST 2019

Authors: John Adler and Stephen Ward   Sponsor: John Adler   **Trust Board paper E**

Context

The Chief Executive's monthly update report to the Trust Board for August 2019 is attached. It includes:-

(a)   the Quality and Performance Dashboard for June 2019 attached at appendix 1 (the full month 3 quality and performance report is available on the Trust's public website and is hyperlinked within this report);

(b)   key issues relating to our Strategic Objectives and Annual Priorities.

Questions

1. Does the Trust Board have any questions or comments about our performance and plans on the matters set out in the report?

Conclusion

1.   The Trust Board is asked to consider and comment upon the issues identified in the report.

Input Sought

We would welcome the Board's input regarding the content of this month's report to the Board.

For Reference
Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Yes]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register   [Not applicable]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
XXXX	There is a risk …			XX

If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework   [Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk …		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [N/A]

4. Results of any **Equality Impact Assessment**, relating to this matter: [N/A]

5. Scheduled date for the **next paper** on this topic: [September 2019 Trust Board]

6. Executive Summaries should not exceed **1 page**.   [My paper does comply]

7. Papers should not exceed **7 pages.**   [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

DATE: 1st AUGUST 2019

REPORT BY: CHIEF EXECUTIVE

SUBJECT: MONTHLY UPDATE REPORT – AUGUST 2019

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1.   Introduction

1.1   My monthly update report this month focuses on:-

    (a)   the Board Quality and Performance Dashboard attached at **appendix 1**;

    (b)   the Board Assurance Framework (BAF) and Organisational Risk Register;

    (c)   key issues relating to our Quality Strategy and Annual Priorities, and

    (d)   a range of other issues which I think it is important to highlight to the Trust Board.

1.2   I would welcome feedback on this report which will be taken into account in preparing further such reports for future meetings of the Trust Board.

2   Quality and Performance Dashboard – June 2019

2.1   The Quality and Performance Dashboard for June 2019 is appended to this report **at appendix 1.**

2.2   The Dashboard aims to ensure that Board members are able to see at a glance how we are performing against a range of key measures.

2.3   The more comprehensive monthly Quality and Performance report continues to be reviewed in depth at a joint meeting of the People, Process and Performance Committee and Quality and Outcomes Committee. The month 3 quality and performance report is published on the Trust's website.

2.4   *Good News:*

- **Mortality** – the latest published SHMI (period February 2018 to January 2019) has increased to 100. Importantly, this remains within the expected range.
- **Diagnostic 6 week wait –** standard achieved for 10 consecutive months.
- **52+ weeks wait –** has been compliant for 12 consecutive months.

- **Referral to treatment** – numbers on the waiting list (now the primary performance measure) were below the NHSE/I trajectory but 18 week performance was below the NHS Constitution standard at 83.5%.
- **Delayed transfers of care** - remain within the tolerance.
- **12 hour trolley wait** was 0 breaches reported.
- **C DIFF** – was within threshold this month.
- **MRSA –** 0 cases reported.
- **Pressure Ulcers** - 0 **Grade 4,** 0 **Grade 3** and 5 **Grade 2** reported during June.
- **Single Sex Accommodation Breaches** – 0 breaches reported for 3 consecutive months.
- **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which is above the national average. **Cancer Two Week Wait** was 93.4% in May.
- **2 Week Wait Cancer Symptomatic Breast** was 93.1% in May.
- **Fractured NOF** – remains compliant for the 11th consecutive month.
- **90% of Stay on a Stroke Unit** – threshold achieved with 90.0% reported in May.
- **TIA (high risk patients) –** threshold achieved with 61.4% reported in June.
- **Cancelled operations OTD** - 1.0% reported in June.
- **Annual Appraisal** is at 92.0%.
- **Statutory and Mandatory Training** compliance has increased to 92%. A specific focus is being applied to Bank and Estates & Facilities staff with a compliance deadline of 31/10.

2.5 *Bad News*

- **UHL ED 4 hour performance** – was 74.1% for June, system performance (including LLR UCCs) was 81.5%.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 4.4%.
- **Moderate harms and above –** May (reported 1 month in arrears) was above threshold.
- **CAS alerts** – not compliant.
- **Cancer 31 day treatment** was 93.9% in May.
- **Cancer 62 day treatment** was 75.0% in May
- **Patients not rebooked within 28 days following late cancellation of surgery -** 21.

