Report by Chief Executive – Monthly Update: January 2020

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

Purpose of report:

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

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	N/A	
Executive Board	N/A	
Trust Board Committee	N/A	
Trust Board	N/A	

Executive Summary

Context

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

(a) the Quality and Performance Dashboard for November 2019 attached at appendix 1 (the full month 8 quality and performance report is available on the Trust's public website and is hyperlinked within this report);

(b) key issues relating to the Trust Priorities.

Questions

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

Conclusion

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:

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

1. Quality priorities

Safe, surgery and procedures	[Yes]
Safely and timely discharge	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

2. Supporting priorities:

People strategy implementation	[Yes]
Estate investment and reconfiguration	[Yes]
e-Hospital	[Yes]
More embedded research	[Yes]
Better corporate services	[Yes]
Quality strategy development	[Yes]

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

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required – None Required.
- How did the outcome of the EIA influence your Patient and Public Involvement ? N/A
- If an EIA was not carried out, what was the rationale for this decision? On the basis that this is a monthly update report.

4. Risk and Assurance

Risk Reference:

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

5. Scheduled date for the **next paper** on this topic: February 2020 Trust Board
6. Executive Summaries should not exceed **5 sides** [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: **TRUST BOARD**

DATE: **9TH JANUARY 2020**

REPORT BY: **CHIEF EXECUTIVE**

SUBJECT: **MONTHLY UPDATE REPORT – JANUARY 2020**

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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 Trust 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 – November 2019

2.1 The Quality and Performance Dashboard for November 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 8 quality and performance report is published on the Trust's website.

2.4 ***Good News:***

- **Mortality** – the latest published SHMI (period September 2018 to August 2019) is 98, and remains within the expected range.
- **Diagnostic 6 week wait –** standard achieved for 15 consecutive months.
- **52+ weeks wait –** has been compliant for 17 consecutive months (pending a gastroenterology audit).

- **Referral to treatment** – the number on the waiting list (now the primary performance measure) was below the NHSE/I trajectory and 18 week performance was below the NHS Constitution standard at 80.7% at the end of November.
- **Delayed transfers of care** - remain within the tolerance.
- **CAS alerts** - compliant.
- **C DIFF** – 5 cases reported this month.
- **MRSA** – 0 cases reported.
- **Pressure Ulcers** - 0 **Grade 4,** 0 **Grade 3** and 3 **Grade 2** reported during November.
- **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which is above the national average.
- **Single Sex Accommodation Breaches** – 0 reported in November.
- **90% of Stay on a Stroke Unit** – threshold achieved with 87.5% reported in October.
- **TIA (high risk patients) –** threshold achieved with 78.4% reported in November.
- **2 Week Wait Cancer Symptomatic Breast** was 97.9% in October.
- **Annual Appraisal** is at 91.8%.

2.5 ***Bad News***

- **UHL ED 4 hour performance** – 63.5% for November, provisional system performance (including LLR UCCs) for November is 74.5%.
- **12 hour trolley wait -** 2 breaches reported.
- **Ambulance Handover 60+ minutes (CAD)** – performance at 19.9%.
- **Fractured NOF** was 70.4% in November, YTD is below target which is 72%.
- **Cancer Two Week Wait** was 90.5% in October against a target of 93%.
- **Cancer 31 day treatment** was 92.9% in October against a target of 96%.
- **Cancer 62 day treatment** was 76.8% in October against a target of 85%.
- **Cancelled operations OTD** - 1.4% reported in November.
- **Patients not rebooked within 28 days following late cancellation of surgery -** 40.
- **Statutory and Mandatory Training** compliance has decreased to 94%

3. <u>Quality Strategy: Becoming the Best – Update</u>

3.1 I have previously reported to the Board on the importance of listening to feedback and acting on it to ensure we deliver our Becoming the Best Quality Strategy. In a previous report I shared the key feedback themes from the cascade to all staff of information about Becoming the Best.

3.2 In response to these feedback themes, we have identified a new set of actions to drive the success of our Quality Strategy. An overview of the actions is set out in the table below:

THE ASK	THE ACTIONS
Translation of ambitions into everyday actions	Accelerated spread of QI skills through incorporation in all leadership development programmes and our statutory and mandatory training programme.
Reassurance that this is joined-up and achievable	Reinforce messages that BtB is based on what has worked elsewhere. Showcase improvements on the ground. Video to explain how it all fits together.
Release time to do improvement	Pan-trust review of meetings Focus QI teams on hands-on support as well as skills training
Explain what this means for me and my work	Locally tailored toolkit. Tailored descriptions for different roles (e.g. front-line clinical, front line support, middle manager, senior manager). Roadshow visiting all areas.
Define what success looks like and measure against this	Develop BtB dashboard with key metrics.
Be clearer about the role of our Improvement Agents	Individual brief agreed with line managers, supported by QI team buddy.
Shout about when we do things well	More systematic sharing of success stories (through social and traditional media), both internally and externally.
Focus on "under-recognised" staff groups	As part of CLP Design phase, specific plans for estates and facilities and admin and clerical staff groups. Twice-monthly whole-Board walkabouts include non-clinical and clinical areas.
Address concerns about sustainability	Confirm continued investment into 2020/21
Get our culture right	Design phase of culture and leadership programme; detailed actions in early New Year

3.3 I will continue to update the Board monthly on our Becoming the Best progress.

4. <u>Reconfiguration Programme</u>

4.1 Work continues to update the Pre-Consultation Business Case (PCBC). We are now working towards a start date at the end of March 2020 for public consultation.

4.2 Building on the discussions at our December 2019 Trust Board Thinking Day, a further discussion will take place at the January 2020 Trust Board Thinking Day on Reconfiguration Programme Governance.

4.3 Subject to the outcome of those discussions, a report will be submitted to the Board in February 2020 to confirm the confirm governance arrangements and project resourcing plan.

5. Emergency Care

5.1 We remain under significant pressure in respect of urgent and emergency care demands and our shortfall in medical bed capacity at the Leicester Royal Infirmary continues to impact negatively on our ability to complete the handover of patients arriving by ambulance in a timely fashion.

5.2 UHL performance against the 4 hour access standard for November 2019 was 63.5%, and Leicester, Leicestershire and Rutland performance was 74.5%, against a trajectory target of 86.2%.

5.3 33.3% of ambulance handovers were completed within the national standard of 15 minutes.

5.4 We have taken a series of further actions in response to the increased demand including the opening of the GP Assessment Unit overnight to provide space to de-bulk the Majors area, and we have also increased the space for ambulant patients.

5.5 I am pleased to report that we have seen an increase in the number of patients arriving by ambulance not being admitted thanks to pathway changes and initiatives like 'fit to sit'. In October 2019, this reduced admissions by 78 compared to the year to date average rate and, undoubtedly, this is helping with bed capacity.

5.6 On 17th December 2019, we opened our new ambulance escalation unit at the Leicester Royal Infirmary. The unit is jointly managed between ourselves and East Midlands Ambulance Service NHS Trust. Paramedics staff the unit with oversight from the Emergency Department Team, particularly in respect of clinical prioritisation. The unit accepts patients who do not require immediate attention and who have been assessed as being suitable for the unit.

5.7 The ambulance facility alone will not ease pressure of itself, and so we continue to focus on all of the actions set out in our action plan to help mitigate the unabated emergency care pressures.

5.8 We have adopted a revised approach to our Streamlined Emergency Care and Safe and Timely Discharge Quality Priorities. Based on feedback from the 'Perfect Day' which we ran at the Leicester Royal Infirmary in November 2019, we have combined these two areas into one Quality Priority which, in turn, is now split into two main workstreams. The split is significantly different from the original arrangements and, combined, is now called Streamlined Emergency Care. None of the elements is completely new but we believe that making changes to how we organise our work will help us to be more effective. The table below summarises the new arrangements:

Safe and Timely Discharge		Safe and Timely Assessment
Exec Lead	Exec Lead	Exec Lead
Andrew Furlong	Carolyn Fox	Rebecca Brown
TTOs and Discharge Letters	MDT Clinical Criteria for Discharge	Transport – EMAS and TASL
Reduce Variation in Practice Including Ward Rounds, Board rounds and Use of Nerve Centre (including E-Beds)		E-Beds – Assessment and Flow
	Use of the Discharge Lounge	Same Day Emergency Care (SDEC)
	The "Community Offer" Operational understanding	Frailty/RESPECT
		Inter- professional Standards
		Demand Management
Creating the Perfect Ward including Flow and Discharge Metrics		**Front Door and System**

5.9 Our emergency care performance continues to be the subject of report by the Chief Operating Officer monthly to the People, Process and Performance Committee (PPPC). Details of that Committee's most recent discussions are set out in the summary of that meeting which features elsewhere on this Board agenda.

5.10 Notwithstanding the above and since the last meeting of the PPPC, we have remained concerned that the continuing shortfall in medical bed capacity will make it impossible to achieve acceptable levels of handover performance. At the time of writing, we are therefore in the process of identifying new ways of increasing capacity, notwithstanding the continued nurse staffing constraint. This is likely to involve a combination of additional reductions in elective work so that we can switch capacity and also changing the way in which some "front door" areas work so as to improve ED outflow and decongest the department. I will report verbally on the final range of measures that we identify.

