

Trust Board paper L2

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

DATE OF TRUST BOARD MEETING: 5 December 2019

COMMITTEE: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE

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

DATE OF COMMITTEE MEETING: 24 October 2019

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

- Equality, Diversity and Inclusion UHL approach and annual report 2018/19 (Minute 110/19), and
- Junior doctors' contract Guardian of Safe Working update (Minute 111/19).

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

- Urgent and emergency care performance (Minute 117/19/1).

DATE OF NEXT COMMITTEE MEETING: 28 November 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 24 OCTOBER 2019 AT 10.30AM 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
 Professor P Baker – Non-Executive Director
 Mr C Benham – Director of Operational Finance (on behalf of Mr P Traynor Chief Financial Officer)
 Ms R Brown – Chief Operating Officer
 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*)
 Ms H Wyton – Director of People and OD (up to and including Minute 121/19)

In Attendance:

Mr P Aldwinckle – Patient Partner, QOC (from Minute 122/19)
 Mr M Caple – Patient Partner, QOC (from Minute 122/19)
 Ms L Frith – Lead Nurse for Quality and Contracts, Leicester City CCG (from Minute 122/19)
 Ms B Kotecha – Deputy Director of Learning and Organisational Development (up to and including Minute 121/19)
 Ms S Leak – Director of Operational Improvement
 Mr C Moorhouse – Head of Quality Improvement (for Minute 116/19/1)
 Ms C Rudkin – Senior Patient Safety Manager (on behalf of Miss M Durbridge, Director of Safety and Risk) (from Minute 122/19)
 Mr B Shaw – Director of Productivity (up to and including Minute 121/19)
 Ms J Smith – Patient Partner, QOC (from Minute 122/19)
 Ms H Stokes – Corporate and Committee Services Manager
 Ms J Tyler-Fantom – Deputy Director of Human Resources (up to and including Minute 121/19)

ACTION**RECOMMENDED ITEMS****110/19 EQUALITY, DIVERSITY AND INCLUSION APPROACH AND ANNUAL REPORT 2018/19**

Reflecting the Public Sector Equality Duty, PPPC considered the draft UHL Equality, Diversity and Inclusion annual report for 2018/19. UHL had significantly brought forward the preparation of this report to reflect the progress made (led by the Equality and Diversity Board chaired by the Trust's Chief Executive). The Equality and Diversity Board was also refreshing UHL's approach to equality, diversity and inclusion, ensuring that it aligned appropriately to the Trust's Becoming the Best quality improvement strategy. Having focused initially on race, the Equality and Diversity Board had now expanded the scope to include differently abled and LGBTQ issues. Non-Executive Directors commented on the need to sustain the initial positive developments on the protected characteristics as the scope expanded. The PPPC Non-Executive Director Chair advised that the Assistant Director of Learning and OD had developed a 1-page summary of the actions taken to date, which he requested be circulated to PPPC members for information.

ADLOD

Non-Executive Directors welcomed the Trust's commitment to equality and diversity as evidenced by the senior level involvement, and voiced their full support for the Trust's initiatives with armed forces veterans.

The Director of People and OD outlined how the Trust was working both with local communities and its own staff to bring initiatives to the fore, giving the example of a 'dignity gown' project put forward by a local community Muslim group (exploring a radiology service pilot using a quality improvement approach). Non-Executive Directors welcomed this example and noted the need for there to be clear

ADLOD

routes for community groups to feed in such ideas to the Trust. Discussion also took place on UHL's 'reverse mentoring' programme, with Executive Directors commenting positively on the learning they had gained from their involvement. The Director of People and OD also confirmed that UHL's new Head of Equality and Diversity would start in post in November 2019.

PPPC took assurance from the report, welcoming its professionalism and the approach outlined, and supporting its forward-looking nature. PPC recommended the 2018/19 Equality, Diversity and Inclusion annual report for approval by the Trust Board, subject to the inclusion of more detail demonstrating UHL's good progress against the WRES indicators – this additional detail should be added ahead of publication.

**PPPC
CHAIR/
DPOD**

Recommended – that (A) UHL's 2018/19 EDI annual report be endorsed and recommended for Trust Board approval, subject to inclusion of further detail re: UHL's positive progress against the WRES metrics;

**PPPC
CHAIR/
DPOD**

(B) the 1-page summary of actions taken on EDI (as already prepared by the Assistant Director, Learning and OD) be circulated to PPC members for information, and

ADLOD

(C) the pathway for community groups to contact the Trust re: EDI projects be reviewed, to ensure that it was clear.

