Trust Board paper P2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 3 October 2019

COMMITTEE: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE

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

DATE OF COMMITTEE MEETING: 29 August 2019

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:

- **Urgent and Emergency Care Performance – Month 4 (Minute 93/19/1 refers) – specifically the actions underway to address recent challenges due to rising attendance and admission rates, and**
- **Cancer Strategy origination and the Cancer Performance Programme being undertaken to address cancer performance across the LLR system (Minutes 98/19/2 and 98/19/3 refer).**

DATE OF NEXT COMMITTEE MEETING: 26 September 2019

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 AUGUST 2019 AT 11.15AM IN THE BOARD ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Present:
Mr A Johnson – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Ms V Bailey – Non-Executive Director (from Minute 90/19)
Col. (Ret'd) I Crowe – Non-Executive Director
Ms C Fox – Chief Nurse
Mr A Furlong – Medical Director
Mr B Patel – Non-Executive Director (excluding Minutes 88/19 and 93/19/2)
Mr K Singh – Non-Executive Director (ex-officio member)
Mr M Traynor – Non-Executive Director
Mr P Traynor – Chief Financial Officer
Ms H Wyton – Director of People and OD (up to and including Minute 97/19)

In Attendance:
Mr P Aldwinckle – Patient Partner, QOC (from Minute 98/19)
Mr C Benham – Director of Operational Finance (up to and including Minute 97/19)
Dr H Brooks – Clinical Lead, Cancer Centre (from Minute 98/19)
Mr M Caple – Patient Partner, QOC (from Minute 98/19)
Miss M Durbridge – Director of Safety and Risk (from Minute 98/19)
Ms L Frith – Lead Nurse for Quality and Contracts, Leicester City CCG (from Minute 98/19)
Mr D Kerr – Director of Estates and Facilities (from Minute 98/19)
Ms B Kotecha – Deputy Director of Learning and Organisational Development (up to and including Minute 97/19)
Ms S Leak – Director of Operational Improvement (for Minutes 93/19/1, 93/19/2 and from Minute 98/19)
Ms E Meldrum – Deputy Chief Nurse (from Minute 98/19)
Ms D Mitchell – Deputy Chief Operating Officer (for Minutes 93/19/1 and 93/19/2)
Ms J Smith – Patient Partner, QOC (from Minute 98/19)

RESOLVED ITEMS

88/19 APOLOGIES

Apologies for absence were received from Professor P Baker, Non Executive Director, Ms R Brown, Chief Operating Officer, Ms K Jenkins, Non-Executive Director and Ms J Tyler-Fantom, Deputy Director of Human Resources.

89/19 DECLARATIONS OF INTERESTS

Mr A Johnson, Non-Executive Director (PPPC Chair) and the Chief Financial Officer declared their respective roles as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd. As these were judged by the Committee to be non-prejudicial interests, they remained present at the meeting.

Resolved – that the declarations of interest be noted.

90/19 MINUTES

Resolved – that the Minutes of the 25 July 2019 PPPC meeting (paper A refers) be confirmed as a correct record.

91/19 MATTERS ARISING

Paper B detailed the actions from previous meetings of the People, Process and Performance Committee (PPPC).

With regard to the progress update provided under Minute 57/19/1(B), Ms V Bailey, Non-Executive Director, confirmed that the relevant action had been undertaken and could now be RAG-rated as '5' and closed down accordingly on the matters arising log. **CCSO**

Resolved – that the discussion on the matters arising log and any associated action be noted.

92/19 KEY ISSUES FOR DISCUSSION/DECISION

92/19/1 Becoming the Best – Culture and Leadership Update

The Trust's Quality Strategy – Becoming the Best described how the Trust would become an outstanding organisation, delivering Caring at its Best to every patient, every time. Much of the strategy was about culture change so that everyone was focused on quality improvement using a consistent methodology across the organisation with the right support from leaders. In order to create the right culture and leadership behaviours to support the Trust's Quality Strategy it had been agreed to follow the proven NHSEI Culture and Leadership Programme methodology, which consisted of three phases of action: discover, design and deliver. Paper C, as presented to the Committee by the Deputy Director of Learning and Organisational Development, detailed the 'discover' phase as it was delivered within UHL with support from NHSI and East Midlands Leadership Academy (EMLA). Based upon the findings of phase 1, the Trust would design and develop initiatives in phases 2 and 3 which built on strengths and addressed areas for development.