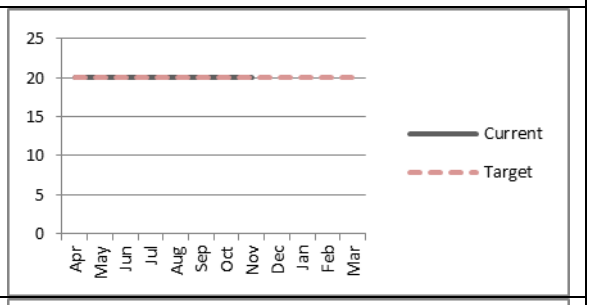
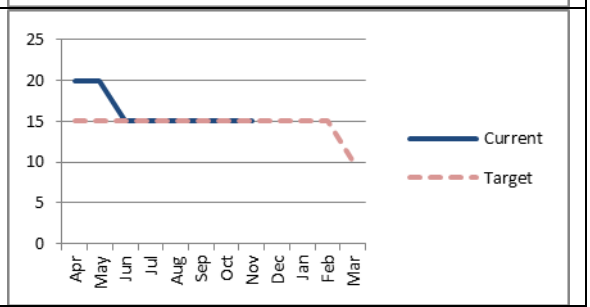
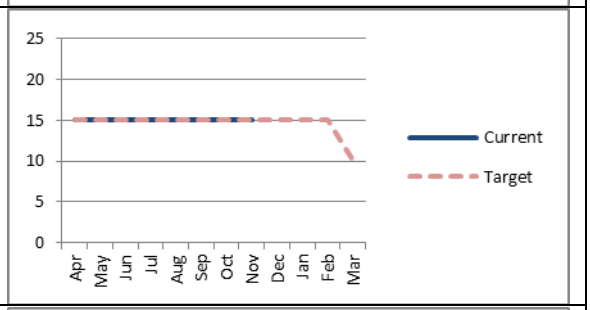
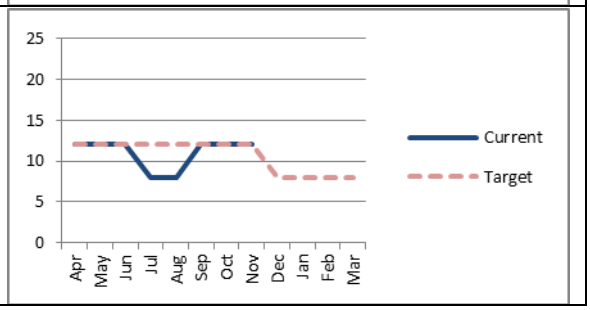
6. <u>Board Assurance Framework (BAF) and Organisational Risk Register</u>

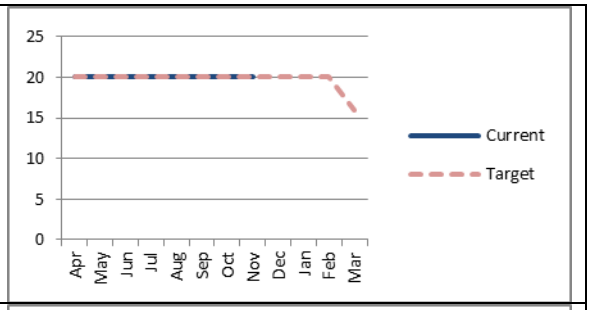
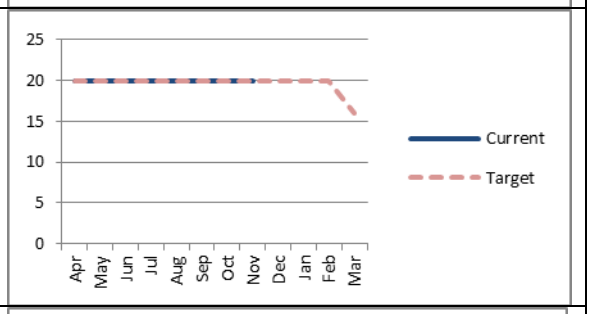
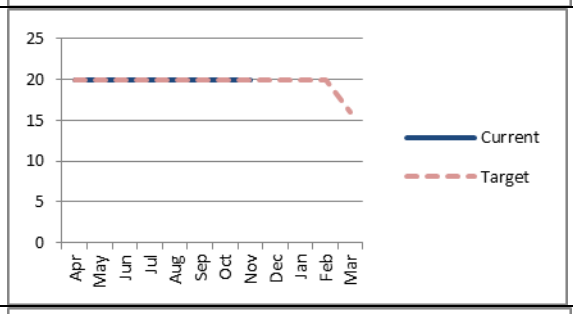
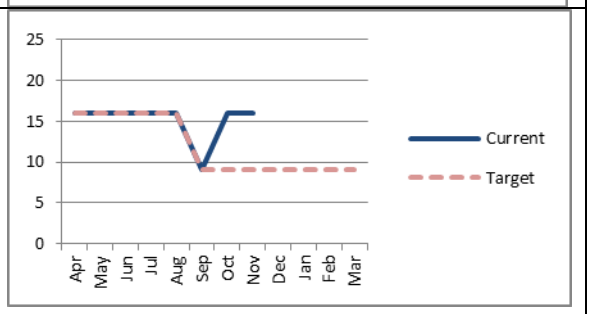
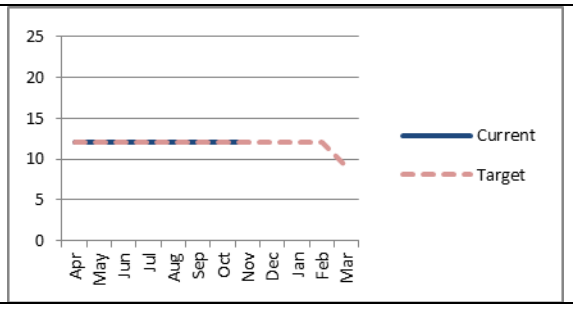
6.1 The Trust Board received a summary of the 2019/20 BAF for quarter two at its meeting in November 2019. Since that meeting, in line with our BAF governance arrangements, all Executive Directors have reviewed and updated their principal risks for the period ending 30th November 2019.

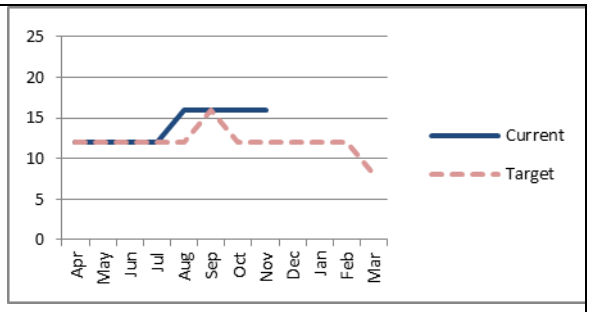
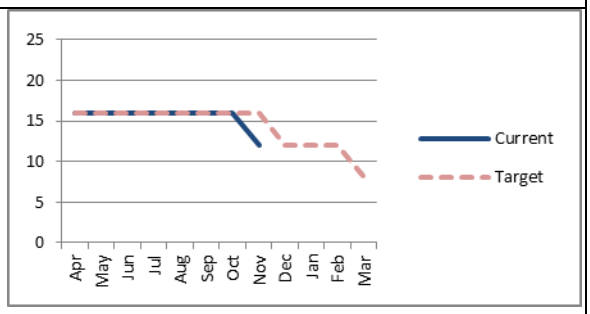
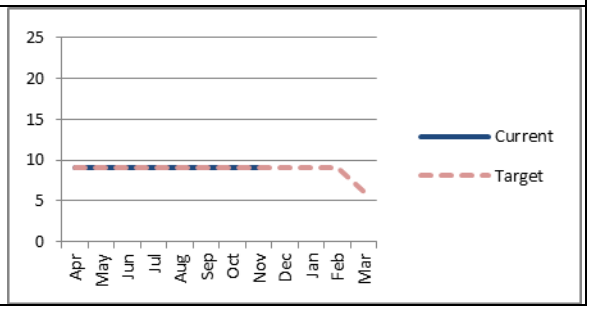
6.2 The highest rated principal risks on the BAF for the reporting period are:

PR No.	Principal Risk Event *If we don't put in place effective systems and processes to deal with the threats described in each principal risk… then it may result in…*	Executive Lead Owner	Current Rating: July (L x I)
1	Failure to deliver key performance standards for emergency, planned and cancer care	COO	5 x 4 = 20
5	Failure to recruit, develop and retain a workforce of sufficient quantity and skills	DPOD	5 x 4 = 20
6a	Serious disruption to the Trust's critical estates infrastructure	DEF	4 x 5 = 20
6b	Serious disruption to the Trust's critical IT infrastructure	CIO	4 x 5 = 20

6.3 Significant changes on the BAF during the reporting period are described in the table below:

PR No.	Principal Risk Event and changes from previous report	Current Rating (L x I)	Q4 Target (L x I)	Rating timeline
1	Failure to deliver key performance standards for emergency, planned and cancer care No change to ratings this period	5 x 4 = 20	5 x 4 = 20	
2	Failure to reduce patient harm No change to ratings this period	3 x 5 = 15	2 x 5 = 10	
3	Serious/catastrophic failure in a specific clinical service No change to ratings this period	3 x 5 = 15	2 x 5 = 10	
4	Failure to deliver the Quality Strategy to plan No change to ratings this period	3 x 4 = 12	2 x 4 = 8	