ADLOD

111/19 JUNIOR DOCTORS CONTRACT GUARDIAN OF SAFE WORKING – QUARTERLY UPDATE

Covering the period 1 June 2019 – 31 August 2019, paper H advised that 108 exception reports had been recorded in that quarterly period, which was an increase on the previous quarter. Future reports would also include information on UHL's responses to the issues raised. In addition to having a dedicated Guardian of Safe Working at UHL, the Medical Director confirmed that he also met with junior doctors each rotation and offered an open house session to raise any issues in real time. The reports enabled the Trust to focus on any potential hotspot areas, and would also be used in validating numbers as part of the roll-out of e-rostering.

Recommended – that the junior doctors contract Guardian of Safe Working quarterly update be endorsed and recommended for Trust Board approval.

**PPPC
CHAIR**

RESOLVED ITEMS

112/19 APOLOGIES

Apologies for absence were received from Ms K Jenkins Non-Executive Director, Mr M Traynor Non-Executive Director, and Mr P Traynor Chief Financial Officer.

113/19 DECLARATIONS OF INTERESTS

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

Resolved – that the declarations of interest be noted.

114/19 MINUTES

Resolved – that the Minutes of the 26 September 2019 PPC meeting be confirmed as a correct record.

115/19 MATTERS ARISING

Paper B detailed the actions from previous meetings of the People, Process and Performance Committee (PPPC). The Chief Operating Officer confirmed that the review of quantitative metrics for inclusion in the urgent and emergency care action plan was in hand.

Resolved – that the matters arising log and any associated actions be noted.

116/19 KEY ISSUES FOR DISCUSSION/DECISION

116/19/1 Becoming the Best – Quality Improvement, Culture and Leadership Update

The Head of Quality Improvement and the Assistant Director of Learning and OD updated PPPC on this issue as per paper C. Progress was now being made on the design phase of Becoming the Best, building on the findings from the initial diagnostic phase and addressing development areas. UHL's 10 themes had also been reviewed against the NHSI best practice interventions, and shared with staff. The Chief Executive emphasised the need for appropriate Trust Board thinking day discussion time on the outputs of the design stage programme.

HoQI/CE

With specific regard to quality improvement progress, the Head of Quality Improvement noted UHL's continuing partnership work with the Advancing Quality Alliance (AQuA) to develop the Trust's QI capability (including the analysis of feedback from the initial September 2019 staff taster sessions and a further 'fundamentals' staff training day in December 2019), and outlined progress in recruiting to the internal UHL QI team (2 appointments made, who would support the safer surgery project). Closing the gap between understanding and practice was key, as was the tracking of progress and outputs, which was welcomed by PPPC. The Chief Executive welcomed the evaluation of feedback on the taster sessions, particularly re: the practical application of the QI approach. In discussion, PPPC recognised the very significant training task involved, noting the intention to provide fundamentals training to approximately 8000 staff by 2023. In response to Non-Executive Director queries, it was confirmed that issues re: QI and Improvement Agent progress/use were discussed with each CMG at the monthly performance review meetings. In addition to the 163 Improvement Agents recruited to date, there was also now a waiting list of staff wishing to take on such a role. The Head of Quality Improvement advised that further information on the use of the Apprentice levy cohorts (aiming at 2 cohorts per year) would be provided to PPPC in November 2019.

**HoQI/
ADLOD**

Non-Executive Directors also noted the key need to capture the lessons from QI projects such as the Safe and Timely Discharge programme (an update on which was now briefly discussed), thus providing 'learning assurance' as well as 'process assurance' – Executive Directors agreed to consider how best to do that, noting plans to use a 'live QI' platform to capture and share learning, and triangulate with outputs. In addition to softer intelligence re: people/cultural change, the PPPC Non-Executive Director Chairman sought (and received) assurance that a 'plan-do-check-act' cycle was being appropriately used. The Director of People and OD advised that central information on capturing cultural learning was also available from the NHS Chief People Officer, and she agreed to share that with UHL's Head of Quality Improvement. Noting the Trust Chairman's invitation to the NHS Chief People Officer to visit UHL, PPPC discussed aligning such a visit to an appropriate Board/leadership event (possibly also involving Improvement Agents).

