

Trust Board paper P2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 6 June 2019

COMMITTEE: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE

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

DATE OF COMMITTEE MEETING: 25 April 2019

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

- **Equality and diversity annual workforce monitoring report 2017-18.**

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

- **Cancer recovery plan and 104+day waits (Minute 51/19/2).**

DATE OF NEXT COMMITTEE MEETING: 30 May 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 25 APRIL 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
Professor P Baker – Non Executive Director
Ms R Brown – Chief Operating Officer
Col. (Ret'd) I Crowe – Non-Executive Director
Mr A Furlong – Medical Director
Ms K Jenkins – Non-Executive Director
Ms E Meldrum – Acting Chief Nurse
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
Mr M Wightman – Director of Strategy and Communications
Ms H Wyton – Director of People and OD

In Attendance:

Mr C Benham – Director of Operational Finance
Mr M Caple – Patient Partner, QOC (for Minutes 51/19 and 52/19)
Miss M Durbridge – Director of Safety and Risk (for Minutes 46/19/1, 51/19 and 52/19)
Mr D Kerr – Director of Estates and Facilities (for Minutes 51/19 and 52/19)
Ms B Kotecha – Deputy Director of Learning and Organisational Development
Ms S Leak – Director of Operational Improvement
Ms D Mitchell – Deputy Chief Operating Officer (up to and including Minute 47/19/1)
Mr B Shaw – Director of Efficiency and CIP
Ms H Stokes – Corporate and Committee Services Manager
Ms J Tyler-Fantom – Deputy Director of Human Resources

RECOMMENDED ITEMS

ACTION

41/19 EQUALITY AND DIVERSITY ANNUAL WORKFORCE MONITORING REPORT 2017-18

Reflecting the Public Sector Equality Duty requirements, PPPC considered the Trust's 2017-18 workforce profile as detailed in the equality and diversity annual workforce monitoring report for that period (data taken from UHL's Electronic Staff Register). The report had also been discussed in detail at UHL's Equality and Diversity Board. PPPC welcomed the Equality and Diversity Board's decision to change the format of the report going forward (which would be picked up with the Trust's new Equality Lead), as this would clarify some of the information contained and provide an opportunity to showcase some of the positive developments underway. The Deputy Director of Learning and OD confirmed that any improvement actions from the report would be appropriately aligned to UHL's Quality Strategy 'Becoming the Best', and to the culture and leadership diagnostic work, with biannual updates on the equality and diversity strategic plan also presented to PPPC.

In discussion, Ms V Bailey Non-Executive Director commented on the need to review whether the use of the red/green trend indicators was appropriate for all of the indicators. She also requested further information outside the meeting regarding disciplinary issues (reduction in formal outcomes compared to 2016-17).

DPOD

DPOD

The Director of People and OD provided assurance to PPPC of the positive progress made on equality and diversity workforce issues, and reiterated that the information presented related to 2017-18 rather than reflecting the progress made since. PPPC also welcomed the intention to publish the 2018-19 report significantly earlier (summer 2019). Ms K Jenkins Non-Executive Director requested that the 2018-19 report include more analysis of what the findings meant for UHL, in terms of the impact on its workforce requirements.

DPOD

Recommended – that (A) the 2017-18 UHL equality and diversity annual workforce monitoring report be endorsed for Trust Board approval;

**PPPC
CHAIR**

(B) further information be provided to Ms V Bailey Non-Executive Director outside the meeting, re: the changes to the findings about informal/formal disciplinaries, and

DPOD

(C) UHL's 2018-19 equality and diversity annual workforce monitoring report reflect Non-Executive Director comments on the need to:-

DPOD

**(1) review whether the red/green trend arrows were appropriate to all of the indicators, and
(2) include more analysis of what the findings meant for UHL, in terms of the impact on its workforce requirements.**

RESOLVED ITEMS

42/19 APOLOGIES

Apologies for absence were received from Ms C Fox Chief Nurse, and Ms L Gallagher Workforce Development Manager.

43/19 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 interests be noted.