5	Failure to recruit, develop and retain a workforce of sufficient quantity and skills No change to ratings this period	5 x 4 = 20	4 x 4 = 16	
6A	Serious disruption to the Trust's critical estates infrastructure No change to ratings this period	4 x 5 = 20	4 x 4 = 16	
6B	Serious disruption to the Trust's critical IT infrastructure No change to ratings this period	4 x 5 = 20	4 x 4 = 16	
7	Failure to deliver the Trust's site investment and reconfiguration programme within budget No change to rating this period Note: The current rating was amended to 16 (from 9) in Sept until early draw down of capital announced by the Government in September. It is anticipated that the risk score will reduce as the programme progresses through to delivery phase as construction includes a costed risk register.	4 x 4 = 16	3 x 3 = 9	
8	Failure to deliver the e-hospital strategy including the required process and cultural change No change to rating this period	4 x 3 = 12	3 x 3 = 9	

9	Failure to meet the financial control total including through improved productivity No change to rating this period Note: The risk rating was discussed at FIC in October. The rationale for the current rating is two- fold. Firstly, UHL has flagged to LLR and NHSI a potential £11m forecast risk to delivery of the Control Total and secondly we have accelerated reserves which we have not previously done	4 x 4 = 16	2 x 4 = 8	
10	Failure to work with the wider system Change to current risk rating this period:- Rationale: The current rating has been reduced from 16 to 12 in view of the progress made in terms of a new planning process, contract form and associated transformation and delivery structures.	3 x 4 = 12	2 x 4 = 8	
11	Failure to maintain and enhance research market competitiveness by failing to develop Leicestershire Academic Health Partners No change to rating this period	3 x 3 = 9	2 x 3 = 6	

Organisational Risk Register summary

6.4 The UHL risk register has been kept under review by the Executive Performance Board, the CMG Performance Review meetings and across all CMGs via their Board meetings during the reporting period and displays 313 organisational risk entries. A breakdown of the risk profile by current rating is shown in the graphic below:

6.5 Thematic analysis across the organisational risk register shows the most common risk causation theme across all CMGs is in relation to workforce capacity and capability. Thematic analysis shows the most common risk effect is potential for harm.

6.6 There have been seven new risks rated 15 and above entered on the risk register during the reporting period and following a proposal agreed at the Audit Committee

meeting in September 2019, a short report has been appended **(at appendix 2)** to this paper to include further details about these risks for the awareness and attention of Board members.

7. Proposed New Approach to Contracting for 2020/21

7.1 During 2019, the Leicester, Leicestershire and Rutland health and care system has been working together to co-produce an integrated response to the requirements set out in the NHS Long Term Plan. Our draft local plan sets out how, together, we will develop integrated services that respond to population, community and individual needs and unite commissioners and providers across primary care, social care, community, physical and mental health services, acute and specialist services and the voluntary and independent sector.

7.2 Our intention is to harness our collective efforts for better population health and better services, organised around three main aims: a radical upgrade in population health management and prevention; integrated community services; and sustainable, standardised acute and specialist services. These are the areas we know we must focus on in order to improve the outcomes of our patients across generations and to truly transform our individual services into modern, sustainable systems of care, fit for the future.

7.3 Whilst the LLR system has written plans with these ambitions before, attempts at delivery of the required transformation across organisational boundaries have not delivered better outcomes and services at the scale required. Our staff across organisations have been clear why this happens; traditional commissioner- provider boundaries have often not been facilitative and in many cases have been counterproductive because of the regulatory and contractual frameworks we each must abide by. This has frustrated both clinical and managerial staff across all organisations, all of whom are clear in their drive for better patient care.

7.4 The NHS Long Term Plan signals a move away from this traditional architecture and the Chief Executives of LLR CCGs, UHL and LPT, have signalled a clear intent to move towards a shared risk and reward based contractual form in 2020/21. This approach has been shared with all of the respective Boards, who are supportive. Our teams are working on a contract form, designed to minimise the perverse incentives and behaviours noted across traditional commissioner and provider boundaries, which will result in:

- place-based, system working
- resetting of behaviour/relationships
- alignment of system incentives
- contracts that enable transformation
- transparent working
- risk sharing, provider-led planning, one joint savings programme
- equitable contracting arrangements and allocation of resource
- focus on value – cost, efficiency, effectiveness.

7.5 We realise this will be difficult as this is a fundamental move away from how we have always worked in each of our organisations. This opportunity for clinically-led redesign, taking into account unwarranted variation, efficiency and effectiveness, cannot be lost.

7.6 Whilst the changes to the provider-commissioner relationships and contracts only directly involve NHS partners, we anticipate that the wider partnership, including local authority colleagues, will welcome this fresh, more joined-up approach within the NHS, since internal NHS mechanisms have previously got in the way of the kind of system re-design and improvement that we all aspire to.

7.7 This is an exciting time for this health economy; our ambitions to deliver the best care for every patient every time can be realised if we take this opportunity to reset the way we each work.

8. Better Care Together

8.1 I have attached at **appendices 3** and **4**, for information, the November and December 2019 editions of the Better Care Together Bulletin.

9. The Queen's Speech – December 2019

9.1 I have attached at **appendix 5**, for information, a copy of a briefing prepared by NHS Providers on The Queen's Speech, December 2019.

9.2 The briefing contains an overview of key announcements relevant to health and social care, including the three health-related Bills that have secured legislative time; the NHS funding Bill and NHS long-term plan, the Health Service Safety Investigations Bill and the Medicines and Medical Devices Bill, along with a summary of other legislation of interest and draft Bills.

10. Conclusion

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

John Adler
Chief Executive
27th December 2019

Quality and Performance Report Board Summary November 2019

This dashboard uses icons to indicate if a process is showing special cause or common cause variation. It also indicates whether the process is able to meet any stated target. Here is a key to the icons

Icon	Description
	Special cause variation - cause for concern (indicator where high is a concern)
	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
	Special cause variation - improvement (indicator where high is good)
	Special cause variation - improvement (indicator where low is good)

These icons are used to indicate statistical variation. We have identified special cause variation based on three rules which are shown below. If none of the rules are present then the metric is showing common cause variation.

- An upwards or downwards trend in performance for seven or more consecutive months.
- Seven or more months above or below the average.
- One month or more outside the control limits .

Icon	Description
	The system is expected to consistently fail the target
	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation

These icons are used to indicate if a target is likely to be achieved next month, has the potential to be achieved or is expected to fail.

Green indicates that the metric has passed the monthly or YTD target while **Red** indicates a failure to do so.

The trend shows performance for the most recent 13 months.

Data Quality Assessment - The Data Quality Forum panel is presented with an overview of data collection and processing for each performance indicator in order to gain assurance by best endeavours that it is of suitably high quality. The forum provides scrutiny and challenge on the quality of data presented against the dimensions of accuracy, validity, reliability, timeliness, relevance and completeness.

Quality and Performance Report Board Summary November 2019

Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Safe	Never events	0	1	0	0	2	?			May-17
	Overdue CAS alerts	0	0	0	0	1	?			Nov-19
	% of all adults VTE Risk Assessment on Admission	95%	98.2%	98.2%		98.1%	P			Nov-16
	Emergency C-section rate		21.6%	18.9%	21.4%	19.6%				Jan-17
	Clostridium Difficile	108	14	7	5	66	?			Nov-17
	MRSA Total	0	0	1	0	2	?			Nov-17
	E. Coli Bacteraemias Acute		6	5	9	67				Jun-18
	MSSA Acute		4	2	5	25				Nov-17
	All falls reported per 1000 bed stays	6.02	4.4	4.0		4.6	?	L		Jun-18
	Rate of Moderate harm and above Falls PSIs with finally approved status per 1,000 bed days		0.1	0.0		0.1				TBC
	Avoidable pressure ulcers G4	0	0	0	0	0	P			Aug-17
	Avoidable pressure ulcers G3	3	1	0	0	1	P			Aug-17
	Avoidable pressure ulcers G2	7	5	5	3	37	?			Aug-17

Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Caring	Staff Survey Recommend for treatment		78%			76%				Aug-17
	Single Sex Breaches	0	0	3	0	10	?			Dec-16
	Inpatient and Daycase F&F Test % Positive	96%	97%	97%	97%	97%	P			Jun-17
	A&E F&F Test % Positive	94%	93%	92%	91%	94%	?	L		Jun-17
	Maternity F&F Test % Positive	96%	94%	96%	94%	94%	?			Jun-17
	Outpatient F&F Test % Positive	94%	95%	95%	95%	95%	?			Jun-17
	Complaints per 1,000 staff (WTE)	TBC	50.8			49.5				Sep-17

Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Well Led	Staff Survey % Recommend as Place to Work		61.0%			60.0%				Sep-17
	Turnover Rate	10%	8.9%	8.9%	8.9%	8.9%	P	H		Nov-19
	Sickness Absense	3%	4.0%	4.3%		3.9%	F			Oct-16
	% of Staff with Annual Appraisal	95%	92.8%	92.4%	91.8%	91.8%	F			Dec-16
	Statutory and Mandatory Training	95%	95.0%	95.0%	94.0%	94.0%	F	H		Dec-16
	Nursing Vacancies	TBC	12.8%	12.5%		12.5%				Dec-17

