University Hospitals of Leicester NHS
NHS Trust

Cover report to the Trust Board meeting to be held on 1 August 2019

	Trust Board paper J
Report Title:	**People, Process and Performance Committee – Chair's Report** (formal Minutes will be presented to the next Trust Board meeting)
Author:	Hina Majeed – Corporate and Committee Services Officer

Reporting Committee:	**People, Process and Performance Committee (PPPC)**
Chaired by:	Andrew Johnson – PPPC Chair and Non-Executive Director
Lead Executive Director(s):	Rebecca Brown – Chief Operating Officer Hazel Wyton – Director of People and Organisational Development (OD)
Date of last meeting:	25 July 2019
Summary of key public matters considered by the Committee and any related decisions made:	

This report provides a summary of the following key public issues considered at the People, Process and Performance Committee on 25 July 2019:-

- **Becoming the Best – Culture and Leadership Update**
  The Director of People and OD introduced discussion on this item by firstly thanking members who attended the Trust Board Thinking Day on 11 July 2019 and providing their thoughts and reflections on the key themes and organisational priorities arising from the 'Synthesis event'.

  The Deputy Director of Learning and OD gave a presentation which provided the key findings at the end of the 'Discovery' phase, progress with delivering aligned leadership development interventions and key activities planned for the 'Design' phase. Progress against all activity was summarised in the 'Road Map'.

  In relation to the 'Discovery' phase, all diagnostics that had been agreed at the outset had been completed. The 'Engage' phase predominantly related to recruiting and working closely with Improvement Agents. 120 Improvement Agents in total had been recruited, the next intake had been scheduled on 12 August 2019 with further intakes on a quarterly basis. In response to a query from the PPPC Chair, it was noted that although a target for the number of Improvement Agents had not been set, through the monthly CMG Performance Review meetings, CMG-level improvements were being measured. Views on the minimum number of Improvement Agents needed to provide the necessary spread across the Trust will be discussed. A number of Leadership Development programmes for Service Managers, CMG Mid-Leadership/Senior Leadership and Board had been put in place in the 'Develop' phase.

  In response to a query from Ms V Bailey, Non-Executive Director, the Chief Executive and the other members of the Executive Team who were present provided assurance that it was starting to feel like a culture was being set which enabled the delivery of continuously improving high quality, safe and compassionate care. The Chief Executive reiterated that overall, there was a lot of natural joining-up and appropriate discussions were held at Executive Planning meetings which was also a Quality Strategy Steering Group. Members were advised that momentum on the cultural and leadership aspects of UHL's new Quality Strategy – 'Becoming the Best' was being gained even wider, with the Local Workforce Action Board and the System Chief Officers Programme acknowledging the methodology being used by the Trust. Consistency and continuity were the main attributes to drive this programme forward.

  The Chief Executive highlighted the following areas where the Trust could make further progress: - (a) the need for a systematic approach for show-casing the good improvement work, and (b) the need for a methodical way to support our leaders to lead.

  In relation to the 'Design' phase, the following steps would be taken forward:-
  (a) mapping of current interventions – all the leadership and culture interventions in place would be reviewed to assess their suitability for use;
  (b) an evaluation of Phase 1 to enable learning from the 'Discovery' phase approach and inform the delivery of the 'Design' phase;
  (c) provide a direction for the Improvement Agents and empower them to work through the 'Design' phase within their own areas using QI methodology;
  (d) work with the Communications team to ensure that the themes from the 'Discovery' phase were aligned to the Trust's Quality Priorities which would then be shared Trust-wide during the 'Big Reveal' throughout

August 2019;

(e) using the time before the Leadership Conference to engage with the workforce ,listening to ideas for taking the 'themes' forward, and

(f) using Improvement Agents to test and refine approaches that may be used during the 'Deliver' phase, either locally or Trust-wide.

The Head of Quality Improvement had commenced in post on 23 July 2019. The recruitment process for a QI Lead was underway. A contract with Advancing Quality Alliance (AQuA) had been signed to develop the Trust's Quality Improvement (QI) programme. QI taster sessions had now been arranged and would run over four sessions during 5/6 September 2019. Training for Advanced Improvers, Medical Leaders and Senior Leaders was currently in development and dates were being agreed. The Medical Director advised that further to discussion at a recent meeting of the Senior Clinical Cabinet, it was suggested that this training should be extended to Clinical Leaders. In discussion on the training day that had been allocated for the Executive Team, it was suggested that CMG Clinical Directors also be included in this training. The Chief Nurse noted the need for consideration to be given in respect of training for CMG Heads of Operations and Heads of Nursing.

Members noted that the first QI Collaborative Programme would focus on the Quality Priority - Safe and Timely Discharge. The Medical Director advised that discussions would be held with AQuA regarding the exploration of areas that would benefit from QI methodologies in relation to the Quality Priority - Safer Surgery and procedures.