44/19 MINUTES

Resolved – that the Minutes of the 28 March 2019 PPPC be confirmed as a correct record.

45/19 MATTERS ARISING

Paper B detailed the actions from previous meetings of the People, Process and Performance Committee (PPPC). With regard to item 9 on the log, the Chief Executive advised that statutory and mandatory training had been discussed at the 23 April 2019 Executive Performance Board, where a 90% compliance rate had been reported. That figure was expected to rise following further data reconciliation.

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

46/19 KEY ISSUES FOR DISCUSSION/DECISION

46/19/1 Security Management Report

Further to discussions at the March 2019 Audit Committee, the Director of Safety and Risk attended to update PPPC on security management arrangements within UHL. PPPC particularly noted a marked rise in incidents of verbal and physical assaults against Trust staff, reflecting the national trend. For the first time, the information re: incidents of assault was split into instances where the patient's condition was deemed to have been a factor in the assault. PPPC noted (and welcomed) the fact that any staff member suffering a physical assault was contacted by the Chief Executive afterwards, and appropriate follow-up actions were put in place. Similar arrangements were also in place for verbal assaults, and PPPC noted the vital need to ensure that staff felt appropriately supported. The Trust also aimed to clearly articulate its expectations – to patients and visitors – in terms of acceptable behaviour while on site. ED remained a hotspot for such incidents, reflecting also the rising mental health needs of some patients, and PPPC noted the need for an appropriate system-wide approach to addressing mental health needs.

In response to a query from Mr B Patel Non-Executive Director, it was clarified that the assault figures in the report related to instances of assault rather than necessarily being the number of individual patients/visitors committing an assault. Detailed discussion took place on the report, and PPPC received assurance that the Trust worked with the Police and other groups to try and anticipate potential problems. Risk assessments were in place identifying high risk areas within UHL, and the Chief Operating Officer noted that a planned rehearsal of UHL's lockdown process would take place in ED during 2019.

PPPC also welcomed the income generation work by UHL's Corporate Medical team in terms of offering conflict management training to other NHS organisations (without detracting from the training focus on the Trust's own staff).

PPPC requested that information on the Police view re: using cautions be included in future iterations of the report, and also queried whether CPS feedback could be obtained on instances where cases were not pursued to prosecution. The Director of Safety and Risk advised that relatively few instances resulted in caution or charge. The PPC Non-Executive Director Chair queried whether it was known how many assaults resulted in staff requiring treatment for injuries (it was agreed to consider this, potentially by reviewing RIDDOR data), and also received assurance that an appropriate policy for managing violence and aggression was in place in UHL. In further discussion, the Chief Executive requested further detail (outside the meeting) on the location and nature of the 97 physical assaults not related to the patients' condition.

DSR

DSR

DSR

Resolved – that (A) future reports include:-

DSR

- (1) details of the Lockdown exercise being held in ED;**
- (2) a more detailed breakdown of the incidents of physical assault not related to the patients' condition (eg, location and nature of incident) (information on the figures in the current report also to be provided to the Chief Executive as per (B) below);**
- (3) any information available re: the Police view on issuing cautions, and**
- (4) any information available on why cases did not proceed to prosecution;**

(B) further detail be provided to the Chief Executive re: the location and nature of the physical assaults not related to the patients' condition as per paper D, and

DSR

(C) confirmation be provided outside the meeting on whether it could be identified how many of the physical assaults on staff resulted in 'treatable harm'.

DSR

46/19/2 People Strategy – Work Programme

The People Strategy agreed at the March 2019 Trust Board had now been mapped against the Trust's priorities and aligned with the UHL Quality Strategy. PPC noted the draft work programme, and received assurance that it was underpinned by detailed workstreams. In response to a query from the PPC Non-Executive Director Chair, the Director of People and OD provided assurance that progress against the workplan would be tracked using an appropriate monitoring tool.

Resolved – that the position be noted.