Quality and Performance Report Board Summary November 2019

Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Effective	Mortality Published SHMI	100	99	99	98	98 (Sep 18 Aug 19)				Sep-16
	Mortality 12 months HSMR	100	92	95	94	94 (Sep 18 to Aug 19)				Sep-16
	Crude Mortality Rate		1.1%	1.0%	1.2%	1.0%				Sep-16
	Emergency Readmissions within 30 Days	8.5%	9.1%	8.8%		9.0%	F			Jun-17
	Emergency Readmissions within 48 hours	TBC	1.0%	1.1%		1.1%				Jun-17
	No of #neck of femurs operated on 0-35hrs	72%	73.5%	78.3%	70.4%	71.3%	?			Jul-17
	Stroke - 90% Stay on a Stroke Unit	80%	90.4%	87.5%		88.1%	?			Apr-18
	Stroke TIA Clinic Within 24hrs	60%	57.1%	67.5%	78.4%	69.3%	?			Apr-18

Domain	KPI	Target	Sep-19	Oct-19	Nov-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive	ED 4 hour waits UHL	95%	71.4%	67.0%	63.5%	70.9%	F	L		Sep-18
	ED 4 hour waits Acute Footprint	95%	80.1%	76.8%	74.5%	79.6%	F	L		Aug-17
	12 hour trolley waits in A&E	0	0	1	2	3	?	H		Mar-19
	Ambulance handover >60mins	0.0%	8.1%	19.6%	19.9%	10.3%	?	H		TBC
	RTT Incompletes	92%	82.0%	81.8%	80.7%	80.7%	F	L		Nov-19
	RTT Wating 52+ Weeks	0	0	0	0	0	?	L		Nov-19
	Total Number of Incompletes	64,404	66,629	66,474	65,164	65,164	?			Nov-19
	6 Week Diagnostic Test Waiting Times	1.0%	0.8%	0.8%	0.8%	0.8%	?			Nov-19
	Cancelled Patients not offered <28 Days	0	26	25	40	187	F	H		Nov-19
	% Operations Cancelled OTD	1.0%	1.2%	1.8%	1.4%	1.3%	?			Jul-18
	Delayed Transfers of Care	3.5%	1.7%	2.2%	1.9%	1.7%	P	H		Oct-17
	Long Stay Patients (21+ days)	135	185	193	176	176	F			TBC
	Inpatient Average LOS	TBC	3.4	3.2	3.6	3.4				TBC
	Emergency Average LOS	TBC	4.4	4.7	4.7	4.6				TBC

Domain	KPI	Target	Aug-19	Sep-19	Oct-19	YTD	Assurance	Variation	Trend	Data Quality Assessment
Responsive - Cancer	2WW	93%	91.4%	90.3%	90.5%	92.0%	?			Jan-19
	2WW Breast	93%	97.4%	97.4%	97.9%	95.3%	?			Jan-19
	31 Day	96%	88.5%	93.0%	92.9%	92.8%	?			Jan-19
	31 Day Drugs	98%	100%	98.5%	99.4%	99.4%	?			Jan-19
	31 Day Sub Surgery	94%	91.6%	75.2%	80.2%	83.2%	?			Jan-19
	31 Day Radiotherapy	94%	95.0%	91.7%	90.3%	95.3%	?	L		Jan-19
	Cancer 62 Day	85%	72.3%	74.6%	76.8%	75.0%	F			Jan-19
	Cancer 62 Day Consultant Screening	90%	82.1%	91.4%	80.0%	83.8%	?			Jan-19

Appendix 2

CEO paper to Trust Board - New risks rated 15> for reporting period ending 30/11/19

Risk ID	CMG	Speciality	Opened	Review Date	Risk Description	Risk Causation & Impact	Controls in place	Impact	Likelihood	Current Risk Score	Action summary	Target Risk Score	Risk Type
3556	CMG 1 - CHUGGS	General Surgery	21/11/2019	31/12/2019	If the 4 closed beds on Ward 22 at LRI are opened and the Ward is unable to provide adequate skill mix of staff to care for patients, caused by high volumes of daily ITU discharges to the ward, then it may result in delays with treatment leading to potential for patient harm.	Cause: If the 4 closed beds on R22 are opened there will be high volumes of daily discharges to the ward. At least 4+ patients 7 days a week with potential for more with inadequate skill mix of staff to care for patients. Effect: This will result in the wards continued inability to retain skilled nursing staff due to high pressure and complex patients on the ward without the knowledge base and skills to care for the patients. The ward will see a rise in vacancy rates and poor Patient Experience (The Friends and Family test score has been consistently low. (<95) which is triggering the ward on the clinical dashboard as a level 2 concern. HARM: Potential increase in near misses or harm due to reduced skill set of staff through inability to retain skilled staff. Increase in datix incident forms. REPUTATION: Poor recruitment attraction and on-going retention issues due to complex patient group, high level of ITU daily discharges and inadequate staffing levels. SERVICE DISRUPTION: Increase LOS due to inability of staff to manage the number of complex patients in an already pressured area. Inability to receive patients from ITU leading to SSA breaches and flow of patients from ITU and theatre potentially leading to cancellations. FINANCIAL LOSS: Loss of income for cancellations. Fines or SSA breaches in ITU.	PREVENTIVE: 4 beds have remained closed for the last 2 years to mitigate against the risks of not having sufficient nurse to bed rations and skill mix. The ward is the only general surgical ward on the LRI site and has to cope with a disproportionately high number of post-operative surgical patients (compared to any other ward in UHL). The patients have high acuity levels that have been stepped down from ITU and require complex nursing interventions. The ward has experienced a chronic shortfall of registered nurses over the last two years because of their inability to attract new or experienced nurses to the area. DETECTIVE: If there is a continued pressure of uncontrolled ITU discharges and if staff are unable to cope, sickness levels will increase. CORRECTIVE: Continued management of ITU discharges across the surgical wards at LRI. On-going intensive support and development pathways for all newly qualified and international nurses joining the ward. Continued support of clinical coaches on the ward daily to mitigate the risk of having a high proportion of nurses who are newly qualified and / or inexperienced in acute surgical and high dependency nursing.	Major	Almost certain	20	Continued recruitment to all RN vacancies - Review 31/12/19 Educational and clinical coaching support - Review 31/12/19 Review ward staffing levels daily to ensure adequate support - Review 31/12/19 Matron to undertake matron round daily - Review 31/12/19 HCA recruitment to be monitored and all posts recruited too - Review 31/12/19 Matron to work with ward sister to ensure that rosters are appropriately planned with adequate skill mix on each shift. Rosters to be produced by the deadlines without exception - Review 31/12/19 Monitor vacancies and retention rates on the ward monthly - Review 31/12/19 All shifts to go to bank 6 weeks in advance and break glass a week in advance of shifts - Review 31/12/19	9	CMG Risk
3560	CMG 7 - W&C	Paediatrics	13/11/2019	23/12/2019	If Children's services are unable to comply with the recommendations in NICE Guideline Recommendations in NG61 (End of life care for infants, children & young people), then it may result in Children having inappropriate treatments and interventions, leading to potential for harm.	NG61 We will not have a bereavement policy, staff education or liaison materials to comply with recommendations 1.1.1 to 1.1.20 We will not implement the Advanced Care Plan (recommendations 1.2.1 to 1.2.15). We will not implement the recommendations relating to organ donation (recommendations 1.2.17 to 1.2.21). Emotional and Psychological support will not be available for children at the end of life and their families (recommendations 1.2.22 to 1.2.27). Issues around the care of the young person around the time of death, their preferred place of death and managing distressing symptoms may not be addressed without a bereavement care guideline and a palliative care team (recommendations 1.3.6 to 1.3.70). Parents, carers and healthcare professionals may not receive the care and support they need when dealing with the death of a child or young person (recommendations 1.4.1 to 1.4.9). There will not be an appropriate multidisciplinary palliative care team (recommendations 1.5.1 to 1.5.7). There will be no arrangements for the rapid transfer of a child at the end of life to home or hospital, despite the fact that this is the wish of many (recommendation 1.5.8). Resulting in: Harm (Patient/Non Patients): Children having inappropriate treatments and interventions (as they do not have an ACP and there is no specialist palliative care service). Children dying in hospital who would have preferred to be at home or in the hospice (as there is no service to support early discharge) . Distress of children and families. Distress and frustration of staff.	Preventive: Policy for use of DNACPR and ACP forms currently being approved Detective: Ongoing audit of ACP use. Patient and family feedback	Majpr	Almost certain	20	Introduce the new CYPACP form due 01/06/2020 Education on completion of ACP form Due 01/06/2020 Establish a children's palliative care team including family support worker and psychologist Due 01/06/2020 Appoint a Paediatric Palliative Care Consultant Due 01/06/2020 Work with NUH and other regional services to provide 24/7 children's palliative care Due 01/06/2020 Develop UHL Children's bereavement guideline Due 01/06/2020	6	CMG Risk
3561	CMG 7 - W&C	Paediatrics	13/11/2019	23/12/2019	If Children's services are unable to comply with the recommendations in NICE Guideline Recommendations in NG61 (End of life care for infants, children and young people with life-limiting conditions), then it may result in Children having inappropriate treatments and interventions, leading to potential for harm.	Resulting in: Harm (Patient/Non Patients): Children having inappropriate treatments and interventions (as they do not have an ACP and there is no specialist palliative care service). Children dying in hospital who would have preferred to be at home or in the hospice (as there is no service to support early discharge) . Distress of children and families. Distress and frustration of staff. Reputation: Parents and carers with high level of regrets and dissatisfaction with care. Complaints from bereaved families. Young person's voice not heard. Lack of choice of place of death. Service Disruption: Delayed discharges. Lack of parallel planning. Financial Loss: Unable to continue elective services as specialised HDU or ICU beds are occupied by children inappropriately receiving end of life care on PICU or acute wards. Non-compliant with national standards.	Preventive: None Detective: Ongoing audit of ACP use. Patient and family feedback	Major	Almost certain	20	Introduce the new CYPACP form Due 01/06/2020 Education on completion of ACP form Due 01/06/2020 Establish a children's palliative care team including family support worker and psychologist Due 01/06/2020 Appoint a Paediatric Palliative Care Consultant Due 01/06/2020 Work with NUH and other regional services to provide 24/7 children's palliative care Due 01/06/2020 Develop UHL Children's bereavement guideline Due 01/06/2020	6	CMG Risk