The Committee received and noted the contents of this report, noting that Becoming the Best had been the focus of the July 2019 Trust Board Thinking Day. Particular note was made of the emphasis being placed on the use of language which was supportive, and not punitive, in its nature, such that staff could care for each other as they cared for patients. It was noted that there would be a presentation on this topic at the next PPPC meeting. There was also recognition of the Trust Board's intention to increase leadership visibility (as discussed under Minute 98/19/5 below). Specific discussion took place regarding the number, use and effective management of existing UHL staff who had volunteered to act as Improvement Agents and note was made of the enthusiasm which existed amongst these staff and of the need to maintain momentum and support for them.

In response to a specific query raised by Ms Bailey, Non-Executive Director, the Deputy Director of Learning and OD described verbally how the 'design' process would be taken forward and particular note was made of the preference expressed by the Improvement Agents to be assigned to particular themes. Also in response to a query, confirmation was provided that a mapping process had been undertaken and it was, therefore, known where within the organisation the current Improvement Agents sat.

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

93/19 ITEMS FOR ASSURANCE

93/19/1 Urgent and Emergency Care Performance Report – Month 4

One of the Trust's current priorities was to streamline emergency care pathways. Alongside the usual urgent and emergency care report, the Trust's quality improvement approach was being used to ensure that actions and improvements were linked to drivers in performance. A driver diagram had been completed as part of the diagnostic phase of the programme. This had led to a multi-layered action plan, which was detailed within the report presented to the Committee by the Deputy Chief Operating Officer (paper D refers). Improving emergency care was also an LLR STP priority area (with the LLR Transformation Plan also detailed within the report presented). To prevent duplication, actions pertaining to the Trust had been included in a single transformation plan and cross-referenced to ensure that reporting lines were clear. The plan would be monitored through the UHL Urgent Care Board using the quality strategy ethos and paperwork.

Performance on ambulance handover and the 4-hour target had plateaued and was beginning to worsen in recent days. Emergency attendances and subsequent admissions had risen by over 5%. Ambulance attendances remained unseasonably high, as the Trust had experienced a 13.1% rise during months 1-4 compared to previous years. Detailed discussion took place amongst the Committee regarding the planned response to these pressures, including the demand management plan, and where the Trust should focus its attention, noting that some elements were for UHL to address and some elements were for its partners to lead. Specific note was also made of the need to support staff on the front-line who were facing these pressures on a daily basis.

Whilst it was acknowledged by the Trust's Regulators that the existing internal transformation plan and LLR action plan remained appropriate and relevant, some elements of the plan needed to be implemented more quickly. Of particular note by the Regulators was that whilst UHL was on OPEL 4, other partners remained at OPEL level 1 or 2, suggesting further opportunities for the system to respond and support UHL.

The report further detailed the actions identified that might address the immediate pressure on the Trust and improve the link to the system to facilitate a swifter response from system partners alongside a set of actions agreed by the A & E Delivery Board. Reflections from the Senior Leadership Team (SLT) had agreed a 'major incident' level focus with the Interim Accountable Officer for West Leicestershire Clinical Commissioning Group leading demand management and the UHL Chief Executive leading on safe and timely discharge.

Further discussion took place regarding the following:-

(i) acknowledgement of the balance to be struck between taking speedy action (in response to capacity pressures) and undertaking action in the appropriate way utilising a QI approach;
(ii) findings from a recent visit to a Newcastle NHS Trust and lessons that could be learned from this visit to assist UHL, particularly in terms of admission avoidance / deflection, where appropriate;
(iii) the three main elements of the work being taken forward by the Trust (i.e. demand management, reducing length of stay - through safe and targeted discharge - and trying to address the current shortfall in medical beds);
(iv) nurse staffing challenges – these were further explored in a report due to be considered at today's Quality Outcomes Committee meeting;
(v) considerations to be made in terms of safe and timely discharge (in terms of processes employed, the extent of knowledge of the care which existed in the community for patients and clinicians having confidence in this provision and acknowledgement that the nature of frailty and longevity of life had changed;
(vi) the Trust's re-admission data, and the need for an in-depth understanding of this, and
(vii) a focus on stranded patients as a particular workstream being taken forward.

Whilst noting that the report presented provided significant detail, the PPPC Chair did make specific note that it would be helpful to include more quantitative metrics such that a sense of priority of the various actions presented could be ascertained, alongside the progress made against these actions. **COO/ DCOO**

In conclusion, it was noted that the Committee could not currently be assured that the Trust would meet its urgent and emergency care targets, however the Committee was assured that the Trust was viewing this matter as an absolute priority and that the most senior people within the organisation were driving the solutions.