EDs

DPOD

PPPC took assurance that (i) the Becoming the Best programme was on track; (ii) QI capability was continuing to be built; (iii) QI principles were being applied to projects, and (iv) tracking of progress and outputs was in place.

**DPOD/
CHAIR
MAN**

Resolved – that (A) an update on apprentice levy cohorts be included in the November 2019 PPPC monthly report on Becoming the Best and QI;

**HoQI/
ADLOD**

(B) consideration be given to how best to outline (in future updates) the learning captured from the individual projects – eg potential use of vignettes;

EDs

(C) contact be made with the Head of Quality Improvement to share national information from the NHS Chief People Officer on capturing culture change;

DPOD

(D) consideration be given to using dedicated time at (eg) a Trust Board thinking day to discuss the Becoming the Best design phase outcomes, and

CE/HoQI

(E) consideration be given to aligning a suggested visit by the NHS Chief People Officer to an appropriate Board/leadership event.

**DPOD/
CHAIR
MAN**

116/19/2 National Changes and Development Approach

Paper D updated PPPC on the national structure to support the NHS June 2019 Interim People Plan, including Leadership and Lifelong Learning Teams (formerly Local Leadership Academy Teams). The Director of People and OD confirmed that UHL was closely involved in discussions re: the proposed NHS Leadership Compact and future core offer. In discussion, Non-Executive Directors commented that lifelong learning was not only about hierarchical promotion but could also focus on widening experiences and movement within a role, and PPPC queried the scope to look at recognising people who were 'expert technicians' in their specific role. The Chief Nurse outlined the internal leadership and clinical skills prospectus being developed for nursing and midwifery staff, aiming to continuously re-energise that role. Other UHL development opportunities were also being launched via the senior staff nurse programme. The Trust Chairman also commented on the differing workplace needs/drivers of staff in different age groups.

Resolved – that the update be noted.

116/19/3 LLR System Workforce Chapter Update

Paper E updated PPPC on the workforce chapter developed by the system-wide LWAB group as part of the 'Our System 5-Year Plan in LLR' in response to the NHS Long Term Plan. An NHSE/I review of the chapter had requested more detail on how to deliver the plan and address any gaps – the workforce chapter would now be refreshed in line with those comments. The new joint LLR Clinical Commissioning Groups' (CCGs) Chief Executive Officer was the Executive Sponsor for the chapter, which was welcomed, and the Director of People and OD commented on the opportunities for sharing learning across LLR. In discussion, although welcoming the inclusion of nurse training initiatives in the draft workforce chapter, PPPC suggested augmenting the information on AHPs – in response, the Chief Executive advised that a report on AHPs was scheduled for the October 2019 Executive People and Culture Board. The Medical Director commented on the need to ensure appropriate alignment with the Primary Care Networks, to provide a cross-system wide approach and avoid competing for the same workforce. PPPC requested an update on the workforce chapter in April 2020.

DDHR

Resolved – that a further update on the LLR system workforce chapter be provided to PPPC in 6 months' time (April 2020).

DDHR

117/19 **ITEMS FOR ASSURANCE**

117/19/1 Urgent and Emergency Care Performance (Month 6), Bed Modelling and Bridge Report

September 2019 had been a very challenging month, with a continued rise in both attendances (up by 7.4%) and admissions (up by 7.2%), creating a capacity gap greater than the 2019/20 agreed plan. Ambulance attendances had also risen. Performance against the 4-hour indicator was 71.4% for UHL (80.1% for LLR). UHL continued to work extremely closely with EMAS at very senior level to minimise the impact on ambulance handovers. Bed capacity remained a key constraining factor for the Trust, and the report outlined the mitigating actions which included the early opening of 14 additional beds at the LRI (which was improving the position). The Chief Operating Officer advised PPPC that although the 2019/20 bed modelling plan had been considered to be robust, unprecedented demand levels in quarters 1 and 2 had led to a rebasing of that plan and an increase in the capacity gap.