3.   Quality Strategy – Becoming the Best (BtB)

3.1   This month has seen the full launch of BtB across the organisation. The process began with my Briefings in the first week of July, when I distributed a presentation pack to all leaders with a requirement to cascade this information to their teams. A Survey Monkey site has been established to confirm that the required cascade has been undertaken and to receive feedback from these discussions. The closing date for such feedback is 12th August, and I will feedback to staff on the key themes at my September Briefings.

3.2   As a Trust Board, we considered the findings from the diagnostic phase of our participation in the NHS Improvement – sponsored Culture and Leadership Programme at out July Trust Board Thinking Day. Further work is taking place on the key themes and these will initial be shared via by August Briefings and then in more detail in September. **In the meantime, work has started on the Design phase of this work, which will generate the specific actions to address the identified themes.**

3.3   I look forward to our further discussions on Quality Improvement matters at our August Trust Board Thinking Day, when RUBIS:QI will facilitate a whole-day session on 'Leadership for Improvement' – as part of our Board Development Programme.

3.4   We have also agreed a partnership with AQuA to support our Quality Improvement journey, and they are to shortly begin a series of Quality Improvement Taster Sessions. There will also be an Advanced Improvement Practitioner Programme (6 day course over 3 months: two cohorts of 25 staff), and a Medical Leaders Quality Improvement Programme (four day programme over 2 months: one cohort of 25 medical leaders).

3.5   Finally, I am pleased to report that our new Head of Quality Improvement, Colin Moorhouse, joined the Trust on 23rd July 2019. In addition to providing senior leadership to the QI agenda, Colin will be organising the deployment of QI skills across the organisation. Colin will also act as overall programme lead for the Quality Strategy as a whole and in that capacity I have asked him to develop an overarching programme plan, risk assessment and outcomes dashboard.

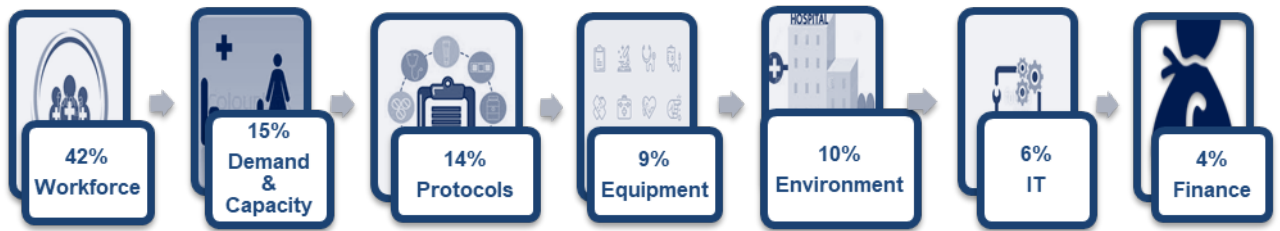4.   Board Assurance Framework (BAF) and Organisational Risk Register

4.1   The new principal risks for the 2019/20 BAF have been reviewed and updated by the Executive Directors to take account of feedback from the Audit Committee at its meeting on 5th July 2019. A copy of the BAF 19/20 is included elsewhere on the agenda at today's Trust Board meeting.

Organisational Risk Register

4.2   The UHL risk register has been kept under review by the Executive Quality and Performance Board and across all CMGs during the reporting period and displays 237 risk entries:

0 Extreme	80 High	149 Moderate	8 Low

4.3   Thematic analysis across the organisational risk register shows the most common risk causation theme across all CMGs involve concerns with workforce capacity and capability (including nursing and medical). Other risk themes reported on the CMGs risk registers are illustrated in the graphic below:

| 42% Workforce | 15% Demand & Capacity | 14% Protocols | 9% Equipment | 10% Environment | 6% IT | 4% Finance |

