Trust Board paper M2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 10 January 2019

COMMITTEE: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE

CHAIR: Mr A Johnson, Non-Executive Director and PPPC Chair.

DATE OF COMMITTEE MEETING: 29 November 2018

RECOMMENDATIONS MADE BY THE COMMITTEE FOR PUBLIC CONSIDERATION BY THE TRUST BOARD:

None

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR NOTING BY THE TRUST BOARD:

• Minute 112/18/1 – Urgent and Emergency Care Performance.

DATE OF NEXT COMMITTEE MEETING: 20 December 2018

Mr A Johnson Non-Executive Director and PPPC Chair

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE (PPPC) MEETING HELD ON THURSDAY 29 NOVEMBER 2018 AT 11.15AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Present:

Mr A Johnson – Non-Executive Director (Chair) – up to and including Minute 119/18

Ms V Bailey - Non-Executive Director

Ms R Brown - Chief Operating Officer (up to and including Minute 113/18)

Col. (Ret'd) I Crowe – Non-Executive Director

Ms C Fox - Chief Nurse

Mr A Furlong - Medical Director

Mr B Patel - Non-Executive Director

Mr K Singh – Non-Executive Director (ex-officio member)

Mr M Traynor - Non-Executive Director

Mr P Traynor – Chief Financial Officer (up to and including Minute 119/18)

Ms H Wyton – Director of People and Organisational Development (up to and including Minute 119/18)

In Attendance:

Mrs G Belton - Corporate and Committee Services Officer

Miss M Durbridge – Director of Safety and Risk (for Minute 120/18)

Mrs S Hotson – Director of Clinical Quality (for Minute 120/18)

Mr D Kerr – Director of Estates and Facilities (for Minute 120/18)

Ms B Kotecha – Deputy Director of Learning and Organisational Development (up to and including Minute 119/18)

Ms S Leak – Director of Operational Improvement (up to and including Minute 119/18)

Ms D Mitchell - Deputy Chief Operating Officer (up to and including Minute 119/18)

Mr W Monaghan - Director of Performance and Information

Ms S Taylor – Head of Operations (RRCV) – for Minute 120/18 only

Ms J Tyler-Fantom – Deputy Director of Human Resources (up to and including Minute 119/18)

RECOMMENDED ITEMS

108/18 REPORT FROM THE DIRECTOR OF ESTATES AND FACILITIES

<u>Recommended</u> - that this Minute be classed as confidential and taken in private accordingly.

RESOLVED ITEMS

ACTION

109/18 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr J Adler, Chief Executive, Professor P Baker, Non-Executive Director, Mr R Moore, Non-Executive Director and Mr B Shaw, Director of Efficiency and CIP.

110/18 MINUTES 85/18

<u>Resolved</u> – that the Minutes of the PPPC meeting held on 25 October 2018 (papers A and A1 refer) be confirmed as a correct record.

111/18 MATTERS ARISING

Paper B detailed the actions from previous meetings of the People, Process and Performance Committee (PPPC), the contents of which were received and noted.

Resolved – the contents of this report be received and noted.

112/18 PERFORMANCE

112/18/1 Urgent and Emergency Care Performance

The Deputy Chief Operating Officer presented paper C, which detailed the position within emergency and urgent care as at the end of October 2018. Progress against plan was being made, however the impact of this was not yet being observed, in terms of improvement in 4-hour performance, due to the growing number of attendances and the increasing proportion of (mainly frail) patients arriving by ambulance, which placed particular pressure on ambulance assessment and majors. Continued focused work was being undertaken to deliver the required improvements, including a particular focus on process flow. Ambulance handover performance throughout October 2018 continued to benchmark well regionally, despite the volume increase. Alongside UHL actions to improve non-admitted breaches, Primary Care remained a vital component and there had been some improvement in Primary Care 4 hour performance in October 2018. The Trust continued to work intensively with DHU to improve performance of the primary care stream. The report presented also noted a continuing reduction in stranded patients and included an update on the frailty work being undertaken.

