System Leadership Team
Meeting No. 31
Chair: Caroline Trevithick
Date: Thursday 17th October 2019
Time: 9.00 – 11.50
Venue: 4th Floor Conference Room, St Johns House, East Street, Leicester, LE1 6NB

Present:	
Caroline Trevithick (CT)	Chair Interim Managing Director, West Leicestershire CCG
John Adler (JA)	Chief Executive, University Hospitals of Leicester NHS Trust
Adam Andrews (AA)	Senior Delivery and Improvement Lead, NHSE/ I
Mark Andrews	Deputy Director for People, Rutland County Council
Donna Briggs (DB)	Interim Managing Director, West Leicestershire CCG
Sue Elcock (SE)	Medical Director, Leicestershire Partnership Trust
Steven Forbes (SF)	Strategic Director for Adult Social Care, Leicester City Council
Andrew Furlong (AF)	Medical Director, University Hospitals of Leicester NHS Trust
Professor Azhar Farooqi (AFa)	Clinical Chair, Leicester City CCG
Simon Harris (RH)	Managing Director, Urgent Care, Derbyshire Health Care CIC
Ben Holdaway (BH)	Director of Operations, East Midland Ambulance Service
Sue Lock (SL)	Interim LLR STP Lead, Managing Director, Leicester City CCG
Evan Rees (ER)	Chair, BCT PPI Group, East Leicestershire and Rutland CCG
Andy Williams (AW)	LLR CCGs Accountable Officer Designate
In Attendance:	
Elaine Broughton (EB)	Head Of Midwifery, University Hospitals of Leicester NHS Trust
Spencer Gay (SG)	Chief Finance Officer, West Leicestershire CCG
Liz McCann (LM)	Project Support Officer, Better Care Together
Sue McLeod (SM)	Head of Operation, University Hospitals of Leicester NHS Trust
Alex Morrell (AM)	Senior Project Manager, University Hospitals of Leicester NHS Trust
Sarah Prema (SP)	Director of Strategy and Implementation, Leicester City CCG
Ian Potter (IP)	Director of Primary Care, West Leicestershire CCG
Mel Thwaites (MT)	Assistant Director of Children's and Families Team, Leicester City CCG
Nicky Topham (NT)	Reconfiguration Programme Director, University Hospitals of Leicester NHS Trust
Hazel Wyton (HW)	Director of People and Organisational Development, University Hospitals of Leicester NHS Trust
Sarah Willis (SW)	Director of HR and Organisational Development, Leicestershire Partnership Trust
Louise Young (LY)	Programme Management Lead, Integrated Care System, LLR
Apologies:	
Stephen Bateman (SB)	Chief, Executive Officer, Derbyshire Health Care CIC
Angela Hilary (AH)	Chief Executive, Leicestershire Partnership Trust
Ursula Montgomery (UM)	Chair, East Leicestershire and Rutland CCG and GP
Richard Morris (RM)	Director of Corporate Affairs, Leicester City CCG
Frances Shattock (FS)	Director of Strategic Transformation/ Locality, NHS England and Improvement
John Sinnott (JS)	Chief Executive, Leicestershire County Council

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SLT 19/107 Welcome and introductions

CT welcomed everyone to the meeting.

SLT 19/108 Apologies for Absence and Quorum

Apologies were noted as above, the meeting was not quorate due to ELR CCG being unable to field a clinical representative. The CCG was working to address this. The content of the meeting would mainly be updates and general discussion. It was highlighted to all members that it would not be possible to make decisions on this occasion. If any decisions were to be made, these would need to be brought back to a future meeting to be ratified.

SLT 19/109 Declarations of interest on Agenda Topics

The following declarations of interest were noted:

- Item 19/115 - All providers
- Item 19/116 - UHL
- Item 19/117 - UHL
- Item 19/118 - UHL and LPT
- Item 19/119 – LTP
- Item 19/120 - Potentially all providers
- Item 19/124 – GPs

SLT 19/110 Notification of any other business

The Chair was not notified of any other items of business.

SLT 19/111 Minutes of meeting held on 19th September 2019 (Paper A)

CT noted one amendment; Page four, the last sentence, LPT paper needs to be changed to the LTP paper.

SLT 19/112 Action notes of the meeting held on 19th September 2019 (Paper B)

The action log was reviewed and the following updates provided;

SLT/19/76- Integrated Community Teams
Action complete and would be RAG rated as Green.

SLT/19/92, Urgent and Emergency Care and Transformation Plan
The action would move to the A&E Delivery Board.

SLT/19/104, Transforming Care Programme Submission
The item was deferred to November SLT meeting.