4.4   The risk effect profile themes across all CMGs risk registers are illustrated in the graphic below:
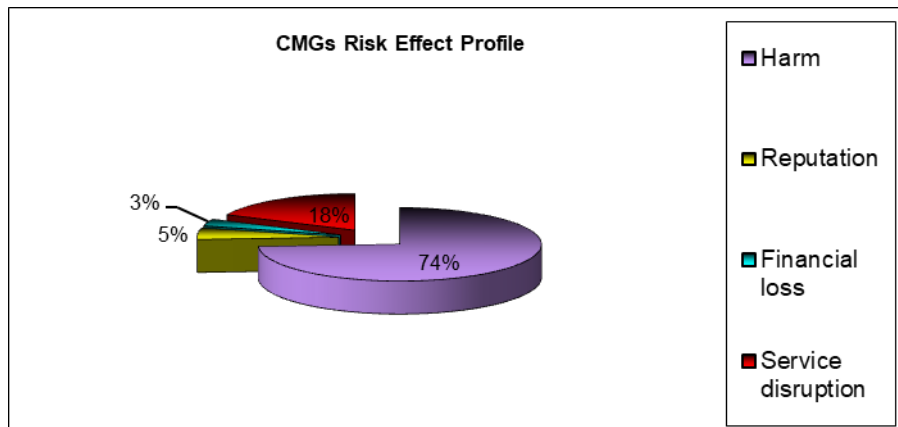
5.   Emergency Care

5.1   Our performance against the 4 hour standard for June 2019 was 74.1% and 81.5% for Leicester, Leicestershire and Rutland as a whole.

5.2   I summarise below actions which are being taken by the Trust, and across the Leicester, Leicestershire and Rutland system as a whole, to improve performance against the 4 hour emergency care standard:

        UHL

- Increased overnight clinical support to injuries stream (commenced 7th July)
- Same Day Emergency Care accelerator programe membership focusing on extension of GPAU at the LRI site (September)
- Emergency Care Improvement Support Team support focusing on the flow out of CDU at the Glenfield site – rapid cycle test following intense audit (15th August)
- A further Multi-Agency Discharge Event will take place in 4 weeks' time and these events are now planned to take place throughout the year, leading into Winter
- Ward 7 AMU extension with additional discharge co-ordinator and junior doctor cover overnight (from August)
- Extended criteria to GPAU ('pull model') (commenced 3th July)
- Out Of Hours service to support GP streaming (DHU) (July)

LLR

- Pilot redirection of Category 3&4 calls to Clinical Navigation Hub (August).
- Mandated conveyance by EMAS to Loughborough Urgent Care Centre for appropriate patients (July)
- Increase offer of extended primary care provision (September)
- Increased offer for access for diagnostics and direct access to clinics in line with out of hospital Same Day Emergency Care pathways
- Managing non elective demand with a key focus on: nursing homes, mental health, and patients aged between 18 -25.

5.3   In parallel, we continue to press forward with a number of longer-term actions including a review of bed capacity, strengthening of the clinical workforce and more complex demand management schemes. Whilst these will not deliver short-term improvements, in the longer-term they will provide the basis for sustainable improvements in delivery.

5.4   Notwithstanding these actions, it remains the case that our medical bed capacity falls well short of what is required for reliable flow. We are currently updating our model and will be giving renewed attention to how the medical bed capacity shortfall can be addressed. This has become a chronic problem and without a solution to it there is little prospect of reliable flow and performance.

5.5   Details of the Trust's emergency care performance continue to be the subject of report by the Chief Operating Officer monthly to the People, Process and Performance Committee. Details of the Committee's most recent consideration of the position are set out in the summary of that meeting which features elsewhere on this Board agenda.

6.   Operational Planning 2019/20: Feedback

6.1   I have attached, for the information of the Board, a copy of a letter dated 27th June 2019 received from Ms F Shattock, Director of Strategic Transformation (Central), NHS England and Improvement which provides feedback on our Annual Operational Plan 2019/20. **(Appendix 2)**

6.2   The financial matters set out in the attached letter are, of course, subject to regular discussion and review at the Finance and Investment Committee and, similarly, workforce matters are reviewed each month at the People, Process and Performance Committee. Likewise, the Quality and Outcomes Committee receives regular updates assessing the impact of cost improvement programme schemes on clinical quality; and the People, Process and Performance Committee receives a report monthly from the Chief Operating Officer on performance against the 4 hour emergency care target, and ambulance handovers.

