

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Trust Board Bulletin – 2 August 2018

The following reports are attached to this Bulletin as an item for noting, and are circulated to UHL Trust Board members and recipients of public Trust Board papers accordingly:-

- **System Leadership Team minutes (21 June 2018)** – Lead contact point Mr J Adler, Chief Executive (0116 258 8940) – **paper 1**

It is intended that these papers will not be discussed at the formal Trust Board meeting on 2 August 2018, unless members wish to raise specific points on the reports.

This approach was agreed by the Trust Board on 10 June 2004 (point 7 of paper Q). Any queries should be directed to the specified lead contact point in the first instance. In the event of any further outstanding issues, these may be raised at the Trust Board meeting with the prior agreement of the Chairman.

**System Leadership Team
Meeting 19**

Chair: Toby Sanders

Date: Thursday 21st June 2018

Time: 10:30 – 12:00

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

Present:	
Toby Sanders (TS)	Chair, LLR STP Lead, Managing Director, West Leicestershire CCG
John Adler (JA)	Chief Executive, University Hospitals of Leicester NHS Trust
Mark Andrews (MA)	Deputy Director for People, Rutland County Council
Azhar Farooqi (AFa)	Clinical Chair, Leicester City CCG
Steven Forbes (SF)	Strategic Director for Adult Social Care, Leicester City Council
Mayur Lakhani (ML)	Chair, West Leicestershire CCG, GP, Sileby Co-Chair Clinical Leadership Group
Will Legge (WL)	Director of Strategy & Information, EMAS, NHS Trust
Roz Lindridge (RL)	Locality Director Central Midlands, NHS England
Sue Lock (SL)	Managing Director, Leicester City CCG
Peter Miller (PM)	Chief Executive, Leicestershire Partnership Trust
Richard Morris (RM)	Director of Corporate Affairs, LCCG SRO Communications and Engagement
Richard Palin (RP)	Chair, East Leicestershire and Rutland CCG
Sarah Prema (SP)	Director of Strategy and Implementation, Leicester City CCG
Evan Rees (ER)	Chair, BCT PPI Group
Tim Sacks (TSa)	Chief Operating Officer, East Leicestershire and Rutland CCG
John Sinnott (JS)	Chief Executive, Leicestershire County Council
Apologies:	
Karen English (KE)	Managing Director, East Leicestershire and Rutland CCG
Andrew Furlong (AF)	Medical Director, University Hospitals of Leicester NHS Trust
Tim O' Neill (TO'N)	Deputy Chief Executive, Rutland County Council



assessment around 12 months ago. There have been some very interesting findings which will be fed back to the prevention work stream.

In future there will be a regular short report to update SLT and feedback was requested from the partners on the content which was provided as follows:

- Partners found the report very useful and informative
- Use of a risk register to identify risks and blockers that SLT can assist with
- Include performance and add key metrics that link to the outcomes framework
- Include a regular paragraph on workforce issues

SP requested any further feedback to be emailed directly.

SLT 18/06/08 Draft BI Strategy update

Cheryl Davenport (CD), Director of Health and Care Integration, Leicestershire County Council attended the meeting to present the draft LLR joint Business Intelligence (BI) Strategy for approval as outlined in Paper D.

The IM&T Board have sponsored the LLR joint strategy approach in order that data gathered is coordinated and targeted system wide. The strategy will provide good insights, actionable collective understanding to help drive planning, decision making and commissioning which will improve the health and wellbeing of the local population whilst improving efficiency across the system. The vision and principals are set out in the strategy and include working together to overcome barriers and solve problems, foster academic links and to work collaboratively including matrix working. There are five key themes as follows:

- Information Governance including LLR DARS application
- Analytics and tools – Produce a BI user guide
- Population profiling and case finding
- Data management, warehousing and data integration
- Workforce

Feedback so far from the IM&T Board is that they are broadly supportive and they have highlighted the following areas which need to be strengthened:

- Clinical ownership and leadership
- Patient benefits and outcomes should be more prominent
- Engaging more with DHU and other partners
- Data warehousing will be a large and complex task

The presentation included a list of 'asks' of SLT partners, some of which are as follows:

- Support for the vision and themes as well as to support staff to work in a matrix style
- Provide feedback on the proposed governance and engagement approach
- Commitment to public engagement on data sharing, how data is used for direct care and planning purposes and an annual commitment to review commissioning intentions based on the strategy via the IM&T Board
- To promote the strategy across the STP partnership and within each organisation

CD offered to come out to organisations to cascade the strategy. The DARS application with NHS Digital has been very lengthy and problematic; however this should be resolved soon. RL offered assistance from NHS England IT department to unblock any barriers if necessary.