In conclusion, the PPPC Chair welcomed the progress being made. He noted that this work had significant Executive backing, noted the need for consistency in driving the Quality Strategy throughout all levels of the Trust and looked forward to seeing evidence of real improvements going forward.

- **Urgent and Emergency Care Performance Report – Month 3**

Members noted UHL performance of 74.1% and LLR performance of 81.5% in June 2019 against a trajectory of 89.5%. There was increased national focus on urgent care. The overall demand into ED had continued to increase. The Deputy Chief Operating Officer highlighted that ED attendances in June 2019 saw a 5.8% increase in comparison to June 2018 and a subsequent 4% increase in admissions creating a greater capacity gap for the Trust than the 2019-20 agreed plan. The expected summer reductions in activity were less noticeable. Ambulance handover delay performance had improved by 0.5% in June 2019 in comparison to the previous 3 months. There had been an increase in ambulance attendances which were subsequently not admitted. Members were advised that if a patient was brought in by an ambulance but subsequently did not require an admission, then the patient was required to be sent back by an ambulance, the Deputy Chief Operating Officer highlighted the need for some focussed work to resolve the issues relating to this. An improvement in minor injuries 4-hour performance had been seen. Primary care 4-hour performance was above 95%. Further to some changes to pathways, there had been an improvement in Eye Casualty performance. Progress continued on reducing 'stranded' patients and delayed transfers of care, and no 12-hour trolley breaches had occurred. The national team were scheduled to attend the long stay Wednesday and Operational Management Group meetings in September 2019.

Although a number of actions were being put in place to make improvements, capacity was a key constraint. A short-term, temporary 14 bedded ward on Ward 21 at the LRI was opened on 1 July 2019 for 4 weeks. Due to an incidence of CRO on ward 33, there had been 12 bed closures on this ward since 5 July 2019. Therefore, an additional 6 beds had been opened on ward 21 which were staffed by the team from ward 33. The batching of ambulances was having a knock-on effect on the capacity gap resulting in deterioration in overnight performance, a review of demand and capacity alignment of workforce with particular focus on evenings and overnight would be undertaken. Work was underway to increase flow through GPAU. Further to an ambulance assessment 'perfect day' on 27 June 2019, a number of actions had been put in place.

The ED Team had visited Newcastle Hospitals NHS Foundation Trust to look at ambulance assessment, handover and outflow. Visits to other hospitals in the future would be planned.

The Chief Executive and Chief Operating Officer noted the need for a system-wide discussion on addressing medical bed under capacity including the fundamental need to reduce demand. Responding to a query from Ms V Bailey, Non-Executive Director, it was noted that the Community Services Redesign programme had commenced, the first phase of service redesign was being implemented and plans for the next stage of this work were being put in place, however, the improvements from this programme would only be seen in 2020. The Deputy Chief Operating Officer advised that a pilot in relation to generating options for community beds was going to commence. In further discussion on patients who did not require attending ED, the Deputy Chief Operating Officer undertook to review the need for care packages for the cohort of patients with 'long-standing'

conditions.
The PPPC Chair welcomed the progress made and the measures being put in place, however the Committee was not assured that the Trust was currently able to meet its targets for Urgent and Emergency Care performance.

A detailed discussion on ED arrivals presenting with a Mental Health diagnosis took place and it was highlighted that there had been a 28.8% increase in the volume of arrivals between 2017-18 and 2018-19. One of the reasons for this increase was better data capture, however, it was also noted that there had been an increase in the number of referrals to the mental health triage team. Funding and staff availability were the main issues and a number of bids were being put in place. The Chief Nurse re-iterated that a service level agreement with Leicestershire Partnership Trust (LPT) for the administration of Mental Health Act detentions had been developed, following a 'must-do' requirement resulting from the CQC inspection in 2018. UHL's Chief Nurse had met with the recently appointed LPT Chief Nurse and some collaborative work in this area would be taken forward. The Mental Health Strategy Group was being re-launched as the Mental Health Steering Group and would have appropriate LPT representation with a decision making capacity. In addition to discussion with LPT colleagues, Mr B Patel, Non-Executive Director suggested that wider discussions should also be held with the Local Authority and Police in respect of the year on year increase in the ED arrivals presenting with a Mental Health diagnosis and the actions that needed to be put in place.

The PPPC Chair sought assurance in respect of whether a consolidated plan was in place to deal with ED arrivals with mental health diagnoses, in response, the Chief Operating Officer advised that the plan was in development. It was agreed that a brief report providing a narrative on how the Trust manages and keeps these patients safe would be provided to the PPPC/QOC joint-session in August 2019.