3557	CMG 1 - CHUGGS	Radiotherapy	21/11/2019	28/02/2020	If staffing levels in the radiotherapy breast service remain below establishment, then it may result in delays to breast patients accessing radiotherapy treatment, leading to service disruption and the potential for patient harm.	Until recently, the radiotherapy breast service consisted of 4 Clinical oncologists (Clin oncs.) and 3 advanced practice radiographers (AP) who delivered treatment to an average of 694 breast patients per year. Earlier this year 2 permanent changes to the staffing occurred; one of the APs left the trust to take up a Consultant Breast radiographer role elsewhere and one of the Clin. oncs. stopped providing care to breast patients as part of a retire and return process. A temporary change to staffing levels has since occurred which is that 1 of the APs has suffered a complex fracture to her elbow which now requires further treatment meaning they are unlikely to return for several months (spring 2020). This now leaves 1 AP to progress all breast patients along the pathway, a rate of 13 patients per week is required however 1 AP can only process between 8-10 per week this drops to 0 when they are absent due to annual leave or sickness. Under the current staffing levels breast patients are experiencing a delay of up to 3 weeks for their radiotherapy planning CT scan and to have their treatment area marked-up, both of these activities are undertaken by the APs. This delay reduces the amount of time left to undertake all the tasks necessary to safely plan and start the patients' radiotherapy treatments and therefore patients are breaching the 31 day subsequent treatment target. Harm: * Delay in patients accessing radiotherapy leading to potential harm * Increase in anxiety for the family, friends and carers of the patient Service Disruption: * The department is unable to progress the required number of breast patients along the pathway	PREVENTATIVE: * AP radiographer to stop undertaking eHNA's for breast patients * Consenting of patients to move from the AP back to the Clin. oncs. * Clin. oncs. to undertake breast markup activity outside of their current job plans * Competency framework to be created to allow CT staff to undertake mark-up DETECTIVE: * The number of breaches will increase * Patient complaints will rise CORRECTIVE: * Breast radiotherapy patients will have to be diverted elsewhere	Major	Likely	16	Support advanced practitioner currently off with broken arm to return to work - Review 28/02/20	8	CMG Risk
3555	CMG 2 - RRCV	Respiratory	14/11/2019	31/12/2019	If the Trust is unable to demonstrate compliance against key clinical standards outlined in the NHSE Home Ventilation Service specification (A 14/S/01), then it may result in the loss of registration as a provider for the Respiratory Home Ventilation Service (Adults) leading to service disruption and potential harm to patients	Cause: Workforce capacity, clinical space and equipment provision Resulting In loss of reputation. loss of income and harm to patient. It will also have a negative Impact on recruitment and retention of staff Harm (Patient/Non Patients): Lack of provision in clinic to maintain privacy, dignity and confidentiality for patients Harm caused by extended waiting times in clinic. No appropriate toilet facilities for wheel chair users Significant understaffing for the complexity and number of patients requiring long term home ventilation leading to the inability to regular structured planned reviews Negative effect on staff well being due to staffing constraints Consultants do not have PAs in their job plan to complete home visits for patients who are unable to attend clinics 150 ventilators have not been electrically tested or serviced in the past 5 years, with no database to support testing move forward - 53 of these are currently being used by patients Service Disruption: Adequate space for necessary respiratory equipment in the clinic areas means moving between outpatient clinic and the Respiratory Physiology department Small clinic rooms unsuitable for some of the complex patients Not enough consultation rooms for all staff- 7 rooms needed, only 4 available Increased admission rates due to lack of follow up- patients are reluctant/unable to attend clinic Administration time completed by clinical specialist teams (due to lack of administration support) takes these staff away from clinic work Patients with neuromuscular c::conditions with additional respiratory needs, but not requiring ventilation, are reviewed currently by the HMV service as there is no suitably commissioned service for these patients in the community.	Preventive: Prioritisation of complex care patients Staff within the service change shift patterns and work extra at short notice Acute NIV service lead cover Detective: Increased admission rates for the Home Ventilation patients Increased death rates among this group of patients Increased incident reports related to the service Increased number of DNA slots in clinics Increased number of patient calls for support Corrective: Admission to hospital	Major	Likely	16	Business Case to be completed to include workforce model - 31.12.19. Scoping exercise to be completed to look at replacement ventilators for life-support ventilated patients to replace the NIPPY3 machines - 31.12.19. General manager to look at options for administration support - 31.12.19. Respiratory Physiology to complete a program of checking for the ventilators that have not been serviced or electrically checked for more than 5 years - 15.12.19. Review options for the community teams to provide Physiotherapy support for the neuromuscular patients who do not require ventilation - 31.12.19	4	CMG Risk
3562	CMG 7 - W&C	Paediatrics	14/11/2019	31/12/2019	If Ward 12 staffing levels are below establishment to provide care for high acuity patients, elective patients and long term patients, then it may result in delays in diagnosis and treatment, leading to potential harm to patients, increased negative feedback from patients/parents/carers, disruption in service delivery/flow and poor retention of staff members	Cause: Ward 12 should be staffed with 5 registered nurses and a Health Care Assistant per shifts. This would allow the ward to have 12 beds open, commissioned to 6 HDU patients (3 nurses) and 6 higher acuity non-hdu patients to be nursed by the remaining 2 nurses. One of the registered nurses should be a Band 6 Deputy Sister, who will take charge. Each Deputy Sister requires further education in a high dependency care module and advanced paediatric life support. These staffing levels would allow Ward 12 to maintain a full capacity of 12 patients. Our current staffing levels per shift are 3 registered nurses and 1 health care assistant. This only allows Ward 12 a patient capacity of 8/9 depending on acuity. Harm (Patient/Non Patients): Unable to take HDU admissions. Unable to provide correct staffing levels for HDU patients. Unable to adequately monitor patients which are in cubicles. Unable to adequately monitor deteriorating patients. Reduced response time in responding to a deteriorating patient. Increased stress, anxiety and sickness levels for staff members on Ward 12. Unable to provide contracted break times to staff members. Increased pressure on staff members, especially nursing associates and staff nurses. Increase in incidents (medication incidents, poor handovers, patient safety incidents). Delay in providing patient care.	Preventive: Shifts that are not currently covered sent out as overtime, bank and agency. Movement of Childrens Hospital Staff members to support Ward 12. Movement of Ward 12 staff members shifts to try and cover current poor staffing state. Closed HDU beds. Involvement in children's hospital recruitment days. 2 x Band 5 adverts previously out for ward 12, 0% fill rate. Band 6 secondment's offered to help retention and improve staff morale . Continue to train and support current and new staff members. Regular ward based meetings to improve staff moral and retention. Escalate to senior management to consider winter planning. Continue to datix and report staffing levels. Detective: Completion of Safe Care for Ward 12. Up to date Nerve Centre to clearly display Ward 12 acuity. Up to date Health Roster. UHL acuity tool completed every day for data analysis. Winter planning. Continue to datix and report staffing levels. Corrective: Support from the Childrens Hospital Team. Communication with Ward 12 team to try and maintain safe staffing levels when there is reduced staffing levels or increased acuity of patients. Supporting ward staff .	Major	Likely	16	Discuss plan to increase secondments from other arears, to Ward 12 during the winter months Due 06/12/2019 Discuss budget for staff vacancies/recruitment Due 06/12/2019 All shifts which are not covered to be sent out to Bank and Agency Due 06/12/2019 Offering "initiative pay" to staff nurses to staff ward 12 when elective patients are expected Due 06/12/2019	9	CMG Risk
3542	Research & Innovation	Research & Innovation	20/11/2019	30/12/2019	If the Trust is unable to provide evidence of compliance with the MHRA Corrective and Preventive Action plan within the agreed timeline (March 2019), then it may result in failure to support research using Pathology Services, leading to loss of commercial trials income and severe national and international reputational damage.	Cause: the existing findings (5 Major) will automatically become Critical. Resulting in (effect)… Harm (Patient/Non Patients): Patients would not be able to access high quality research. Data relating to results impacted. Processes for accessing clinical trials data impacted. Reputation: Severe national and international reputational damage. A Research active trust in the top 10 in the country with no provision for Pathology testing for clinical trials. Financial Loss: Loss of Commercial trails income In addition to the MHRA Findings, the loss of UKAS accreditation has a significant impact on the ability to complete the CAPA and GAP analysis actions as focus is likely to be on UKAS rather than on both the issues. This needs to be addressed within Pathology Services.	The MHRA identified that while there are SOP's and Policies, Processes and Procedures in place, they are not adequate to appropriately discharge the requirements of the Clinical Trials Regulations. The Corrective Action Preventative Action (CAPA) document gives the detail of the MHRA Inspection findings. The recommendation of the inspector to complete a Gap Analysis forms part of the CAPA. Work on the Gap Analysis has commenced and an action plan with further detail is being compiled.	Major	Likely	16	Address the findings including the 5 major findings by 31/03/20: 1. Update SOPS; 2. Review and update approvals process; 3. Review and update amendments; 4. Completion of GAP analysis; 5. GAP Analysis becomes Compliance Document.	8	Corporate Risk

Welcome to the November/ December 2019 edition of the Bulletin – the newsletter from the Better Care Together (BCT) partnership, which is responsible for transforming health and social care in Leicester, Leicestershire and Rutland (LLR).