Particular discussion took place regarding the following:-

- (i) a recognition that patients with complex health needs were those most likely to breach the 4-hour performance target, given the need for investment in significant resource into their care and treatment. Specific discussion took place regarding the Trust's on-going liaison with LPT in relation to the prompt handing over of patients with specific mental health needs and the apparent paucity of funding versus demand in this area;
- (ii) the positive impact being observed in terms of improvements to ambulance handover times, despite increased ambulance attendances;
- (iii) the need to continue to focus all efforts in non-admitted and other key areas in order to achieve the anticipated improvements and maintain strategic focus;
- (iv) work on-going in relation to stranded patients, which appeared to be achieving results, including a weekly review of relevant individual patients, many of whom were clinically unwell and required care in an acute setting;
- (v) the positive progress being observed in relation to non-admitted breaches and injuries and the need for further improvement in terms of the primary care target within the ED setting, albeit improvements were starting to be observed from the work undertaken todate. A number of additional initiatives were due to come into force on 5 December 2018, which were expected to assist further in this respect. A joint audit was planned with DHU to identify any other specific areas for focus;
- (vi) the intended focus on wider system issues, with a system-wide audit currently underway;
- (vii) the re-admission rate for frailty patients it was noted that a re-admission work stream was currently reviewing this and frailty issues impacting upon ED would be included in the next monthly Urgent and Emergency Care Performance report to be submitted to the PPPC in December 2018, and

(viii) the potential benefit to be gained by visiting other large acute NHS Trusts performing well in urgent and emergency care performance, with visits to such Trusts currently being actively planned.

In conclusion, whilst expressing concern at the fact that improvements were not yet being observed against the ED-related performance measures (albeit understanding the reasons behind this) the PPPC was not assured, despite other significant improvements being seen, that the 4-hour performance target was able to be met in the short term, but agreed the need to maintain strategic focus on this area and continue to rigorously implement and embed the agreed action plan adding to this at a later stage, if appropriate, in order to incorporate 'best practice' ascertained through the planned visits to other large acute NHS Trusts performing well in emergency and urgent care.

DCOO

Resolved – that (A) the contents of this report be received and noted, and

(B) the Deputy Chief Operating Officer be requested to include reference to frailty issues impacting upon ED within the next monthly Urgent and Emergency Care Performance report to the December 2018 PPPC meeting.

DCOO

112/18/2 Cancer Performance

The Director of Operational Performance presented paper D, which detailed the latest (Month 7) position in terms of the Trust's cancer performance, noting that cancer performance had improved. A robust action plan owned by the Trust's Clinical Management Groups (CMGs) was in place and continued to support the improvement of performance. Support was required from primary care to manage the growth in referrals. The 62 day standard remained the Trust's biggest challenge; however the predicted recovery in performance appeared to be occurring. Particular discussion took place regarding the continuing decrease in the backlog, which was acknowledged and welcomed by the PPPC, and also regarding plans to address recruitment within particular specialties. Progress had been made such that over 104 days was now down to six patients. In concluding discussion on this item, the PPPC were assured that appropriate action was being taken and that resulting improvements were being observed as forecast.

<u>Resolved</u> – that the contents of this report be received and noted.

112/18/3 UHL Winter Plan 2018/19

The Director of Operational Improvement presented paper E, which described how the Trust was responding to increased surges and / or service demands during the 2018/19 winter period. The PPPC commended the style of this report, which they found to be informative and clear and the PPPC Chair noted that the Committee remained relatively assured regarding the Trust's winter plan. Specific discussion took place regarding ensuring that Red2Green was effective, in response to which the Director of Operational Improvement confirmed that a review was currently underway of key metrics, the detail of which would be included within the next monthly report to the PPPC. During discussion regarding Red2Green, it was noted that Red2Green was also being undertaken across the community and that the same principles should apply. The Chief Operating Officer undertook to raise this matter at the A & E Delivery Board. In further discussion, it was noted that the LLR-wide Winter Plan for 2018/19 had been received and was due to be scheduled for a forthcoming Trust Board meeting (potentially the 6 December 2018 Trust Board meeting).

Resolved – that (A) the contents of this report be received and noted;

(B) the Chief Operating Officer be requested to raise the issue of applying the same principles of Red2Green across the community, as in UHL, at the next meeting of the A&E Delivery Board, and

COO

(C) the LLR-wide Winter Plan for 2018/19 be scheduled on the Trust Board agenda (potentially for the Trust Board meeting due to be held on 6 December 2018).

COO/

113/18 PROCESS

113/18/1 CMG Accountability and Performance Framework

The PPPC Chair sought a verbal update on the timetable for driving accountability downwards through the CMGs, via the devolving of an Accountability and Performance Framework. In discussion, the Director of People and Organisational Development noted that this was addressed within the People Strategy, which in turn would be driven by the Quality Strategy, both of which were due to be submitted to the December 2018 PPPC meeting, following in-depth consideration of these at the Trust Board Thinking Day on 13 December 2018. The PPPC Chair noted his wish to retain a verbal progress update on this

item at the next (and future) PPPC meetings for the purpose of offering continued assurance to Non-Executive Director members of the PPPC on the progression of this vital agenda.