47/19 **ITEMS FOR ASSURANCE**

47/19/1 Urgent and Emergency Care Performance Report – Month 12

PPPC welcomed the new format and content of this report, which now matched that used for the monthly LLR urgent care escalation meeting with NHS Improvement/England. The Chief Operating Officer noted UHL performance of 75.1% in March 2019, despite high levels of demand including a 16.9% rise in attendances compared to March 2018 and a very significant increase in walk-ins. Progress continued on reducing stranded patients and delayed transfers of care, and no 12-hour trolley breaches had occurred. In light of queries from the QOC Non-Executive Director Chair, it was agreed to amend the monthly urgent and emergency care report to clarify that 9-5 cover referred to acute medical cover, as ED already had 24/7 Consultant cover. The Chief Operating Officer further advised PPC that UHL had been accepted for the Same Day Emergency Care Acceleration Programme, which was welcomed. PPC was also advised that the position had improved in April 2019 (to date).

COO

The next A&E Delivery Board meeting would focus on the year on year rise of 16.9% in ED demand compared to March 2018, recognising the need for a system-wide view. PPC queried what modelling work was being done to understand the cohort of patients attending ED (particularly those breaching the 4-hour wait period), and to assess the impact of rising demand on the walk-in patient experience. Non-Executive Directors also noted the need to review the early interventions which were needed in the community, to avoid unnecessary acute admissions. PPC also sought assurance that all A&E Delivery Board members were feeding back to their respective governing Boards.

Although ambulance handovers had improved significantly compared to March 2018, the position remained challenging as improvements were not keeping pace with the continued rise in demand. Internally, a new urgent care plan was being agreed with all CMGs and would be brought to PPC in May 2019 together with a new improvement trajectory re: ambulance handovers. In response to a Non-Executive Director query, the Chief Operating Officer confirmed that ambulance calls resulting from GP home visits would also be appropriately factored into the plans to improve ambulance handovers, recognising that not all elements of the wider process were within the Trust's control. In response to further comments, the Medical Director advised that the multi-agency MAAD forum would be the most

COO

appropriate place to discuss those issues.

In conclusion, PPPC was not assured that UHL was capable of consistently meeting its targets for ED performance but noted the resilience of UHL in dealing with the year on year rise in patients using ED, and that it was encouraged that UHL was achieving a rising national rank for ED performance.

Resolved – that (A) the new urgent care plan being agreed with all CMGs and the new improvement trajectory re: ambulance handovers be presented to PPPC, and COO

(B) it be clarified in future reports that the reference to 9-5 Consultant cover referred to acute medical cover. COO

47/19/2 Report from the Director of People and OD

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

47/19/3 Local Allowances Review

Outlining the local allowances in place (non-contractual payments outside national terms and conditions, locally agreed to meet service needs), paper H had been discussed in detail at the April 2019 Executive Workforce Board and was presented for information. The PPPC Non-Executive Director Chair sought (and received) assurance that each of the 102 local allowances schemes in place within UHL had been approved through the appropriate process. In response to a Non-Executive Director query, the Medical Director clarified that the stated Waiting List Initiative Consultant payment was the 4-hour session rate. Going forward, the Audit Committee Non-Executive Director Chair member of PPPC suggested that it would be helpful to include appropriate visibility on the local allowances payments within the Trust's wider paybill discussions.

DPOD

Resolved – that consideration be given to the best way to include appropriate visibility on the local allowances payments within the Trust's wider paybill discussions.

DPOD

47/19/4 UHL Annual Operating Plan – Workforce Plan

Further to Minutes 34/19 and 39/19/1 of 28 March 2019, PPPC reviewed an updated iteration of the workforce chapter of UHL's Annual Operating Plan for 2019-20. The PPPC Non-Executive Director Chair voiced surprise that productivity was not included in the list of principles for CMGs – in response, the Chief Executive reiterated the need for the regular reports on UHL's efficiency programme to include workforce aspects, which had also been raised at the Finance and Investment Committee meeting earlier on 25 April 2019. The Chief Executive also confirmed that the Director of People and OD and the Chief Financial Officer were appropriately reviewing the existing workstreams on this issue.