This newsletter

The Better Care Together partnership includes local NHS organisations working alongside local authorities in Leicester, Leicestershire and Rutland and a range of other independent, voluntary and community sector providers. The partnership's aims are to keep more people well and out of hospital; move care closer to home; provide care in a crisis; and deliver high quality specialist care. This newsletter details some of the progress being made and how you can get involved and have your say.

Andy Williams appointed by local commissioners

The three Clinical Commissioning Groups (CCGs) in Leicester, Leicestershire and Rutland have appointed Andy Williams as their first joint chief executive.

Andy took up his role as chief executive for Leicester City, West Leicestershire and East Leicestershire and Rutland CCGs on November 11, having previously had a similar role with Sandwell and West Birmingham CCG. He is also now leading Better Care Together, the name for the local sustainability and transformation partnership (commonly referred to as a ‘STP’).

An experienced and hugely respected NHS senior leader, Andy possesses a wealth of experience in different types of NHS organisations – both in his native Wales and in England.

He had led Sandwell and West Birmingham CCG since its beginning in 2013. During his tenure that organisation was twice awarded the ‘CCG of the Year’ accolade at the Health Service Journal (HSJ) Awards.

Commenting on his appointment, Andy said: “Whilst I am sad in some ways to leave Sandwell and West Birmingham and will take many great memories with me, I am excited about the scale of the opportunity that exists in Leicester, Leicestershire and Rutland. It is clear to me that there is already much fantastic work taking place across the three CCGs and within the system as a whole, and I believe there is a real opportunity to help Leicester, Leicestershire and Rutland move forwards and become one of the best health systems in the country.”

Professor Mayur Lakhani, chair of West Leicestershire CCG, speaking on behalf of the three local CCGs, added: “Andy is clearly an exceptional leader with a real clarity of vision and commitment to continued improvement across the organisations that he has led with such distinction. We are delighted that he is joining us and excited by the prospect of working with him going forward to improve the quality of care for all our patients.”

The appointment follows a decision by the governing bodies of all three CCGs at the end of last year to integrate their management structure. This represents the first of these appointments, with Andy expected to lead the development of an integrated senior team over the course of the coming months.

Leicestershire Partnership spells out their new vision

Leicestershire Partnership NHS Trust have recently updated their vision and strategy, co-designed with staff and service users to reflect a focus on quality and safety. The Care Quality Commission has identified significant positive progress through recent feedback – and this new vision now sets out a clearer direction of travel, owned and understood by all.

The new vision is: *"Creating high quality, compassionate care and wellbeing for all"* and is part of a new strategy, *Step Up to Great*, which outlines key priority areas for the Trust and partners, to achieve improvements in quality and safety.

Angela Hillery, Leicestershire Partnership chief executive, explains: *"It is about making a real and sustainable difference for our patients and supporting our staff to deliver high standards of care every day. Through this collaborative working we are also building a culture of continuous improvement and learning, supported by a robust governance framework and more sustainable and efficient use of resources. I see this as really positive progress and am also confident that whilst delivering these priorities, we will continue to keep our values of compassion, respect, integrity and trust at the centre of everything we do."*

Visit Leicestershire Partnership's new website to find out more at www.leicspart.nhs.uk

Stepping in the right direction

Leicestershire Partnership NHS Trust are bringing together all their key pieces of work on adult and older people's mental health services into one clear plan, titled

Step up to Great Mental Health.

Over the last two years the Trust has been working together with service users, carers, staff and partners on how best to improve mental health services to deliver better outcomes for the people of Leicester, Leicestershire and Rutland. This includes the work covered by the Trust's All Age Transformation Programme.

Details of the plan itself will be shared with partners and the general public in the new year. A spokesperson for the Trust said: *"We are committed to ensuring the changes made through this plan continue to involve and engage service users, carers and partners and we will be actively recruiting support in early 2020."*

Anyone requiring further information in the meantime can contact the Trust's Communications Manager Hollie Bone via email Hollie.Bone@leicspart.nhs.uk or phone 07342 056 791.

Healthy cooking videos to help prevent diabetes

South Asian families, living in Leicester, Leicestershire and Rutland can now learn how to cook traditional south Asian meals with a healthy twist, without compromising on taste, helped by a new health campaign.

The clinical commissioning groups representing patients in Leicester, Leicestershire and Rutland and Leicestershire Partnership NHS Trust have developed a new series of short videos, and a recipe booklet which demonstrate how to cook traditional foods in a healthier way, so people can keep themselves and their family healthy for life and reduce their risk of developing type 2 diabetes and other health problems.

People from south Asian backgrounds are six times more likely to have type 2 diabetes than the population in general, sometimes due to genetic differences in how their bodies respond to some foods, as well as cultural eating habits. Unhealthy ingredients such as ghee (high fat butter), sugar and salt are used in most traditional south Asian recipes. This means families have a very high risk of developing diabetes.

A recipe booklet and an information leaflet is being made available in GP practices, customer services offices, pharmacies, libraries and community centres across Leicester city. If local people across Leicester, Leicestershire and Rutland would like to receive copies for their community group they can contact Leicester City CCG on 0116 295 0750 or email ccg@leicestercityccg.nhs.uk.

Jessica Mhesuria, Leicestershire NHS dietitian from the Leicestershire Nutrition and Dietetics Service and star of the show, said: *"Change doesn't have to mean not eating the things you enjoy, just make them a little healthier with our simple recipe tips. There are many festivals, family and community gatherings in the south Asian community and people like to show they care by cooking for each other. Why not show people how much you care by making slight changes to the food you make – you are in fact being kinder. By cooking food in a healthier way you are helping them to live a healthier and longer life."*

Learn how you can reduce you and your family's risk of developing diabetes, and watch the videos, by visiting www.yourhealthykitchen.co.uk.

Share your news

We know that there are loads of great examples of innovative and integrated ways of work happening right across Leicester, Leicestershire and Rutland. If you have a story that you would like to share in these newsletters please send us details.

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GP and pharmacy opening hours this Christmas and New Year

GP practices across Leicester, Leicestershire and Rutland will be closed on Christmas Day, Boxing Day and New Years Day. Better Care Togethr partners are reminding locals about the full range of services available over the festive period, for example community pharmacies, urgent care centres and NHS111.

Community Pharmacies

Pharmacists are highly trained clinicians. They can give expert advice on common illnesses including coughs, colds, aches and pains and they can answer questions about prescribed medicines. They can also advise on treatment of minor injuries and many have private consultation rooms. A list of pharmacy opening hours can be found at: http://bit.ly/PharmacyFestiveOpening.

Urgent Care Centres

Urgent Care Centres (in Leicestershire County and Rutland) and Healthcare Hubs (in Leicester City) are run by healthcare professionals and many have x-ray facilities. They can deal with a range of health issues including sprains, suspected fractures and breaks, minor head injuries, cuts and grazes, minor scalds and burns, ear and throat infections and more.

The Healthcare Hubs in Leicester City require you to have an appointment. You can find locations and opening hours of Urgent Care Centres across Leicester, Leicestershire and Rutland at: http://bit.ly/UrgentCareCentresLLR.

NHS 111

NHS 111 is available 24/7. You can now also access NHS111 Online to check your symptoms: https://111.nhs.uk. You will be directed to 111 if you call your normal GP service out-of-hours. If you've called 111 you will be assessed by a team of highly trained call advisors and clinicians. If needed, they can arrange for you to speak to a clinician or make you an appointment with a local service that is open near to you.

To get tips and advice on a range of winter health topics – from asthma, diarrhoea and vomiting, and winter flu, to pharmacies and self care advice – see the local NHS winter wellness website: http://www.bettercareleicester.nhs.uk/help-us-help-you

Celebrating the construction of a new mental health inpatient unit for young people

Leicestershire Partnership NHS Trust and Interserve Ltd recently marked an important milestone in the construction of the new inpatient unit for the specialist mental health care of young people.

The purpose-built, Child and Adolescent Mental Health Services (CAMHS) 15-bed unit is being constructed at Glenfield Hospital, opposite the Bradgate Mental Health Unit. It is due to open in August 2020.

At the construction event, Leicestershire Partnership's chair, Cathy Ellis, was raised in a cherry picker to symbolically fix the last bolt in position on the building's steel frame. She was watched by an audience of key stakeholders including local MPs and councillors, service users and local residents. Attendees were able to find out more about plans for the unit and hear of the launch of a charitable appeal.

The design of the new 15-bed facility is based on a clinical model developed through engagement with staff, service users and families. This is an increase on the current, temporary, 10-bed provision at Coalville Community Hospital.

New nursing and therapy services launching

The first part of the community service redesign work launched across Leicester, Leicestershire and Rutland on 1 December. Leicestershire Partnership Trust (LPT) community services teams are working as integrated community hubs arranged in eight geographical locations aligned to Primary Care Networks (PCNs). PCNs are groups of GPs working closely together.

Each hub offers community nursing, community therapy and Integrated Home First.