CT confirmed there had been a further action from September's minutes regarding the STP Cabinet report. SP and SL confirmed that a response had been sent to JS this morning.

SLT 19/113 Workforce (Paper C)

Ian Potter (IP), Director of Primary Care, WLCCG, Hazel Wyton (HW), Director of People and Organisational Development, UHL, Sarah Willis (SW), Director of HR and Organisational Development, LPT and Louise Young (LY), Programme Management Lead, Integrated Care System attended to provide a system workforce update and presented slides to the group.

Following the presentation, CT opened discussions.

JA highlighted that the workforce resource from the PMO has gradually reduced compared to other enabling work streams, and it was agreed something needed to be done to restore the

resource. AFa emphasised that workforce is the biggest limiting factor and is the greatest hindrance to system plans. AFa requested that there is further articulation of where the opportunities are and how they will be achieved. AFa went on to echo JA comments that Workforce should be a priority and given the appropriate level of resource. AW offered to be the executive sponsor for the Workforce work stream, adding it is an area that should be prioritised and requested to meet with the team next week. MA raised links into the workstreams adding workforce is often last on the agenda and this mind-set needs to change to develop a system that works for the staff as well as patients. SW agreed there is a weakness in the system as there is not the capacity to have a workforce lead on each work stream. NW highlighted recruitment and referred to national blocks for example consultants taking on additional work and asked if there was a group looking into this. HW confirmed this is not being done at work stream level but individual organisations are looking into this. IP added that retention and recruitment was a big focus for the Primary Care work stream, IP explained that there is opportunity around EMAS regarding the Primary Care Networks. BH asked if there is an EMAS representative is a member of LWAB, it was confirmed there is not. BH will provide a contact. SP raised governance, recommending in the short term while the resource is established that the Workforce work stream links into other work streams via the SRO Interdependences Forum. It was also agreed that a whole session would be dedicated to Workforce at the Independencies meeting. It was also noted that short term resource had been secured to support workforce planning utilising LWAB funding to March 2020.	**BH** **SP**
SLT 19/114 LD/ Autism (Paper D)	
SF provided an update on the TCP work. SF confirmed there had been a NHSE/I Regional meeting regarding TCP yesterday adding it was a new supportive approach for engagement in this area. SF highlighted a discussion around the Ministry of Justice, as LLR has a significant pressure due to a Ministry of Justice numbers in the TCP cohort. The outcome is there is a willingness to have regional discussions to unlock issues around securing Ministry of Justice agreement for people being released into a community setting. There was also agreement to hold discussions at a regional level to support clinical pathways. The area also has an issue regarding admissions of children not on the risk register but who will be known to the system and more work is required locally to understand this. SF confirmed that the Recovery Plan template does not work as a printed document and will need to be reworked and simplified. SF added that they will be close to trajectory by the end of March, with this month's trajectory achieving 6 discharges with three slipping into next month. CT opened questions.	

CT highlighted the learning from the LeDeR programme (Learning Disability Mortality Review Programme). There is an LLR LeDeR steering group which is considering the resources needed to undertake reviews of any LD patient who has died to see if there is any learning.

DB provided more detail regarding the discharge numbers assuring board members that they are holding fortnightly escalation calls, and are looking to increase resource from across the system to support.

SLT 19/115 Ageing Well expression of interest (Paper E)

TH explained that the ICB has expressed an interest in becoming an Ageing Well accelerator site. This would assist in driving the delivery of the expectations for community services in the LTP.

The first wave of accelerator sites are around urgent and community response which is a natural fit with implementing Home First. TH confirmed that a draft expression of interest has been produced and SLT are asked to support the submission. TH explained that they have been asked to indicate the funding requirements over and above what the CCG's will be providing which is £640,000 for this year and £1.8 million for next.

CT welcomed questions.

AW enquired as to what the money will be used for and if the support provided was just financial. TH confirmed the money would be for ensuring a two hour response, to cover the resource shortfall, further project support and implementing electronic patient records in all care homes. TH added that a downside to this type of programme was that sometimes the reporting requirements outweighed the benefits. However it was noted that this work will be taking place locally. TH added that after reviewing the national materials there did not appear to be a considerable offer of support although there would be access to national expertise and other accelerator sites will share learning.

MA supported the accelerator site and felt the funding for resource would outweigh any potential negatives of participation.

CT agreed, adding it provides a good opportunity for a national profile. As the meeting was not quorate SL in her capacity as the STP Lead agreed to support the proposal as it is in line with LTP and at this stage is just an expression of interest.

SLT / 19/116 Children's Hospital Project Plan Phase 1 for East Midlands Congenital Heart Centre co-location – Full Business Case (Paper F)

Mel Thwaites, Elaine Broughton, Nicky Topham, Sue McLeod and Alex Morrell attended to present the business case.