6.3   Together with other Executive Directors, I meet with colleagues from NHS England and Improvement on a monthly basis and we discuss the Trust's performance against the 2019/20 Plan in those meetings. From August, these meetings will move

to become Leicester, Leicestershire and Rutland system meetings, attended by other Providers, the Clinical Commissioning Groups, as well as ourselves.

7.   HMRC - changes to pension tax relief

7.1   HM Revenue & Customs (HMRC) pension changes to lifetime and annual allowances mean that some members of the NHS Pension Scheme could receive a tax bill if their pension savings exceed the limits set by HMRC. These limits are known as the annual allowance, which is calculated each year, and the lifetime allowance, which is calculated based on lifetime pension savings.

7.2   Whilst these changes apply to all, a taper to the annual allowance was introduced in April 2016 with the intention of reducing pension tax relief for high earners, and these changes are starting to impact on the NHS' ability to deliver patient care.

7.3   NHS Employers recently commissioned a report into the impact of pensions tax on the NHS and the NHS Pension Scheme following growing evidence to suggest that recent changes to the annual and lifetime allowances are influencing the behaviour of NHS staff and ultimately impacting on NHS objectives. This report is available on NHS Employers website.

7.4   We have been having discussions at the Executive Boards as to the impact of these developments on our services and there is currently a piece of work being carried out to assess this. However, we are very aware that this is also a priority nationally and is being discussed at the highest levels of NHS England and raised with HM Treasury.

7.5   NHS Employers have issued detailed guidance and resources on this subject and this guidance is being circulated to staff.

7.6   It is important to stress that the impact of these changes is individual and dependent upon personal circumstances. We are advising staff that, if they feel they are likely to be affected, they seek independent personal financial advice.

7.7   We continue to take regional and national advice on this matter and, as mentioned above, are doing further work to better understand the impact on our clinical services/CMGs. We have also put this issue on our Corporate Risk Register, which will mean it will continue to have a high focus.

7.8   A further update will follow once we have assessed the Trust-wide impact.

8.   Better Care Together Partnership

8.1   I have attached, for information, a copy of the June/July 2019 Better Care Together Partnership update for Boards, governing bodies and members. **(Appendix 3)**

9.	Conclusion

9.1	The Trust Board is invited to consider and comment upon this report and the attached appendices.

John Adler
Chief Executive

26th July 2019

Quality & Performance

		YTD Plan	YTD Actual	Jun-19 Plan	Jun-19 Actual	Trend*	Trend Line	Compliant by?
Safe	S1: Reduction for moderate harm and above (1 month in arrears)	142	28	<=12	20	🔴		Jul-19
	S2: Serious Incidents	<29	9	2	4	🔴		Aug-19
	S10: Never events	0	1	0	1	🔴		Aug-19
	S11: Clostridium Difficile	61	11	5	2	🟢		Compliant
	S12 MRSA - Unavoidable or Assigned to 3rd party	0	0	0	0	🟢		Compliant
	S13: MRSA (Avoidable)	0	0	0	0	🟢		Compliant
	S14: MRSA (All)	0	0	0	0	🟢		Compliant
	S23: Falls per 1,000 bed days for all patients (1 month in arrears)	<=6.02	5.1	<=6.02	4.7	🟢		Compliant
	S25: Avoidable Pressure Ulcers Grade 4	0	0	0	0	🟢		Compliant
	S26: Avoidable Pressure Ulcers Grade 3	<27	0	<=3	0	🟢		Compliant
	S27: Avoidable Pressure Ulcers Grade 2	<84	17	<=7	5	🟢		Compliant
Caring	C3: Inpatient and Day Case friends & family - % positive	96%	97%	96%	97%	🟢		Compliant
	C6: A&E friends and family - % positive	94%	95%	96%	96%	🟢		Compliant
	C10: Single Sex Accommodation Breaches (patients affected)	0	0	0	0	🟢		Compliant
Well Led	W13: % of Staff with Annual Appraisal	95%	92.0%	95%	92.0%	🔴		Oct-19
	W14: Statutory and Mandatory Training	95%	92%	95%	92%	🟢		Oct-19
	W16 BME % - Leadership (8A – Including Medical Consultants) - Qtr 4	28%	29%	28%	29%	🟢		Compliant
	W17: BME % - Leadership (8A – Excluding Medical Consultants) - Qtr 4	28%	16%	28%	16%	🔴		Dec-23
Effective	E1: 30 day readmissions (1 month in arrears)	<8.5%	9.1%	<8.5%	8.9%	🟢		See Note 1
	E2: Mortality Published SHMI (Jan 18 to Dec 18)	99	100	99	100	🔴		Compliant
	E6: # Neck Femurs operated on 0-35hrs	72%	78.5%	72%	81.9%	🟢		Compliant
	E7: Stroke - 90% of Stay on a Stroke Unit (1 month in arrears)	80%	86.8%	80%	90.0%	🔴		Compliant
Responsive	R1: ED 4hr Waits UHL	95%	74.4%	95%	74.1%	🟢		See Note 1
	R2: ED 4 Hour Waits UHL Acute Footprint	95%	81.8%	95%	81.5%	🟢		See Note 1
	R4: RTT waiting Times - Incompletes (UHL+Alliance)	92%	83.5%	92%	83.5%	🔴		See Note 1
	R6: 6 week – Diagnostics Test Waiting Times (UHL+Alliance)	<1%	0.9%	<1%	0.9%	🟢		Compliant
	R12: Operations cancelled (UHL + Alliance)	<1%	1.1%	1.0%	1.0%	🟢		Compliant
	R14: Delayed transfers of care	3.5%	1.5%	3.5%	1.7%	🔴		Compliant
	R15: % Ambulance Handover >60 Mins (CAD)		4.7%	0.8%	4.4%	🟢		See Note 1
	R16: % Ambulance handover >30mins & <60mins (CAD)		12.8%	7.2%	11.2%	🟢		See Note 1
	RC9: Cancer waiting 104+ days	0	36	0	36	🔴		See Note 1