DPOD/
CFO

Resolved – that feedback on the inclusion of productivity in the principles for CMGs be provided to the Non-Executive Director Chair of PPPC following the review being carried out by the Director of People and OD and the Chief Financial Officer.

DPOD/
CFO

47/19/5 East Midlands Leadership Academy (EMLA) Update and New NHSI/E People Directorate

Paper J briefed PPPC on the changes to EMLA following the transfer of the NHS Leadership Academy from Health Education England to the new NHSI/E People Directorate. PPPC particularly noted the creation of a new Chief People Officer, and voiced its support for any scope for a UHL bid to host EMLA.

Resolved – that the position be noted.

47/19/6 'Becoming the Best' Culture and Leadership Update

The Deputy Director of Leadership and OD advised that significant work was underway on the cultural and leadership aspects of UHL's new Quality Strategy – 'Becoming the Best', which had been launched by the Chief Executive in February 2019. The April 2019 meetings of both the Executive Workforce Board and the Executive Performance Board had discussed paper K in detail, and PPPC noted that a leadership behaviours survey was currently open to all staff. UHL was also inviting staff applications to become 'Improvement Agents' ahead of a largescale event in May 2019. PPPC welcomed the progress being made.

Resolved – that the position be noted.

48/19 ITEMS FOR NOTING

48/19/1 Workforce and Organisational Development Set

The slide deck accompanying this report to the Committee captured key workforce datasets for March 2019. The Director of People and OD noted her wish to include a cultural indicator, and to present a deep dive into appropriate areas on a bimonthly basis. Non-Executive Directors voiced some concern over the training compliance figures within the report, noting the particular challenges re: estates and facilities staff. Although recognising the scope for further improvement, the Director of People and OD advised that progress had been made and she confirmed that action plans were in place within all CMGs. Training compliance was also discussed with CMGs by Executive Directors at each Performance Review Meeting. The Chief Executive advised that consideration was being given as to how to engage more generally with estates and facilities staff, in light of the findings from the 2018 staff survey (as discussed at the March 2019 PPPC). In further discussion on training issues, the Medical Director also noted the specific position of junior medical staff and outlined local efforts to develop a process to capture relevant statutory and mandatory training done elsewhere.

With regard to the workforce and OD dataset for March 2019, Ms V Bailey Non-Executive Director welcomed the reduction in the 'time to hire' indicator for clinical staff.

Resolved – that the position be noted.

48/19/2 Executive Performance Board (EPB)

Resolved – that the 26 March 2019 EPB action notes be received and noted.

48/19/3 Executive Workforce Board (EWB)

Resolved – that the 16 April 2019 EWB action notes be presented to PPPC once available.

CCSO

49/19 ANY OTHER BUSINESS

There were no items of any other business.

49/19 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following issues be highlighted to the 2 May 2019 Trust Board:-

(1) equality and diversity annual workforce monitoring report 2017-18 (recommended item at Minute 41/19);

(2) cancer recovery plan and 104+day waits (Minute 51/19/2).

**PPPC
CHAIR**

50/19 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the People, Process and Performance Committee be held on Thursday 30 May 2019 from 11.15am in the Board Room, Victoria Building, Leicester Royal Infirmary.

JOINT SESSION WITH MEMBERS OF QOC

51/19 ITEMS FOR ASSURANCE

51/19/1 Quality and Performance Report - Month 12

Joint paper 1 detailed performance against quality and performance indicators as at Month 12 (period ending 31 March 2019), noting that a review was underway of the report's contents. The Chief Operating Officer noted good progress on a number of operational indicators, including the Trust's achievement of diagnostic 6-week wait targets, compliance with the 52+ week wait target for the 9th consecutive month, improving appraisal rates, and 0 12-hour trolley waits. The Deputy Chief Nurse also noted UHL's achievement of the Clostridium difficile annual trajectory, which was welcomed, and she confirmed that a report on new initiatives to reduce falls was scheduled for the June 2019

Executive Quality Board. The Medical Director clarified that – at 99 - the Trust's SHMI was within expected levels. PPPC was advised that the March 2019 TIA performance (29.9%) had been anticipated while process changes embedded, reflecting a previous briefing to QOC. The Medical Director also noted 2 Never Events.