MT explained that the paper is being presented for information.

AM and SM provided an overview of the business case.

CT highlighted that this work has been a success for the region and invited the board to ask questions.

SL asked if there had been any links made with the workforce work stream around planning. JA confirmed that this is a Spec Comm commissioned service and a peer review has been completed, which was very positive. JA continued by adding there is a change around interaction with specialised commissioning with providers and specialised commissioning with ICS/ STPs.

There is now a bigger emphasis on co-production and workforce will be picked up as part of this. CT raised a question around consultation and engagement, highlighting the support to keep the service in Leicester and enquired around the public support to move the service from Glenfield to the LRI. AM confirmed there is a patient and staff engagement programme in place and a patient group to help support the interior design of the building. SM added that Heart Link and Keep the Beat will also be part of this work and will help with engagement. SF asked that MPs, Councillors and other interested stakeholders are briefed and kept updated on this work. AW offered support from the CCG's in terms of scrutiny. JA confirmed the requirement to move the service was part of the national standard. JA added there was enormous engagement and support for maintaining the service locally and compliance to the standards which meant co-location. JA added that there may be an opportunity because JA has just written to local political leaders to discuss the £450m capital. CT added that this is something that could potentially become an article in the BCT bulletin.	**R Morris**
SLT / 19/117 Clinical risk as a consequence of delay in reconfiguring UHL's acute clinical services: Focus on maternity and neonatal services (Paper G)	
MT presented the Clinical Risk paper for maternity and neonatal services, explaining that paper was produced in advance of the £450m capital announcement, when it was not clear if the funding would be received. MT outlined that even though the funding has been announced the capital is not immediate and therefore some of the risks still exist. AF provided an overview of the paper. AF summarised that the paper highlights how we invest more resource in terms of people to bolster split site working. AF confirmed this paper needs to be signed off by the UHL Board, adding this work significantly reduces the risks but will not completely take away the risk as that can only be achieved when the services are brought together. CT invited questions. AW thought the content of the paper sounded sensible and it was better to be proactive. AW went on to ask how we work together as a system to ensure there is an active dialogue with patient groups and scrutiny adding its good practice to keep the conversations going even if there is no requirement for consultation. AF confirmed there are no changes being made as part of this work but it does probably feed into the wider engagement piece. CT added that the Joint HOSC was worried about the ITU move and how we would manage clinical risk. CT felt that, as we start to evolve our services, we have the conversations with the Joint HOSC to show how we are mitigating clinical risk. AF agreed, adding a previous concern was that if the money was releasedin chunks, and therefore you could only move part of a service at a time, how do you mitigate those risks. Having all the money released at once means you can have a slightly different plan and we would need to explain this as we work it through. EB informed SLT that there is also a Maternity Voices Group which is consistently engaged with. AW emphasised that there is an opportunity when the NHS are making good decisions around risk to share the progress which will help to build trust and confidence. JA added that at times we can be reactive with scrutiny but there is a scrutiny meeting on the 16th November to provide an update around acute and reconfiguration work and clinical risk can be fed into that. JA went on to refer back to the financial pressures SG referred to earlier as part of the financial	

recovery plan, adding that £10 million of investment is being identified to maintain three sites and mitigate clinical risk and is therefore causing financial pressures. JA also highlighted that workforce is also an issue. AF added that workforce is the reason that recruiting neonatologists has been staggered over 2 years as this is a realistic timeline they can recruit to. MA reinforced the importance that Members are brought along the journey so they feel like they are part of the narrative and own the issues as well as the solutions. MA added when we've done it well Members have been supportive. CT summarised that the clinical risk paper should be received by the Joint HOSC and the Partnership Group. Sarah Prema would ensure that was actioned. JA asked for confirmation from MA that the Joint HOSC was the acceptable vehicle for formal agreement for Local Authorities, MA agreed. CT asked the members how they would like to receive feedback around the clinical risk in the future. It was agreed to receive this by exception.	**SP**
SLT/ 19/118 Therapies update	
The item was deferred until the November SLT meeting.	
SLT 19/119 Feedback on Long Term Plan (Paper I)	
SP provided the feedback on the Long Term Plan. SP explained that the LLR response to the Long Term Plan was submitted on the 27th September, from then until the beginning of last week the NHSE/I regional team went through a process of reviewing and providing feedback. SP reported that overall there had been broadly positive feedback on the narrative; however there is a balance required between this being a strategic plan and operational detail. Regionally we are now at the point that this is a local plan that describes what we want to do and touches on how we will deliver the requirements of the LTP. SP added minor adjustments have been made based on strategic feedback, with signposting to where any operational detail may be found. SP had asked for feedback from all organisations by the end of last week as the plan needs to be finalised to go through Governance next week, but SP informed the group that further updates could be included if sent today. SG added the planning timeline is really challenging as there needs to be a revised plan by the 1st November. SP confirmed that a full set of reworked narratives, metrics, templates and finance templates need to be completed by the 1st November to allow sign off by NHSE/I by the 15th November. SP referred to the local governance process and to ensure the documents are reviewed at November Boards they must be completed next week. This causes an issue around what to send to boards. One option is to provide the document as it stands and then ask for designated responsibility for Chief Officers to sign off the final version.	
SLT/19/120 Contractual approach for 2020/21	
SG confirmed to the group the need to change the contractual approach to support transformation. SG informed the meeting that workshops have been taking place weekly to see how we can move contract form on for UHL and LPT which will support transformation and the delivery of the LTP and move to a system focus. SG stated there is an agreement in principle for a way forward, however there is significant work in engaging with 5 boards and being able to sell the advantages of the approach. The focus is on	