		YTD Plan	YTD Actual	May-19 Plan	May-19 Actual	Trend*	Trend Line	Compliant by?
Responsive Cancer	RC1: 2 week wait - All Suspected Cancer	93%	94.6%	93%	93.4%	🟢		Compliant
	RC3: 31 day target - All Cancers	96%	94.3%	96%	93.9%	🔴		Jul-19
	RC7: 62 day target - All Cancers	85%	75.4%	85%	75.0%	🔴		Sep-19

Enablers

		YTD Plan	YTD Actual	Qtr1 19/20 Plan	Qtr1 19/20 Actual	Trend Line	Compliant by?
People	W7: Staff recommend as a place to work (from Pulse Check)		59.0%		59.0%		Not Applicable
	C9: Staff recommend as a place for treatment (from Pulse Check)		74.0%		74.0%		Not Applicable

		YTD Plan	YTD Actual	Jun-19 Plan	Jun-19 Actual	Trend*	Trend Line	Compliant by?
Finance	Surplus/(deficit) £m	(13.6)	13.6	2.9	2.9	🔴		Compliant
	Cashflow balance (as a measure of liquidity) £m	1.0	5.7	1.0	5.7	🔴		Compliant
	CIP £m	4.8	5.0	1.9	2.2	🔴		Compliant
	Capex £m	(14.8)	4.5	(5.1)	1.4	🔴		Jul-19

		YTD Plan	YTD Actual	Jun-19 Plan	Jun-19 Actual	Trend*	Trend Line	Compliant by?
Estates & facility mgt.	Average cleanliness audit score - very high risk areas	98%	95%	98%	94%	🔴		See Note 2
	Average cleanliness audit score -high risk areas	95%	95%	95%	94%	🟢		See Note 2
	Average cleanliness audit score - significant risk areas	85%	92%	85%	92%	🟢		Compliant

* Trend is green or red depending on whether this month's actual is better or worse than the average of the prior 6 months

The above metrics represent the Trust's current priorities and the code preceding many refers to the metrics place in the Trust's Quality & Performance dashboards. Please see these Q&P dashboards for the Trust's full set of key metrics.

Note 1 - **'Compliant by?'** for these metrics a are dependent on the Trust rebalancing demand and capacity.