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

(B) the Chief Operating Officer be requested to include, where possible, more quantitative metrics such that a sense of priority of the various actions presented could be ascertained, alongside the progress made against these actions. **COO/ DCOO**

93/19/2 Winter Plan 2019/20

Winter historically presented a particular challenge to the Trust, LLR and the NHS as a whole. Paper E, as presented by the Director of Operational Improvement, described the predicted bed gap, how this had been calculated and the efficiencies proposed by each CMG to manage the gap or decrease length of stay / occupancy. It was noted that this was an iterative process and schemes and numbers of beds released would be updated following each meeting with Clinical Management Groups.

In presenting the Winter Plan 2019/20 report to the Committee, the Director of Operational Improvement noted the agreement made at the Executive Quality and Performance Board (EQPB) Committee meeting held on 27 August 2019 that this document would become a continually rolling plan through the year and would not relate solely to Winter, particularly in light of the emergency pressures experienced throughout this Summer that had not been experienced in previous years.

Particular discussion took place regarding the bed modelling process undertaken and confirmation was sought as to whether this already accounted for outliers, which it did. Note was also made that the model could be adjusted dependent on whether the activity actually observed was higher or lower than that anticipated when the original bed modelling had been undertaken, however an appropriate frequency for undertaking such adjustments was to be decided upon (quarterly updating was currently under consideration). In response to a query raised, the Director of Operational Improvement confirmed that she was assured that the process for bed modelling was as robust as it could be, albeit acknowledging that emergency activity had grown beyond that predicted. Note was also made, in discussion, that the practice of outlying (whilst necessary to ensure the smallest possible bed gap) was not efficient and could impact upon both length of stay and quality.

The Committee received and noted the contents of this report, acknowledging the fundamental shift in emergency and urgent care provision with a year round issue in surge now being observed. Also acknowledged was the need to plan for frailty and the expressed needs of a growing population.

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

93/19/3 People Strategy Update

Paper F, as presented by the Director of People and Organisational Development, provided an update on the UHL People Strategy. It detailed progress made to-date following agreement at the June 2019 PPPC meeting to review work programme deliverables in light of the interim NHS People Plan released on 3 June 2019, in order to ensure necessary alignment. Progress against the People Strategy would be captured by means of the provision of a high level summary to the Executive People and Culture Board (EPCB) on a regular basis, with reporting of progress also captured in the QI reporting templates and monthly highlight reports. Additionally, separate reports would continue to be presented to the EPCB against core areas and specific staff groups.

Particular discussion took place regarding the need to give consideration to staff experience, as well as patient experience, in terms of people feeling valued and appropriate regard being given to matters of equality and diversity and potential means by which such could be progressed.

The Committee received and noted the contents of the report and noted the value of inviting the new NHSE/I Chief People Officer to a UHL workshop or future Trust Board Thinking Day. **DPOD**

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

(B) the Director of People and Organisational Development be requested to invite the new NHSE/I Chief People Officer to a UHL workshop or future Trust Board Thinking Day. DPOD

93/19/4 Report from the Director of People and Organisational Development

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

93/19/5 Equality and Diversity Report

Since March 2019, steady progress had been made on the Equality and Diversity agenda following the most recent CQC inspection and the absence of a permanent Equality Lead since March 2019. The purpose of paper H, as presented by the Deputy Director of Learning and Organisational Development, was to provide an overview of the work underway to ensure that equality, diversity and inclusion remained at the fore front of everything the Trust did. The report focused on current programmes of work to improve disabled staff experience through implementation of the WDES Workforce Disability Standard and the work that was ongoing to improve BAME and DA staff experience through the WRES Workforce Race Equality Standard and WDES Disability Standard.

Members received and noted the contents of this report and specifically made note of the session on this topic which was currently planned for the November 2019 Trust Board Thinking Day, emphasising the need for the equality and diversity agenda to link to leadership and culture.

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

93/19/6 LLR People Centred Leadership Framework

A Person Centred Leadership Framework was being developed across the LLR health and care system which had, at its core, a focus on outcomes and was built on a platform of positive culture; a systems mind-set and behaviours that supported collaborative working. Multi-professional leadership was one of four key enablers within the Framework and, together with transformation, integration, communications and engagement and inclusion would deliver the ambition to create 'more good days' for the patients, citizens and staff of LLR. The framework draft plan on a page (early iteration) was included within paper I, as presented by the Deputy Director of Learning and Organisational Development.