Home First aims to prevent patients from being admitted to hospital, and supports timely discharge. It also offers rehabilitation and reablement for up to six weeks, delivered in partnership with social service departments from Leicester City, Leicestershire County and Rutland County Councils. Staff from LPT and social services are working alongside each other to triage and deliver integrated care.

One of the most significant changes is the delivery of physiotherapy and occupational therapy to patients at weekends and on bank holidays. These changes are part of a more extensive Community Service Redesign (CSR) being led by Better Care Together partners.

And finally

The Better Care Together partners would like to thank you for your participation in 2019 and wish you all a Merry Christmas and a Happy New Year.

Share your news

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on the day BRIEFING

NHS Providers

The Queen's speech, December 2019

This is the second Queen's speech of the year, and although many of the Bills that featured in the October Queen's speech have reappeared, the context is now very different in that the Prime Minister is able to say with greater certainty that he will be able to deliver an ambitious legislative programme. Whereas the October Queen's speech was delivered against a backdrop of speculation around a general election, and uncertainty around the deliverability of the proposals, the recent election has given the Conservative Government an 80 seat majority, so it is almost certain these bills will get through Parliament with relative ease.

The Prime Minister said that this is a Queen's speech to "deliver on the priorities of the British people". And it is clear that aside from "getting Brexit done", the priority is the NHS, with the government enshrining in law the funding increase for the health service, making the NHS safer, reforming the Mental Health Act, alongside a promise to "seek cross-party consensus on proposals for long term reform of social care".

This briefing contains an overview of key announcements relevant to health and social care, including the three health-related bills that have secured legislative time, along with a summary of other legislation of interest and draft bills.

Health and social care focused announcements

The Queen's speech has introduced three bills directly related to health and social care (the NHS Funding Bill, the Health Service Safety Investigations Bill and the Medicines and Medical Devices Bill). The government has also signalled it will introduce draft legislation to implement the NHS long term plan.

The bills will likely be introduced after Christmas, potentially in early February following the UK's exit from the EU. The draft legislation to implement the recommendations of the NHS long term plan is currently expected to be published in January for pre-legislative scrutiny.

A white paper on reforming the Mental Health Act will be published in the new year but we await further details of the legislative programme in relation to both this issue and social care reform.

NHS Funding Bill

"The NHS's multi-year funding settlement, agreed earlier this year, will be enshrined in law". This Bill will also incorporate steps to "grow and support the NHS workforce" and introduce a "new visa [to] ensure qualified doctors, nurses and health professionals have fast-track entry to the United Kingdom." It will also remove hospital car parking charges "for those in greatest need".

Provisions in the Bill include:

- Enshrining in law the multi-year funding settlement for the NHS, agreed earlier this year, that will see a £33.9 billion increase in cash terms by 2023-24.

NHS long term plan

"We will deliver the NHS Long Term Plan in England to ensure our health service is fit for the future".

The government has committed to implementing NHS England's proposals for legislative change to support the delivery of the long term plan. Specifically, the government plans to:

- Consider NHS England and NHS Improvement's recommendations for legislative changes thoroughly and bring forward detailed proposals shortly.
- In due course, publish draft legislation that will accelerate the long term plan for the NHS, transforming patient care and future-proofing our NHS.

NHS Providers has undertaken significant engagement with NHS England and NHS Improvement on the development of the proposals. You can see our recent on the day briefing summarising the proposals and key developments here: https://nhsproviders.org/resource-library/briefings/on-the-day-briefing-legislative-proposals-for-an-nhs-bill

Health Service Safety Investigations Bill

Legislation will be taken forward to "establish the world's first independent body – the Health Service Safety Investigations Body (HSSIB) – to investigate patient safety concerns and share recommendations to prevent similar incidents recurring".

Provisions of the Bill will include:

- Establishing a Health Service Safety Investigations Body as a new Executive Non-Departmental Public Body, with powers to conduct investigations into incidents that occur during the provision of NHS services and have, or may have, implications for the safety of patients.
- Prohibiting the disclosure of information held by that investigations body, except in limited circumstances. This will allow participants to be candid in the information they provide and ensure thorough investigations.

- Improving the quality and effectiveness of local investigations by developing standards and providing advice, guidance and training to organisations.
- Amending the Coroners and Justice Act 2009, giving English NHS bodies the power to appoint medical examiners and placing a duty on the Secretary of State to ensure that enough medical examiners are appointed in England.

The draft HSSIB Bill went through pre-legislative scrutiny before the general election. You can read NHS Providers' submissions to this work, and the parliamentary and government reports as below:

- Full submission: https://nhsproviders.org/resource-library/submissions/submission-to-the-joint-committee-on-the-draft-health-service-safety-investigations-bill
- Follow up letter: http://nhsproviders.org/media/495496/nhs-providers-letter-to-joint-committee-on-hssib-22-june-2018.pdf
- Oral evidence: http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/draft-health-service-safety-investigations-bill-committee/draft-health-service-safety-investigations-bill/oral/84918.html
- Report by the Joint Committee on the Draft Health Service Safety Investigations Bill: https://publications.parliament.uk/pa/jt201719/jtselect/jthssib/1064/106402.htm
- Government response: https://www.gov.uk/government/publications/government-response-to-health-service-safety-investigations-bill-report

Medicines and Medical Devices Bill

"A Medicines and Medical Devices Bill will "ensure that our NHS and patients can have faster access to innovative medicines, while supporting the growth of our domestic sector."

Provisions of the Bill will include:

- Replicating powers over medicines and medical devices regulations contained in EU law.
- Making it simpler for NHS hospitals to manufacture and trial the most innovative medicines and diagnostic devices.
- Enabling the UK to be a world leader in the licensing and regulation of innovative medicines and devices, ensuring patients have access to the best possible treatments and supporting our domestic life sciences industry.
- Increasing the range of professions able to prescribe and developing more innovative ways of dispensing medicines in local pharmacies.
- Ensuring that the government can update legislation relating to medical devices, medicines, veterinary medicines, new innovative practices and clinical trials both in response to patient safety concerns and as it agrees the future global relationship of the UK in these areas.

Adult social care

"My Ministers will seek cross-party consensus on proposals for long term reform of social care. They will ensure that the social care system provides everyone with the dignity and security they deserve and that no one who needs care has to sell their home to pay for it."

"We will provide extra funding for social care and will urgently seek cross-party consensus for much needed long-term reform so that nobody needing care should be forced to sell their home to pay for it."

The government plans to:

- Consult on a 2% precept that will enable councils to access a further £500m for adult social care. This funding will support local authorities to meet rising demand and will continue to stabilise the social care system.
- Seek cross-party consensus in order to bring forward the necessary proposals and legislation for long-term social care reform in England, ensuring nobody needing care will be forced to sell their home to pay for it.

Mental health reform

"My Ministers will continue work to reform the Mental Health Act to ensure people have greater control over their treatment and receive the dignity and respect they deserve".

The government will:

- Respond to the Independent Review of the Mental Health Act's recommendations through a White Paper in the new year followed by legislation when Parliamentary time allows.
- Ensure that people subject to the Act receive better care and have a much greater say in that care.
- Improve patient choice and autonomy, for example by enabling patients to set out their preferences around care and treatment in advance.
- Reform the process of detention, care and treatment while detained, including by providing patients with the ability to challenge detention.
- Make it easier for people with learning disabilities and autism to be discharged from hospitals and improve how they are treated in law.

Brexit-related bills of interest

The Queen's Speech includes seven bills to support the delivery of Brexit: European Union (Withdrawal Agreement) Bill, Agriculture Bill, Fisheries Bill, Trade Bill, Immigration and Social Security Co-ordination (EU Withdrawal) Bill, Financial Services Bill and Private International Law (Implementation Agreements) Bill.

The government plans for parliament to vote on the European Union (Withdrawal Agreement Bill) on 19 December, and for this to become law before 31 January 2020.

The Queen's Speech states that "further EU-exit legislation required in this session in addition to that detailed here in order to deliver on our exit-related priorities by the end of the implementation period. In particular this will include any legislation needed to implement the future relations we will agree with the EU by the end of December 2020."

European Union (Withdrawal Agreement) Bill

"My government's priority is to deliver the United Kingdom's departure from the European Union on 31 January...Thereafter, my ministers will seek a future relationship with the European Union based on a free trade agreement that benefits the whole of the United Kingdom. They will also begin trade negotiations with other leading global economies."

This Bill will:

- Implement in domestic law the withdrawal agreement which has been agreed between the UK and the EU.
- Ensure that the UK leaves the EU with a deal on 31 January.
- Deliver the implementation period to give businesses and citizens time to prepare before it ends on 31 December 2020.
- Protect the rights of EU, EEA and Swiss citizens in UK law.
- Implement the new protocol on Ireland/Northern Ireland.

Immigration and Social Security Co-ordination (EU Withdrawal) Bill

"A modern, fair, points-based immigration system will welcome skilled workers from across the world to contribute to the United Kingdom's economy, communities and public services."

This Bill will:

- Bring an end to free movement in UK law.
- Introduce a new Australian-style points-based immigration system from 202.
- Make EU citizens arriving from 2021 subject to the same UK immigration controls as non-EU citizens.

- Protect the long-standing immigration status of Irish citizens when free movement ends.
- Enable the Government to deliver future changes to social security coordination policy.

In addition to the Immigration Bill, the Government proposes to:

- Create visa schemes for new migrants who will fill shortages in our public services, including a fast-track NHS scheme.
- Require new arrivals to contribute to the funding of the NHS.
- Increase the health surcharge, for those staying in the UK for more than six months.