Note 2 - Compliance is dependent on investment

Appendix 2

NHS England and NHS Improvement – Midlands
Fosse House

Sent by email

John Adler
Chief Executive
University Hospitals of Leicester HNS Trust
Level 3 Balmoral Building
Leicester Royal Infirmary
Infirmary Square
Leicester
LE1 5WW

Smith Way
Enderby
Leicester
LE1 1SX

Tel: 01138248435
Frances.shattock@nhs.net

27 June 2019

Dear John

RE: Operational Planning 2019/20: Feedback

Thank you for submitting your Operational Plan for 2019/20. I am writing to acknowledge receipt of your plan, recognise the significant work that has gone into developing a clear plan for 2019/20 and to highlight the next steps that will need to be taken during a challenging period for the NHS.

It is critical that each trust meets the commitments in its annual plan to deliver safe, high quality services and the agreed access standards for patients within the resources available. I look forward to working with you during this year to ensure that these ambitions can be delivered.

NHS England and NHS Improvement integrated locality teams have undertaken a detailed review of your submitted plan. As part of this review, I would like to draw your attention to the following points:

- Although it is evident the technical guidance has been utilised when formulating the quality narrative element of the Trust's plan there are some aspects that lack a level of relevant detail. It is an expectation that the Trust meets the quality expectations described in the planning guidance and therefore the regional team will require assurance, through existing review processes, that appropriate action is being taken. This will include attention to CIP development and impact assessment, including triangulation of quality, finance, activity and workforce information; and, how the Trust monitors the impact of Quality Improvement investment.

- Subsequent to the submission of final plans, the Trust, in agreement with its auditors made an adjustment to its 2018/19 plans which has deteriorated the prior year position by £3m due to the accounting treatment of pre-payments.

NHS England and NHS Improvement

- The Trust should complete a review of the pre-payment adjustment to confirm whether the adjustment results in a one-off improvement to the 2019/20 position. Assuming that this is the case, NHS England and NHS Improvement expect the Trust to overperform against its plan by £3m to reflect the in-year gain. This overperformance should be recognised in the Trust's assessment of its forecast outturn in future monthly financial submissions to NHS England and NHS Improvement.

- Trust plans include CIPs of £26.6m 2.6%. Latest assessment of CIP development shows that £12.2m of planned CIPs are 'green' rated, £12.8m of CIPs are 'amber' rated and £1.6m of CIPs are 'red' rated. The Trust needs to take action at pace to fully identify and develop robust CIP plans which are subject to full QIA processes to reduce delivery risk and ensure full, recurrent delivery of operational efficiencies as planned. The Trust should update NHS England and NHS Improvement on a monthly basis on the development and delivery of CIP plans, and as part of this update share papers from the financial recovery board.

- The planned level of CIPs is lower than the sector average, and the opportunity for improvement highlighted through the model hospital. I strongly encourage your Trust to review further efficiency opportunities to mitigate the risk of any in-year organisational financial challenge and to demonstrate action taken by your Trust to help mitigate the wider system financial risk of £11m unidentified efficiency. I expect your efficiency programmes to be focused on delivering sustained productivity improvements and recurrent cost reductions, with organisations continuing to work with STP partners across the system to support the development and delivery of productivity and transformational service improvements at system level.

- Workforce costs were a constant area of overspend against plan in 2018/19. 2019/20 plans and budgets have reflected this trend in workforce costs. I strongly encourage the Trust to take action to review workforce costs, overspends and controls to ensure that the increase in costs incurred by the Trust is justified, and to ensure that opportunities to reduce the pay bill are identified, rigorously assessed and subject to QIA processes. This work should be completed alongside the planned refresh of the Trust's Workforce Strategy.

- Trust planned capital investment is in line with the capital limit of £58.8m. Subsequent to the submission of final plans, the Trust has raised concerns that plans do not include investment in endoscopy which is required to maintain quality and safety. I expect you to rigorously prioritise capital spend for 2019/20, ensuring only essential capital spend is incurred, by re-prioritising and deferring spend where safe and appropriate to do so.

- The improvements in the delivery of the 4hr A&E target and ambulance handovers in line with the submitted trajectories is the minimum expected level of

performance. These trajectories must be achieved or exceeded to allow UHLT to return to the consistent delivery of all standards in 2020/21.

I also recognise the hard work that you and your organisation has undertaken to reducing agency expenditure over recent years. You and your organisation will need to continue to take steps to contain agency spending this financial year, to secure delivery of your agency plan and ceiling.