Although recognising that demand reduction was challenging, LLR system-wide demand mitigation continued to be required in addition to the UHL capacity actions outlined in the report. The Chief Operating Officer also recognised that the capacity actions planned would have a financial impact – that would be considered further by the Finance and Investment Committee. Good national feedback had been received on the LLR system-wide urgent and emergency care action plan, confirming that the focus was on appropriate actions. ECIST (a clinically-led national NHS team) was currently working at the Glenfield Hospital CDU (outputs to be reported to a future PPPC). UHL had also taken action to enhance mental health support and to ensure that staff felt appropriately supported by the Trust (recognising the activity pressures) – this was particularly welcomed by PPPC. The Chief Executive voiced his thanks to both ED staff and those staff who had ensured that the additional capacity could be opened ahead of schedule. PPPC sought assurance that quality and safety issues

COO

were appropriately considered when opening additional capacity – in response, the Chief Nurse noted her assurance that safe care was being provided, and emphasised that the additional capacity would not have been opened if it had not been safe to do so. She also confirmed that nursing KPIs had not been adversely affected, and she outlined the steps taken to try and ensure that where it was necessary to use agency staff through winter, the staff used were as consistent as possible. Noting the potential impact also on patient experience, PPPC welcomed work underway within UHL to review the outlying policy.

In response to Non-Executive Director queries on whether further action could be taken by partners, the Chief Operating Officer outlined the positive support actions taken by primary care partners including participation in MAAD events and initiatives to reduce unnecessary ED admissions from nursing homes.

PPPC welcomed the focus on mental health issues, noting the need for continued strengthening of partnership working with LPT (work was also underway to identify and support frequent-presenting patients with mental health needs). PPPC queried how the Safe and Timely Discharge workstream linked to stranded patients – although recognising that UHL’s position was good nationally, Non-Executive Directors nonetheless considered that the number of superstranded patients was too high and needed to reduce. It was noted however that a detailed review by the Trust of its superstranded patients had confirmed that rising acuity levels were contributing to the number of such patients.

In conclusion, although PPPC could not currently be assured that the Trust had the ability to meet its urgent and emergency care targets, members were assured that an appropriate action plan was in place. PPPC welcomed the expansion of bed capacity, the safety assessments undertaken, and the progress being made on supporting staff and on mental health issues.

Resolved – that the outputs from the ECIST work in CDU be shared at a future PPPC.

COO

117/19/2

Review of Board Assurance Framework (BAF) 2019/20 Principal Risks 4 and 5

As per papers I1 and I2 respectively, PPPC reviewed BAF principal risks 4 (*failure to deliver the quality strategy to plan*) and 5 (*failure to recruit, develop and retain a workforce of sufficient quantity and skills*), rated at 12 and 20 respectively for September 2019. The score for principal risk 4 was expected to reduce as central QI staff were recruited (which was underway, as outlined in Minute 116/19/1 above). The Chief Executive advised that the Executive Team reviewed QI resourcing on a monthly basis, and had seen a recent acceleration in progress.

Principal risk 5 remained at a risk rating of 20 due to the 5-year nature of the People Strategy. In response to a Non-Executive Director query, PPPC received assurance that UHL was performing strongly on medical revalidation, while the actions on appraisal were being strengthened to reflect national processes and drivers. PPPC commented on the need to appropriately reflect the earlier discussion re: primary care network recruitment alignment (Minute 116/19/3 refers) in the entries for this principal risk. PPPC also discussed the potential of Physician’s Associates, although noting current constraints due to the lack of a national statutory register for that staff group. This issue was confirmed as being on the national workforce radar. In further discussion on this report, Professor P Baker Non-Executive Director and Dean of the University of Leicester Medical School also briefed PPPC on data re: junior doctor staff retention, and suggested that it would be helpful to issue a positive joint communication from the University and the Trust to those staff. He also advised PPPC of the welcomed increase in AHP application numbers, and commented on the potential scope to expand this approach to other staff groups.

DPOD

**PBNE/
MD**

PPPC took assurance from the reports on BAF principal risks 4 and 5.

Resolved – that (A) the ‘key threats/opportunities’ column of paper 12 (principal risk 5) be updated in light of the earlier discussion re: Primary Care Networks (eg need for a system-wide competing for the same staff), and

DPOD

(B) a positive joint UHL-UoL message be drafted for the current cohort of junior doctors.