Following the presentation the partners provided comments and feedback:

- Are there any barriers to data sharing across the LLR and if so how can the partners help to remove them?
- The partners were supportive of the vision

<ul style="list-style-type: none"> • Strengthen joint accountability • Aspirations and deliverables are right but don't try to do too much initially – take small steps • Produce a prioritised two year work plan • Continue to work very closely with the IM& T group • Staff engagement should take place so that staff understand the implications of matrix working • WL welcomed further discussion with Cheryl regarding the sharing of Business Intelligence. In addition there may be a technology gap for EMAS as they don't have an advanced integrated system which will need funding to address <p>The partners thanked CD for the excellent work that has been undertaken on the strategy.</p>	
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SLT 18/06/09 Frailty Progress update including Terms of Reference for Task and Finish Group	
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<p>Rachna Vyas (RV), Deputy Director of Strategy and Implementation attended the meeting to give an update on the frailty and multi-morbidity programme and the terms of reference (Paper E).</p> <p>The Frailty Task Force (FTF) and the associated working group has been set up to drive the design and delivery of the Leicester Leicestershire and Rutland (LLR) system of care for frail and multi-morbid patients along with a programme of work covering the delivery of 16 key interventions across the system before winter 18/19. The first meeting of the FTF was held last week and the working group will hold their first meeting next week – the purpose, objectives and membership for both meetings are outlined in the Terms of Reference. Governance has been designed with input from Senior Responsible Officers from Home First, Integrated Locality Team, Primary Care, IMT, Accident and Emergency Delivery Board and Medicines Optimisation and there is a focus on aligning interdependencies between the relevant work streams.</p> <p>JA told the partners that there has been some correspondence relating to the impact this work may have on primary care. TSa is preparing a brief paper on research undertaken on the effect the frailty work will have on day to day workloads for the Commissioning Collaborative Board meeting and this will be shared with SLT once it has been completed.</p> <p>Comments and feedback was requested from SLT:</p> <ul style="list-style-type: none"> • Inclusion of an EMAS representative on the working group • NHSE can provide analytical data that may be helpful and there may be financial resource available for clinical work – RL and RV will link up on these items • Consider input from Right Care delivery partners who may be able to offer expertise • Put together a Communications Plan for the next meeting – RV has started work on a draft • LPT are well represented on the work streams and will not be represented on the FTF or working group initially but this may change if necessary as work progresses <p>It was noted that Clinicians are very enthusiastic about the frailty work and that there is a Clinical Leadership Group Frailty event taking place on 31st July 2018.</p> <p>Further updates on the frailty programme will be provided to SLT on a monthly basis.</p>	
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SLT 18/06/10 NHS England Cancer Transformation Funding	
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<p>SL outlined the NHS England Cancer Transformation Funding 18/19 (Paper F).</p> <p>The East Midlands Cancer Alliance (EMCA) submitted transformation bids to NHS England.</p>	
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Leicester, Leicestershire and Rutland (LLR) are receiving £473,667 to focus on improving early diagnosis and for those living with and beyond cancer:

Early Diagnosis

- Bowel Cancer pathway redesign
- Lung Cancer pathway redesign
- Prostate Cancer pathway redesign

Living with Cancer (LWC)

- Recovery Package
- Risk Stratified Follow Up

The progress to date is outlined on page two of paper F.

There is a funding issue with the Lung Cancer pathway as it is costing more than the tariff will pay; therefore this will be investigated further with University Hospitals Leicester (UHL) colleagues.

Transformation funding will be managed through the STP arrangements in future rather than in the traditional way and the release of funding will be related directly to the East Midlands performance against the national cancer standards. A Local Plan for this will be required and Governance arrangements will be agreed at the East Midlands Cancer Board meeting next Monday.

SLT 18/06/11 Integrated Care System and Work streams

SP briefly outlined the Integrated Care System and Work streams report. (Paper G). It was agreed that due to time constraints that this item will be tabled at the July SLT meeting so that there is sufficient time to discuss the proposals fully.

Some considerations for work stream changes include:

- Primary Care and Urgent Care remain as stand-alone work streams, however consider if overlapping areas such as Home first, Integrated Locality Teams and Community Services could move to an Out of Hospital arrangement
- Bring Cancer and Planned Care together
- Merge Mental Health and Learning Disability

It is proposed that Preventing Ill Health, Medicines Optimisation, Children's and Maternity would remain as they are currently.

The partners were broadly supportive of the options outlined, however, it was agreed to continue discussions with colleagues ahead of the next SLT meeting to decide on the following two questions:

- How to operate at different levels/geography in LLR?
- Which work streams need to be reshaped or realigned?

12. Date, time and venue of next meeting

9am-12pm Thursday, 19th July 2018, 8th Floor Conference Room, St John's House