Resolved – that (A) this verbal information be noted, and

(B) (at the Chairman's request) the Corporate and Committee Services Officer be requested to schedule a verbal progress update on this item at the next and future PPPC meetings (until further notice) for the purpose of Executive Directors offering continued assurance to Non-Executive Director members of the PPPC on the progression of this agenda.

CCSO

114/18 PEOPLE

114/18/1 Report from the Deputy Director of Human Resources

Resolved – that this Minute be classed as confidential and taken in private accordingly.

115/18 REPORTS FOR INFORMATION

115/18/1 Workforce and Organisational Development Set

The Deputy Director of Human Resources presented paper H, which captured key workforce datasets for Month 7 (as at the end of October 2018), the contents of which were received and noted. In discussion, note was made of the need for enhanced alignment in respect of establishment and budgets in the next financial year.

Resolved – that the contents of this report be received and noted.

116/18 MINUTES FOR INFORMATION

116/18/1 Executive Performance Board

<u>Resolved</u> – that the contents of the Executive Performance Board action notes from the meeting held on 25 September 2018 (paper I refers) be received and noted.

116/18/2 Executive Workforce Board

<u>Resolved</u> – that it be noted that the actions arising from the EWB meeting held on 16 October 2018 had been submitted to the October 2018 PPPC meeting.

117/18 ANY OTHER BUSINESS

117/18/1 <u>Verbal Report from the Director of People and Organisational Development</u>

Resolved – that this Minute be classed as confidential and taken in private accordingly.

118/18 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following items be highlighted for the attention of the Trust Board, through the PPPC meeting summary presented to the December 2018 public Trust Board meeting:-

- Confidential Minute 108/18 Report from the Director of Estates and Facilities, and
- Minute 112/18/1 Urgent and Emergency Care Performance.

119/18 DATE OF THE NEXT MEETING

<u>Resolved</u> – that the next meeting of the People, Process and Performance Committee be held on Thursday 20 December 2018 from 11.15am in the Board Room, Victoria

Building, Leicester Royal Infirmary.

120/18 JOINT SESSION WITH MEMBERS OF QOC

120/18/1 Quality and Performance Report - Month 7

Joint paper 1 detailed performance against quality and performance indicators as at Month 7 (period ending October 2018), the contents of which were received and noted. Specific note was made of the positive performance across the routine elective care domains. Particular discussion took place regarding: (1) RTT performance, and the current expectation of delivery by March 2019 (2) 52 week breaches (there had been no such breaches in October 2018 or November 2018) and the need for careful management of these through the winter period was recognised (3) diagnostics performance (4) an improvement in the mortality indicator (5) good performance in October 2018 in relation to fractured neck of femur (6) an improvement in statutory and mandatory compliance rates (7) current VTE risk assessment data and the positive benefits expected to be achieved through the roll out of e-meds (8) items for further discussion within the Quality and Outcomes Committee meeting to be held that afternoon (9) pressure ulcer data and a planned report to a forthcoming NET / EQB meeting (10) reasons behind any single sex breaches (these occurred where clinical priority needed to take precedence) and (11) two different work streams reviewing re-admissions within 30 days, one of which was being undertaken within acute medicine relating specifically to frailty and the other being undertaken within CHUGGS relating to non-specific abdominal pain.

Resolved – that the contents of this report be received and noted.

120/18/2 CMG Performance Review Slides

The Director of Performance and Information presented Joint Paper 1a, which detailed a summary and ratings from the CMG Performance Review meetings.

Resolved – that the contents of this report be received and noted.

The meeting closed at 1.42pm.

Gill Belton

Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2018-19 to date):

Voting Members

Name	Possible	Actual	%	Name	Possible	Actual	% attendance
			attendance				
A Johnson (Chair)	8	7	88	A Furlong	8	7	88
J Adler	8	5	63	B Kotecha / J Tyler- Fantom (Apr 18 – 31 July 2018)	4	4	100
V Bailey	8	8	100	E Meldrum (Apr 18 – Sept 18)	6	4	67
P Baker	8	4	50	R Moore	8	2	25
R Brown (from June 2018)	8	5	63	B Patel	8	7	88
I Crowe	8	8	100	K Singh (ex-officio)	8	6	75
E Doyle (until May 2018)	2	2	100	M Traynor	8	8	100
C Fox	2	2	100	P Traynor	8	7	88

Non-Voting Members

Name	Possible	Actual	%	Name	Possible	Actual	% attendance
			attendance				
C Benham	8	6	75	C Ribbins	8	4	50
J Clarke	8	3 *	38	B Shaw	8	3	38
S Leak	8	6	75	S Tate (Apr – Oct 2018)	7	7	100
W Monaghan	8	8	100				

^{*} for IT items only