cost based budgets, sharing risk based on turnover, revised governance and clear PMO arrangements. SG confirmed that this work was attempted two years ago but financial challenge in the system stopped progress. SG now feels the system plans do need to be aligned due to the financial challenge. AW emphasised this is an important piece of work. AW felt there is still an interaction with how NHSE/I work and a need to think about how to maximise money into the system. CT added that this work will support the work of the LTP. SE felt more engagement was needed with boards for them to understand the importance of the work. JA agreed with SG and referred to the Partnership Group which could help with these discussions. JA suggested it would be useful to have a large scale workshop with significant board member attendance to understand the work. SG agreed to arrange the workshop but also felt it would be helpful for individuals to feed back to their own boards around this work before the workshop.	**SG**
SLT/19/122 LLR Joint Estates Forum update	
DB provided an update from 12th September LLR Joint Estates Forum. DB highlighted there is a focus of updating checkpoint submission in anticipation of UHL, LPT and Primary Care updating their Estates Strategy in the Autumn. The group also reviewed the current risks for projects including UHL, CAMHS project and the Hinckley and Bosworth Community Health Services. CAMHS is rated green but there is still some risk surrounding Hinckley and Bosworth, NHSE/I are working with the project manager to minimise those risks. DB confirmed estates efficiencies are now a standing agenda item for the forum however there are resourcing issues to carry out this work. DB referred to the One Public Estate where it was raised there is no health representative. SLT was requested to put forward someone from health to work with Local Authorities. DB confirmed Tim Sacks would be happy to be the link, which the SLT supported.	
SLT/ 19/123 New LLR Academic Research and Innovation Liaison (ARIL) Group (Paper L)	
AFa presented the research and innovation paper. The purpose of the group is to ensure local organisations have a forum to review how to integrate resources and to make sure we use expertise to use evidence to plan services and strategies. AFa confirmed one meeting has been held and draft TOR have been produced. AFa explained that this paper has been presented to the group to gain agreement for the work being carried out and to ask for their views around how they would like to sponsor the group either as a workstream or as a sub group. CT invited the board to ask questions. AF supported the concept, highlighting that the Academic Health Partnership has recently been established and to be mindful of how these groups interact as there may be an overlap. JA recommended that Professor Nigel Brunskill who sits on both groups would be a sensible link	

between the two. JA asked that the TOR is amended under partner organisations as the UHL R&I would come under UHL NHS Trust.

NW welcomed the work of the ARIL group adding that when pathways are developed they often do not review possible research interests to check the pathway works.

AFa informed the board of a potential collaboration with CLARHC who would like to do some work around authority use and feedback in General Practice, stressing the importance of building these relationships.

AW highlighted the importance of innovation adding the NHS is not always good at using proven innovation or use it with purpose. AW felt it would be helpful if this group could promote innovation.

The board agreed that the group should become its own work stream with links to CLG and SRO Interdependences Forum. This will be minuted and presented to the next meeting for ratification.

Any Other Business

UHL Capital Announcement

JA provided an update on the UHL capital announcement. Formal process through NHSE/I is moving at pace, a meeting of the national committee will be held on the 28th November to sign off the pre consultation business case.

JA confirmed the Joint Scrutiny Committee will be overseeing this work and a date has been set for the 16th December where the plan for consultation and the draft consultation document will be presented. The aim is to go out to consultation on the 6th January.

Subject to national approval, SP advised the CCG boards would be required to receive a paper and give formal approval in December 2019 and UHL would receive a paper for noting.

Date, time and venue of next meeting

9am-12pm Thursday 21st November 2019, 4th Floor Conference Room, St John's House