Should it become likely that any financial risks could adversely affect the Trust's year to date or forecast outturn financial position, we expect the Trust to contact the NHS England and NHS Improvement finance team without delay and to develop and implement a Financial Recovery Plan to bring the Trust pack to plan in-year, with support from the STP and STP partners as required.

It is my intention to utilise your final, submitted, Operational Plan for 2019/20 as the basis on which the organisation's performance is assessed and measured for 2019/20. Alongside this, my team and I will continue to work with you to ensure you have the necessary support to strengthen your capability and capacity to deliver your Operational Plan for 2019/20 and in doing so to deliver safe, high quality services.

If you have any questions about the content of this letter, please do not hesitate to contact me or your relationship manager.

Yours Sincerely

Frances Shattock
Director of Strategic Transformation (Central)
NHS England and Improvement

Cc: Adam Andrews - Senior Delivery and Improvement Lead, NHSE/I
        Alex Coull - Head of Business and Finance, NHSE/I
        Vanessa Wort - Senior Clinical Lead, NHSE/I
        Sarah Hughes – Head of Operations and Delivery, NHSE/I
        Kimberley Kingsley - Deputy Director of Nursing and Quality, NHSE/I
        Sue Lock – Leicestershire STP Lead

Better Care Together Partnership update

A business update for partner boards, governing bodies and members

June/July 2019

Welcome to the fourth business update from the System Leadership Team (SLT) of Better Care Together. The purpose of this update is to inform governing bodies, boards and members on the key business and strategic work programmes being discussed and taken forward by SLT.

Integrated care system – our maturity

In order to understand the key development actions for Leicester, Leicestershire and Rutland (LLR) to enable us to become a maturing Integrated Care System (ICS) (minimum requirement) by April 2021, work has been done on plotting ourselves against an 'ICS maturity matrix'.

This work has indicated that we are a relatively "immature" system in ICS terms. In response to this, the System Leadership Team considered a report at its June meeting which included a detailed action plan as to how the system could move to higher levels of maturity. We will now begin to implement this plan so as to take us in the required direction and thus provide more integrated services for patients and service users.

An important element of our ICS-related work is to develop the provider model, which complements the commissioner model work referenced above. On 18th June, a workshop involving NHS stakeholders was held to discuss the options available. It was agreed at that workshop that the most suitable model was likely to be a form of "alliance" contract which would provide the contractual framework for a provider network. There is considerable further work required to develop this proposal, which will be the subject of further discussion by the System Leadership Team. It will also, of necessity, require consideration by organisational governing bodies.

The NHS Long Term Plan (and its recently published Implementation Framework) requires the formation of a Partnership Board for each STP area, together with an Independent Chair. The SLT has considered how this might work and the prospective members of such a board (i.e. lead councillors, lay members and non-executive directors) have been invited to a discussion about this on 15th July.

NHS

Designing integrated care systems (ICSs) in England

An overview on the arrangements needed to build strong health and care systems across the country

The NHS Long-Term Plan set the ambition that every part of the country should be an integrated care system by 2021.

It encourages all organisations in each health and care system to join forces, so they are better able to improve the health of their populations and offer well-coordinated efficient services to those who need them.

This overview is for all the health and care leaders working to make that ambition a reality, whether in NHS acute or primary care, physical or mental health, local government or the voluntary sector.

It sets out the different levels of management that make up an integrated care system, describing their core functions, the rationale behind them and how they will work together.

June 2019

Planned care

Planned care refers to services for pre-arranged health appointments either in the community or in the hospital. It covers diagnostic services, outpatient services and scheduled operations. Better Care Together (BCT) wants to make better use of the high quality care available in the community to free-up space at Leicester's hospitals for patients needing emergency and specialist services.

Recent progress has seen the setting up of Referral Support Services for priority specialties to enable the triage and treatment of patients in primary and community care, at lower cost, closer to home. There have been changes made in the way pathology services are run and communicated, helping to reduce inappropriate pathology testing, and how patients with spine and knee problems are diagnosed and treated. Elsewhere, physiotherapists from University Hospitals of Leicester (UHL) and Leicestershire Partnership Trust (LPT) are moving towards a 'one service, one team' model.