**PBNE/
MD**

1185/19 ITEMS FOR NOTING

118/19/1	<u>Workforce and Organisational Development Data Set</u>	The PPPC Non-Executive Director Chair welcomed the good progress being made, and requested that a substantive discussion be held on the workforce and OD data set at a future meeting.	DDHR
		Resolved – that a substantive discussion be held on the workforce and OD data set at a future PPPC meeting.	DDHR
118/19/2	<u>Executive Performance Board (EPB)</u>	Resolved – that the 24 September Executive Performance Board action notes be noted as per paper K.	
119/19	ANY OTHER BUSINESS	Resolved – that there were no further items of business.	
120/19	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) Minute 110/19 – equality, diversity and inclusion approach and annual report 2018/19 (recommended for Trust Board approval); (2) Minute 111/19 – junior doctors contract Guardian of Safe Working quarterly report (recommended for Trust Board approval), and (3) Minute 117/19/1 – urgent and emergency care performance month 6 (highlighted for Trust Board information).	PPPC CHAIR
121/19	DATE OF THE NEXT MEETING	Resolved – that the next meeting of the People, Process and Performance Committee be held on Thursday 28 November 2019 from 11.15am in the Board Room, Victoria Building, Leicester Royal Infirmary.	
JOINT SESSION WITH MEMBERS OF THE QUALITY AND OUTCOMES COMMITTEE (QOC)			
122/19	ITEMS FOR ASSURANCE		
122/19/1	<u>Minutes and Matters Arising Log from 26 September 2019 Joint PPPC/QOC session</u>	With regard to action 3 in joint paper 1a (re: Minute 109/19/3 of 26 September 2019), the Medical Director advised that fractured neck of femur performance had now improved to 69%, and a separate report was therefore no longer required. Performance would instead continue to be monitored through the monthly quality and performance report.	MD
		Resolved – that (A) the Minutes from the 26 September 2019 joint PPPC/QOC session (joint paper 1) be confirmed as a correct record, and	
		(B) the matters arising log from the 26 September 2019 joint PPPC/QOC session (joint paper 1a) be noted, and the updates here provided be included accordingly.	MD
122/19/2	<u>Cancer Performance Monthly Report/Recovery 2018/19</u>	The Director of Operational Improvement advised that in August 2019 the Trust had achieved 3 standards against the 8 national targets and 4 standards against its own trajectory. The 62-day standard remained the most challenging area for the Trust (August 2019 performance 72.4%) – in a significant positive development, however, breast, gynae and skin were all now achieving the 62-day standard as requested by NHSI, and further improvements in those areas were planned to provide headroom for some of the other more challenged tumour sites. Breast performance recovery in particular was recognised as having been a significant achievement. The report at joint paper 2 also advised PPPC/QOC that the 104-day clinical harm review for quarter 1 of 2019/20 had demonstrated no clinical harms.	

PPPC/QOC received assurance that the Trust had largely maintained its position on cancer standards attainment despite increased referrals, with the exception however of the 31-day first treatments standard where performance had worsened considerably due to increased cancellations as a result of bed availability. In response to queries from the QOC Patient Partners, the Director of Operational Improvement outlined the very robust (and clinically determined) process in place to review any decision to cancel a cancer patient, confirming that “target” considerations did not play a part. The clinical team gave treatment priority to cancer and urgent patients, and the Chief Operating Officer advised that she was sighted to all cancer patient cancellations. In response to a further QOC Patient Partner query, the Medical Director advised that movement of patients to other centres would depend on their clinical circumstances – all centres were under pressure however. The Director of Operational Improvement confirmed that the breast performance improvements mentioned above had involved appropriately transferring some patients out to other centres for part of their pathway. The Chief Executive also noted regional support for encouraging collaboration on provision.

Learning was being taken as appropriate from other peer ranked Trusts achieving the cancer standards. The PPPC Non-Executive Director Chair queried which standards currently showing red for UHL might be achieved in September 2019, noting (in response) that 2-week wait performance in particular was anticipated to be rated ‘green’ in that month. 62-day performance was anticipated to deteriorate further, however, with improvement work in upper/lower gastrointestinal and urology not expected to impact for 2-3 months.

In considering the cancer performance and action plan, members noted that Quality Improvement-based actions were being introduced to strengthen the urology position, as well as additional project and admin support (including trackers) in that area. Although this was expected to improve urology performance the Trust did not anticipate achieving the 85% target in urology, which was recognised as a nationally-challenging target. It was noted that Urology cancer performance would be a focus area for the newly-appointed Deputy Chief Operating Officer. In response to a query from Ms V Bailey Non-Executive Director re: 31-day performance excluding urology and with the additional capacity now outlined, the Director of Operational Improvement considered that performance would be above 85%, noting that (eg) lung performance had already significantly improved.

In response to further queries from the QOC Non-Executive Director Chair, the Director of Operational Improvement advised that actions to address late referrals were gaining some traction, with further joint pathway discussions planned for the new year. Issues were being highlighted through the East Midlands Cancer Alliance, and UHL was also involved in national transformation programmes such as optimal lung.