Trade Bill

"My ministers will bring forward legislation to ensure the United Kingdom's exit on that date and to make the most of the opportunities that this brings for all the people of the United Kingdom."

The purpose of this Bill will be to:

- Make the most of new opportunities that come from having an independent trade policy after Brexit
- Create powers so that the UK can transition trade agreements it is currently party to through its membership of the EU, ensuring continuity for businesses.
- Establish a new independent UK body, to protect UK firms against injury caused by unfair trade practices and unforeseen surges in imports.
- Give UK businesses continued access to £1.3 trillion per annum of procurement opportunities in 47 countries, by creating the powers for the UK to implement the World Trade Organization Agreement on Government Procurement.
- Ensure the UK government has legal powers to gather and share trade information as evidence to support UK firms against surges in imports and unfair practices.

Further bills of interest

In addition to health and social care and Brexit announcements, the Queen's Speech introduced further proposals that will be of interest.

Pension schemes Bill

"Measures will be brought forward...to help people save for later life."

This Bill will:

- Create a legislative framework for the introduction of pensions dashboards to allow people to access their information from most pensions schemes in one place online.

- Create a new pension scheme to give greater choice for employers and enable people to adequately save for retirement and better predict their income in later life.
- Enhance the Pensions Regulator's powers so it can respond earlier when employers fail to take their pension responsibilities seriously.

Employment Bill

"Measures will be brought forward to encourage flexible working, to introduce the entitlement to leave for unpaid carers..."

This Bill will:

- Protect and enhance workers' rights as the UK leaves the EU.
- Strengthen workers' ability to get redress for poor treatment by creating a new, single enforcement body.
- Build on existing employment law with measures that protect those in low-paid work and the gig economy.
- Introduce an entitlement to one week's leave for unpaid carers and allow parents to take extended leave for neonatal care.

Environment Bill

""To protect and improve the environment for future generations, a bill will enshrine in law environmental principles and legally-binding targets, including for air quality. It will also ban the export of polluting plastic waste to countries outside the Organisation for Economic Co-operation and Development and establish a new, world-leading independent regulator in statute."

The proposed Environment Bill is wide ranging, but a key purpose of the Bill is to:

- Improve air quality by increasing local powers to address sources of air pollution, enabling local authorities to tackle emissions from burning coal and wood, and bringing forward powers for Government to mandate recalls of vehicles when they do not meet relevant legal emission standards.
- Extend producer responsibility, ensure a consistent approach to recycling, introduce deposit return schemes, and introduce charges for specified single use plastic items.
- Secure long-term, resilient water and wastewater services, including through powers to direct water companies to work together to meet current and future demand.

Building safety standards legislation

"New measures will be brought forward..to improve building safety."

The proposed legislation is wide ranging, but a key purpose is to:

- Learn the lessons from the Grenfell Tower fire, and put in place new and modernised regulatory regimes for building safety and construction products, ensuring residents have a stronger voice in the system.

Serious Violence Bill

""New laws will require schools, police, councils and health authorities to work together to prevent serious crime."

The purpose of the Bill is to:

- Create a new duty on a range of specified agencies across different sectors, such as local government, education, social services, youth offending, and health and probation, to work collaboratively, share data and information, and put in place plans to prevent serious violence
- Amend the Crime and Disorder Act 1998 to ensure that serious violence is an explicit priority for Community Safety Partnerships, which include local police, fire and probation services, as well as local authorities and wider public services.

NHS Providers view

We welcome the priority focus the government has placed on the NHS and social care within the Queen's Speech today.

Although the government's commitment regarding NHS funding to support the long term plan is welcome, the NHS still faces a steep challenge to meet rapidly rising demand, deliver new technologies and transform ways of working to offer more integrated, personalised care. While the committed level of funding is closer to the historic average, demand is growing rapidly and the service faces severe workforce shortages and a need to recover record low performance against the constitutional standards. The NHS needs additional real investment, including a multi year capital settlement, to meet the needs of the future and deliver the improvements we all want to see.

We support a set of targeted changes to the law as proposed which are aimed at enabling the integration of services and avoiding a substantial restructure of the NHS. We are pleased to have been fully engaged in working up these proposals and will continue to ensure that the provider sector's needs and views continue to be heard.

We are also pleased to see the introduction of the Health Service Safety Investigations Bill, which promises to be a significant step forward in continually improving patient safety. This will help trusts and their staff

adopt a systemic approach to investigating and learning from incidents to provide the safest and best care for patients.

The review of the Mental Health Act will help to ensure that this complex piece of legislation is used appropriately and consistently. However any impact on an already stretched mental health workforce, with limited resource and capacity, needs to be taken into account.

We remain cautious about proposed changes to the immigration system. We welcome proposals to ensure the NHS can recruit internationally, and domestically, but would need to see more detail on the proposed NHS visa before responding in full. The NHS relies on recruiting and retaining staff domestically and from across the world and it is vital that immigration policy supports that. The criteria of any immigration system will therefore need to recognise that low paid does not mean low skilled, and that it will be several years before domestic supply increases enough to help close the sizeable workforce gap.

Finally, the government's renewed commitment today to tackling the social care crisis is welcome but there is an urgent need for swift and concrete action. Pressures on social care are making it more difficult to support vulnerable or older people to live independently and closer to home, often contributing to a rise in admissions and long stays in hospital. Securing a sustainable, properly funded and fair social care system has to be a priority for the government if we are to meet demand for appropriate care in the right setting, now and in the future.

Press statement

Responding to the Queen's Speech, the deputy chief executive of NHS Providers, Saffron Cordery said:

"The prime minister has made it clear that the NHS will be the top priority for this government.

"While the commitment in the Queen's Speech to deliver a 3.4% annual real-terms increase in NHS funding is very welcome, there is a mismatch between the rhetoric and the reality on the ground.

"While a return to these levels of funding increases is closer to the historic average, the scale of the task ahead of us is significant. Demand is growing rapidly and we have severe workforce shortages. This capacity mismatch which has opened up means despite staff working flat out year-round performance against key standards continues to slip further.

"We need to be realistic about what this funding will buy and what the public should expect. This investment will maintain standards at their current level, but the service needs additional real investment to meet the needs of the future and deliver the improvements we all want to see.

"If, as we fear, expectations exceed reality, we risk creating a damaging blame game which sets the NHS and its staff up to fail and lets patients and the public down.

"We once again welcome the proposed targeted changes to the law which are aimed at enabling the integration of services while avoiding a substantial restructure of the NHS, and the continued commitment to a Health Service Safety Investigations Bill, a significant step forward in helping trusts to improve patient safety.

"But we need to see more detail on the future immigration system proposed after Brexit. It is vital that immigration policy supports the ability of the NHS and social care to recruit and retain skilled staff that it depends on.

"Now, with a substantial working majority, we need the government to be bold in its ambitions to tackle the issues impacting the NHS. This means turning today's words into action to find a sustainable solution to the social care crisis, reversing public health cuts, and empowering people to look after their health and keep people living well for longer at home and out of hospitals. That would be the real evidence of the government's real commitment to health and care."

Ends.

Useful links

The transcript of the Queen's Speech and the accompanying briefing documents are available on the government's website here.

Annex: full list of bills and proposals announced

Delivering Brexit

- European Union (Withdrawal Agreement) Bill
- Agriculture Bill
- Fisheries Bill
- Trade Bill
- Immigration and Social Security Co-ordination (EU Withdrawal) Bill
- Financial Services Bill
- Private International Law (Implementation of Agreements) Bill

Supporting our public services

- NHS Funding Bill and NHS long term plan
- Health Service Safety Investigations Bill
- Medicines and Medical Devices Bill
- Social care reform
- Mental health reform
- Education

Supporting workers and families

- Employment Bill
- Renter's Reform Bill
- Housing
- Building Safety Bill
- Fire Safety Bill
- Pension Schemes Bill
- Online harms
- Cost of living
- National disability strategy

Strengthening the justice system

- Counter Terrorism (Sentencing and Release) Bill
- Sentencing Bill
- Serious Violence Bill
- Sentencing (Pre-consolidation Amendments) Bill

- Police Powers and Protections Bill
- Prisoners (Disclosure of Information About Victims) Bill
- Divorce, Dissolution and Separation Bill
- Domestic Abuse Bill
- Extradition (Provisional Arrest) Bill
- Foreign national offenders legislation
- Victims law reform
- Espionage legislation
- Royal Commission on the Criminal Justice Process

Infrastructure, Investment and Devolution

- National infrastructure strategy
- Broadband legislation
- Air Traffic Management and Unmanned Aircraft Bill
- Airline insolvency legislation
- Railways (minimum service levels) legislation
- Rail reform and High Speed Rail 2 (West Midlands - Crewe) Bill
- National Security and Investment Bill 1
- Science, space and research
- English devolution
- Business rates

Protecting the environment and improving animal welfare

- Environment Bill
- Climate change
- Animal welfare legislation

Strengthening the union and constitution

- The Union
- Constitution and democracy

Other legislative measures

- Windrush Compensation Scheme (Expenditure) Bill
- Thomas Cook Compensation Bill

- Birmingham Commonwealth Games Bill

Other non-legislative measures

- The Armed Forces
- Public finances
- Boycotts by public institutions
- Integrated Security, Defence and Foreign Policy Review
- Foreign affairs
- Science, space and infrastructure