There are a number of priorities for improving planned care in the future. These include increasing the number of specialties covered by Referral Support Services, rolling out the 'first contact MSK practitioner' role, and working with providers to reduce follow-ups across secondary care by a third during the next five years.

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Key activities being advanced within the planned care workstream are the UHL outpatient transformation programme and the UHL theatre productivity programme. Outpatient transformation seeks to maximise the use of appointment slots, decrease the number of people missing appointments, introduce more 'virtual clinics', harness digital technology and cut down on paperwork, and reduce the number of follow-up appointments needed. The theatre productivity programme seeks to make more effective use of hospital theatres, maximising their safety and efficiency, and by improving the care provided ultimately helping to reduce the length of stay for hospital patients.

Prevention

We need to move from a system that detects and treats illnesses to one that predicts and prevents poor health and puts people back in charge of their own health.

The prevention workstream is engaged in a series of activities to encourage both health promotion and ill-health prevention. This includes the promotion of the Making Every Contact Count initiative (see next page for more details) and ensuring that social prescribing link workers are aligned where possible to place-based social prescribing systems.

Other work includes promotion of self-care, use of mobile technology in self-management, and awareness campaigns on healthier living.

The prevention workstream is ensuring that such priorities are highlighted in the re-fresh of the Joint Health and Wellbeing Strategies.

Cancer

Our work aims to improve prevention of cancer, improve early diagnosis and treatment of cancer, and enable people to live well with and beyond a cancer diagnosis. In LLR we have formed a Cancer Pathway and Performance Board to oversee planned improvements and have established a cancer strategy aligned to national priorities and the work of the East Midlands Cancer Alliance.

A number of significant advances have already been made. These include faster diagnosis times for lung cancer and prostate cancer patients, improvements in testing and diagnosing bowel cancer, and a #dontfearthesmear social media campaign with partner organisations that helped encourage 310 patients who were overdue their smear attend a UHL drop-in clinic in March 2019. Future priorities include preventing cancer through encouraging more people to stop smoking, earlier diagnosis through screening programmes, and improving access to treatment.

Making Every Contact Count

Many long-terms diseases in our population are closely linked to known behavioural risk factors. Around 40% of the UK's disability adjusted life years lost are attributable to tobacco, hypertension, alcohol, being overweight or being physically inactive.

Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people to reduce their risk of poor health significantly.

Making every contact count (MECC) is an approach to behaviour change that utilises the day-to-day interactions that organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals and communities.

The System Leadership Team considered the MECC Plus project that is taking place in LLR and has made a series of recommendations. These included organisations identifying specific leads, providing more training for staff (face-to-face and online), incorporating MECC in key performance indicators for commissioning services, and ensuring that the prevention workstream oversees work on MECC and social prescribing.

End-of-life care

A time-limited End-of-Life Task Force (EOLTF) has been set up in order to revamp the LLR system of care for patients at the end of their life. The request to set up this task force was made at the SLT March meeting and already significant progress has been made. Professor Mayur Lakhani is the task force chair, Carole Ribbins is senior responsible owner and Rachna Vyas is providing overarching managerial support. CCG director support is provided by Tamsin Hooton as overall lead for end-of-life. Lead consultant and GP representation has also been secured. To drive delivery of specific actions, an End-of-life Working Group has also been set up, chaired by Carole Ribbins.

The EOLTF has established four priority areas: (1) to improve the training and education of staff groups on clinical competencies and confidence in having conversations with patients and their families; (2) to communicate more effectively about services to staff and patient groups, (3) to develop the Integrated Palliative Care Hub for step-up and step-down services; and (4) to ensure IM&T is in place to support key activities.

A monthly briefing paper is being produced to update key groups on progress. The paper will be circulated to the SLT, clinical leadership group, UHL end-of-life programme board, CCG clinical reference group and local authority senior leadership groups.

Estates

Work is being progressed to advance the LLR estates strategy, including developing its governance basis, making clear links between clinical strategy and estates, and putting together a cross-STP approach to delivering the programme. System Leadership Team was advised that there have been capacity issues in being able to complete the LLR estates strategy template. Sign-off on the estates template submission has now been delegated to the Chief Officer Forum.