In response to queries from the PPPC Non-Executive Director Chair, it was confirmed that the extra robot shifts had not yet progressed due to staffing issues, and that the theatre productivity workstream had been impacted by NHS Pensions issues.

Although not fully assured re: cancer performance, PPPC/QOC considered that the Trust was focusing on the appropriate areas and actions.

Resolved – that the report on cancer performance 2018/19 be received and noted.

122/19/3

Quality and Performance Report – Month 6

The Chief Operating Officer, Chief Nurse and Medical Director reported on the operational and quality performance indicators for September 2019, noting the continued embedding of the Statistical Process Control (SPC) chart approach. The Chief Nurse advised that she was reviewing the content of the report in terms of her specific portfolio, and she noted positive performance re: hospital acquired pressure ulcers and falls. Further work was in hand through the Trust’s PIPEAC group to explore the

maternity FFT results and related deep dive. The Medical Director noted sustained good performance on VTE (linked to the e-meds roll-out), and advised that the September 2019 dip in TIA performance was a normal cause variation and as such was not currently of specific concern. Although rated as red against its own internal bench-marking, at 3.8% year to date UHL's sickness rate was good nationally. PPPC/QOC also noted the good performance on appraisal, and on statutory and mandatory training, although some further work was required on medical diabetes training. With regard to outpatient transformation, the red indicator re: turnaround of outpatient clinic letters remained a focus for UHL, although the position had improved since July 2019.

Noting that the future inclusion of the dementia assessment indicator was being reviewed as part of the ongoing refinement of the dashboard, Non-Executive Directors suggested including primary care in discussion on that particular indicator, where appropriate. The PPPC Non-Executive Director Chair considered that the report offered encouragement on performance, although not full assurance.

CN

Resolved – that the on-going review of the overall corporate nursing content of the Q & P report dashboard be progressed (noting comments on the potential inclusion of primary care in relevant discussions).

CN

122/19/4 CMG Performance Review Data

The report summarised the outputs from the August 2019 performance review meetings (PRMs) with Clinical Management Groups (CMGs). The Chief Operating Officer noted the additional corporate UHL support being offered to 2 specific CMGs, and clarified that finance issues were discussed in detail with CMGs at a separate meeting. CMGs were also now using the PRM approach with their own specialties, and PPPC/QOC noted the positive working of the PRM process. The ratings stated in the PRMs were the CMGs' own self-assessments (reviewed by the Executive Team), and in response to comments from a QOC Patient Partner, the Chief Operating Officer noted the importance of CMGs demonstrating that they had robust delivery plans in place. It was also noted that the next iteration of the CMG performance management framework was scheduled for discussion at the November 2019 PPPC.

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

122/19/5 Review of Board Assurance Framework (BAF) 2019/20 Principal Risk 1

As per joint paper 4, PPPC/QOC reviewed BAF principal risk 1 (*failure to deliver key performance standards for emergency, planned and cancer care*), rated at 20 for September 2019. The Trust Chairman queried the level of Executive Team confidence that this rating would not worsen as winter approached – in response, the Chief Executive and Chief Operating Officer advised that the key driver was bed capacity, and demonstrated that the modelling did not indicate a worsened position over winter due to the plans already in place for that period.

Resolved – that the position be noted.

The meeting closed at 2pm

Helen Stokes - **Corporate and Committee Services Manager**

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

Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
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<i>A Johnson (Chair)</i>	7	6	86	<i>A Furlong</i>	7	5	71
<i>J Adler</i>	7	6	86	<i>K Jenkins</i>	7	3	43
<i>V Bailey</i>	7	7	100	<i>B Patel</i>	7	6	86
<i>P Baker</i>	7	5	71	<i>K Singh (ex-officio)</i>	7	6	86
<i>R Brown</i>	7	6	86	<i>M Traynor</i>	7	5	71
<i>I Crowe</i>	7	7	100	<i>P Traynor (up to end Oct 2019)</i>	7	2	29
<i>C Fox</i>	7	5	71	<i>H Wyton</i>	7	7	100

Non-Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>C Benham</i>	7	6	86	<i>D Mitchell</i>	7	6	86
<i>A Carruthers*</i>	0	0	-	<i>B Shaw</i>	7	3	43
<i>B Kotecha</i>	7	6	86	<i>J Tyler-Fantom</i>	7	5	71
<i>S Leak</i>	7	6	86				

* for IT items only