Members acknowledged the significant support for this work, albeit noting the need to avoid potential confusion amongst staff between this and other strategies (e.g. Becoming the Best).

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

94/19 ITEMS FOR NOTING

94/19/1 Workforce and Organisational Development Data Set

Members received and noted the contents of paper J, which detailed the latest Workforce and Organisational Development Data Set. Specific discussion took place regarding an increase against the time to hire metric. It was agreed that it would be helpful for future such reports to provide an explanation of the reason for any deterioration in performance against this metric and include historical data for comparison, where available. **DPOD**

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

(B) future such reports to the Committee provide an explanation of the reason for any deterioration in performance against the time to hire metric and include historical data for comparison, where available. DPOD

94/19/2 Executive Quality and Performance Board (EQPB)

Resolved – that the 23 July 2019 Executive Quality and Performance Board action notes (paper K refers) be received and noted.

94/19/3 Executive Performance and Culture Board (EPCB)

Resolved – that the 18 June 2019 Executive Performance and Culture Board (EPCB) action notes (paper L refers) be received and noted.

95/19 ANY OTHER BUSINESS

Resolved – that there were no further items of business.

96/19 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following items be brought to the attention of the Trust Board:-

(1) Urgent and Emergency Care Performance (Month 4) – specifically the actions underway to address recent challenges due to rising attendance and admission rates, and

(2) Cancer Strategy origination and the Cancer Performance Programme being undertaken to address cancer performance across the LLR system.

97/19 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the People, Process and Performance Committee be held on Thursday 26 September 2019 from 11.15am in the Board Room, Victoria Building, Leicester Royal Infirmary.

JOINT SESSION WITH MEMBERS OF QOC

98/19 ITEMS FOR ASSURANCE

98/19/1 Minutes and Matters Arising Log from Joint PPPC / QOC session held on 25 July 2019

Resolved – that (A) the Minutes from the Joint PPPC/QOC session held on 25 July 2019 (Joint Paper 1 refers) be confirmed as a correct record, and

(B) the contents of the Matters Arising Log from the Joint PPPC/QOC session held on 25 July 2019 (Joint Paper 1a refers) be received and noted.

98/19/2 Cancer Performance Monthly Report / Recovery 2018/19

In June 2019, the Trust achieved 3 standards against the 8 national targets and 4 standards against UHL's trajectory (full details were as outlined within Joint Paper 2, as presented by the Director of Operational Improvement). The 62 day standard remained the Trust's most significant challenge going forward. A robust action plan owned by the Clinical Management Groups was in place to support the improvement of performance. The Recovery Action Plan (RAP) was reviewed fortnightly to ensure future improvement and transformation programmes were in place. In response to a request from members, the Director of Operational Improvement agreed to provide actual numbers (in addition to percentages) on figure 1 in future such reports, in order that members could understand to how many patients the data

related.

In response to a query raised by Ms Smith, Patient Partner, particular discussion took place regarding potential reasons why the 31 day target might have been missed for the 9 patients referenced within the report. Also discussed was the need to treat the information videos for patients (as referenced under section 7.1 on page 5 of the report) as patient information and consider how those could most appropriately be filed with library staff.

In conclusion, members received and noted the contents of this report, acknowledging the challenge to meet trajectory against a background of increasing demand.

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

(B) the Director of Operational Improvement be requested to provide actual numbers (in addition to percentages) on figure 1 in future such reports to the Committee, in order that members could understand to how many patients the data related. **DOI**

98/19/3 Cancer Strategy

The production of the LLR Cancer Strategy (Joint Paper 3 refers, as presented by the Director of Operational Improvement) aimed to improve cancer outcomes and enhance and improve the experience of patients living with cancer. This was a live strategy which would be adapted to reflect the ever-changing advances in cancer care. The strategy was for adults registered with primary care clinicians in LLR and did not include children's cancers due to the specialist nature of these. The Cancer Strategy was a collaborative piece ensuring working with partners to ensure that patients received the best cancer care irrespective of whether they were being cared for within or outside LLR along their journey. In discussion, note was made that timescales would be included within future iterations of this report (i.e. the strategy document itself would remain as presented, with the accompanying work plans updated) and that a separate document would be produced in future which was patient-facing given that this version was a technical strategy document.