Items for Information

The following reports were noted:-

- **Workforce and Organisational Development Data Set – June 2019 –** the Deputy Director of Learning and OD advised that at the graduate apprenticeship ceremony, 2 UHL employees won Leicestershire Intermediate Apprentice of 2019 and Higher Apprentice of 2019 awards respectively. A brief update on the progress with the equality and diversity work was provided, a written report would be provided to PPPC in August 2019. Feedback from the reverse mentoring programme would be provided to PPPC in October 2019.
- **Executive Quality and Performance Board – minutes from 25.6.19.**

Joint PPPC and QOC session

Quality and Performance Report – month 3
Joint paper 1 detailed performance against quality and performance indicators as at Month 3 (period ending 30 June 2019), the contents of which were received and noted. Particular discussion took place regarding:

1) **Diagnostic 6-week wait** – standard achieved for 10 consecutive months;
2) **52+ weeks wait –** had been compliant for 12 consecutive months;
3) **Referrals to treatment – numbers on the waiting list (now the primary performance measure)** were below the NHSI/E trajectory but 18 week performance was below the NHS Constitution standard at 83.5%;
4) **12 hour trolley wait** – none;
5) **Cancer 2-week wait** – good improvement, with performance at 93.4% in May 2019;
6) **#NOF performance** remained above compliant for 11 consecutive months;
7) **90% of Stay on a Stroke Unit** – threshold achieved with 90.0% reported in May 2019;
8) **TIA (high risk patients)** – threshold achieved with 61.4% reported in June 2019;
9) **Cancelled operations –** 1.0% reported in June 2019;
10) **Annual Appraisal at** 92.0%, good progress;
11) **Inpatient and Day Case Patient Satisfaction (FFT)** achieved 97% which was above the national average. There had been a decline in the Maternity FFT performance and a deep-dive of the issues had been undertaken, a plan was in place to rectify this as part of the Maternity Safety workstream. Responding to a query from Non-Executive Directors, the Chief Nurse provided assurance that she was keeping a 'watching brief' on the FFT scores and these were discussed in detail at the Patient Involvement, Patient Experience and Equality Assurance Committee (PIPEEAC), and
12) **Mortality** – the latest published SHMI (period February 2018 to January 2019) had increased to 100 but remained 'within expected'. The Medical Director highlighted the recent change in the SHMI methodology which had caused this increase.

Col. (Ret'd) I Crowe, Non-Executive Director commented on the decrease in the percentage of staff who would recommend UHL as a place to work. Responding to a query from the Patient Partner in relation to the

deterioration in the A&E FFT coverage, it was noted that there were no particular themes emerging and it was a national occurrence.

In response to a query in respect of Readmission within 30 days, it was noted that a part of this workstream was being mapped with the 'Safe and Timely Discharge' work programme and an update would be included within the Urgent and Emergency Care Performance report to PPPC in September 2019.

Cancer performance and Deep Dive – May 2019
The Director of Operational Improvement highlighted an improvement in cancer performance, with 4 of the 8 national standards achieved in May 2019. A robust action plan appropriately owned by CMGs was in place to support the improvement of performance.

5 of the 8 standards had been achieved against UHL's trajectory. The 2-week wait national standard had been achieved for four consecutive months (February-May 2019), however, due to staffing vacancies and leave, the standard would not be achieved in June 2019.

31-day (Diagnosis To Treatment) Wait For First Treatment performance was both below trajectory and national target. The 62-day wait performance had decreased by 0.8% to 75.0% in May 2019. 104+ day waits had increased predominantly due to late tertiary referrals and capacity for robotic surgery. Efforts continued to reduce the number of patients waiting 104+ days, and assurance was provided that in quarter 4 of 2018-19, the required MDT review had identified no clinical harm. NHSI/E had requested details in respect of all patients waiting 104+ days (29 patients in May 2019), further to which collaborative work and focused effort would be taken to decrease this cohort of patients. In response to a query, members were advised that it was expected that the issues leading to late referrals would be resolved as part of the collaborative work with NHSI/E. Due to the significant wait for robotic surgery at UHL, NGH were offering their patients (i.e. those on UHL waiting list who currently did not have a date for surgery and new patients who require surgery) an option to have surgery at UCLH. The significant waiting list for robotic surgery at UHL was mainly due to capacity and staffing issues. NHSI/E was working with the Trust regionally in respect of resolving these issues.

A brief discussion took place on the impact on waiting lists due to the national changes in the pension tax annual allowance. This is a national issue and it was understood that it was being brought to the attention of Regional NHS management and the DoHSC.

The faster diagnosis standard compliance had shown good improvement across all tumour sites, the average performance in May 2019 was 84%.

The LLR Cancer Strategy had been refreshed and would be presented to PPPC in August 2019.

Responding to a query, the Director of Operational Improvement undertook to include the peer comparison for all standards as appendices to future cancer performance reports.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

1. None

Items highlighted to the Trust Board for information:

1. None

Matters referred to other Committees:

None

Date of Next Meeting:	29 August 2019