In response to a query raised, it was confirmed that Patient Partners would be invited to be involved in the strategy and specific discussion took place regarding priorities 4 (improve access to treatment of excellence) and 5 (implement personalised care agenda).

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

98/19/4 Quality and Performance Report - Month 4

Members received and noted the contents of the month 4 (period ending July 2019) Quality and Performance report (Joint Paper 4 refers, as presented by the Chief Nurse and Medical Director). Specific note was made that a patient had not developed a grade 3 pressure sore as was currently documented in the report (this had subsequently been re-validated), C Diff remained in trajectory for the year to-date, improvements had been observed in the Maternity FFT and there had been a number of same sex accommodation breaches due to the challenge of rising patient admissions. Discussion also took place regarding the drop in performance during the last month in respect of fractured neck of femur (#NOF) and the work on-going into determining the cause of this. Following a request, the Medical Director agreed that the outcome of this # NOF work could be reported at a future CQRG. A specific issue was raised relating to the graphical quality of a specific element of the report and the Director of Operational Improvement and Corporate and Committee Services Manager undertook to review this. It was also agreed that the Director of Operational Improvement would feed back to the Assistant Director of Information in terms of the content of future Q & P reports. It was further noted, in discussion, that there was a new NHSE/I Oversight Framework with a new list of KPIs and future iterations of the Trust's Q & P report would need to reflect this – the Chief Executive undertook to feed back the requirements to the Director of Operational Improvement and the Assistant Director of Information.

Resolved – that (A) the contents of Joint Paper 4 be received and noted,

(B) the outcome of the Fractured Neck of Femur (#NOF) work referenced at the meeting (investigating the cause of a recent dip in performance) be reported at a future CQRG meeting, when available; **MD**

(C) the Director of Operational Improvement and the Corporate and Committee Services Manager be requested to investigate and resolve (for future iterations) the issue noted relating to the graphical quality of a specific element of the report, **DOI/ CCSM**

(D) the Director of Operational Improvement be requested to feed back to the Assistant Director of Information in terms of the content of future Quality and Performance reports, and **DOI**

(E) the Chief Executive be requested to feed back the requirements of the new NHSE/I Oversight Framework, in terms of future iterations of the Trust's Q & P reports, to the Director of Operational Improvement and the Assistant Director of Information. **CEO**

98/19/5 Leadership Walkabouts

The Chief Executive and Director of Safety and Risk reported verbally to advise members that the Safety Walkabouts were being refreshed and that new Leadership Walkabouts were being implemented, commencing on 5 September 2019 (as an integral part of each future Trust Board and Trust Board Thinking Day). The Chief Executive had issued a communication to all relevant staff members regarding the revisions to the walkabout schedule and the importance of the walkabouts. The feedback forms for completion after the walkabouts had also been updated. In response to a specific issue raised regarding the unsafe placement of old equipment on ward 27, raised by a Patient Partner following a recent Safety Walkabout, the Chief Nurse was requested to ensure immediate resolution of the issue described. **CN**

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

(B) the Chief Nurse be requested to ensure immediate resolution of the issue raised re unsafe placement of old equipment on ward 27. **CN**

Post-Meeting Note - it was subsequently confirmed that the issue raised regarding the unsafe placement of old equipment on ward 27 had been resolved immediately following the Joint PPPC/QOC meeting.

The meeting closed at 2.10pm.

Gill Belton - **Corporate and Committee Services Officer**

Cumulative Record of Members' Attendance (2019-20 to date):

Voting Members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
A Johnson (Chair)	5	4	80	*A Furlong*	5	3	60
J Adler	5	4	80	*K Jenkins*	5	2	40
V Bailey	5	5	100	*B Patel*	5	5	100
P Baker	5	4	80	*K Singh (ex-officio)*	5	4	80
R Brown	5	4	80	*M Traynor*	5	4	80
I Crowe	5	5	100	*P Traynor*	5	2	40
C Fox	5	3	60	*H Wyton*	5	5	100

Non-Voting Members

Name	*Possible*	*Actual*	*% attendance*	*Name*	*Possible*	*Actual*	*% attendance*
C Benham	5	4	80	*D Mitchell*	5	5	100
*A Carruthers**	0	0	-	*B Shaw*	5	2	40
B Kotecha	5	4	80	*J Tyler-Fantom*	5	3	60
S Leak	5	4	80				

* for IT items only