In response to a query from the QOC Patient Partner, the Chief Operating Officer advised that recently-opened local UCC facilities had not had any noticeable impact in reducing ED attendances. However, it was considered that attendances at all healthcare facilities – whether community urgent care or ED – were rising.

Although the Trust had rightly focused on the 'red' indicators through the year, Non-Executive Directors noted the need also to recognise those areas which were RAG rated as green on the scorecard. Non-Executive Directors also queried whether the now-available full picture of the 2018-19 scorecard identified any areas needing a particular focus/review. In further discussion on that point, the Director of Safety and Risk suggested that there might be more information which could be provided in respect of the issues arising from high-value claims, which she undertook to discuss with appropriate Litigation team colleagues outside the meeting (albeit recognising comments from Mr M Traynor Non-Executive Director that the year of settlement often did not reflect the year of occurrence). The Chief Operating Officer also commented on plans to review overall 2018-19 performance at the April 2019 round of CMG performance review meetings.

DSR

Following the detailed discussion at the March 2019 joint session, the Director of Estates and Facilities provided a verbal update on the diagnostic underway on the cleaning metrics, noting that a further written report was being provided to the joint PPPC/QOC session in May 2019. Recruitment had begun to improve the current cleaning vacancy rate, and appropriate walkabouts were taking place to gauge cleaning issues. The Director of Estates and Facilities reiterated the comments made at the March 2019 joint session that there had been no worsening of infection prevention outcomes attributed to cleaning. The results of the currently-underway diagnostic would inform investment priorities in the cleaning service. PPPC/QOC members noted the importance of first impressions, and the Director of Estates and Facilities acknowledged the need also to address 'first sight' areas (recognising that the focus in 2018-19 had been on the highest-risk infection prevention areas). The Director of Estates and Facilities provided assurance that he was reviewing the cleaning audit process (including frequency), and was mindful of the need for appropriate triangulation. In response to a query, he agreed to re-publicise the dates of the planned 'dump the junk' programme.

DEF

Resolved – that (A) discussions be held with appropriate colleagues on whether there was more information which could be provided in respect of issues/learning arising from high-value claims, and

DSR

(B) the dates of the 'dump the junk' events be publicised.

DEF

51/19/2 Cancer Performance – Month 11

The Director of Operational Improvement highlighted an improvement in cancer performance from the previous month, with 3 of the 9 standards achieved in February 2019. Cancellations in February 2019 had also significantly reduced from the number in February 2018. A robust action plan appropriately owned by CMGs was in place to support further improvement, and the Director of Operational Improvement also noted the need for primary care support to manage the growth in referrals.

There had been a significant improvement in 2-week wait breast performance, and UHL was confident of achieving that target in March 2019. However, 62-day wait performance had deteriorated by 4.9% to 69.9% in February 2019. Although the 2018-19 rise in cancer referrals had abated slightly in February 2019 itself, PPPC/QOC noted the impact of a significant (15%) overall increase in cancer referrals compared to the same time in 2018, with urology remaining very pressured and increases also marked in both lung and dermatology. In response to a query from the PPPC Non-Executive Director Chair, the Director of Operational Improvement noted factors relating to both cycle time and efficiency, and advised that the results of a urology pathway analysis would be reported in May/June 2019. She also outlined the care and additional support in place for long-wait urology cancer patients. It was anticipated that the 62-day performance target trajectory would be achieved overall with the exception of urology. In response to a query from the QOC Patient Partner, it was agreed to confirm outside the meeting whether patients were offered the opportunity to be treated elsewhere.

DOI

DOI

The report also briefed PPPC/QOC on 104+ day performance, with between 22-28 such patients waiting in February 2019. Efforts continued to reduce the number of patients waiting 104+ days, and the Director of Operational Improvement provided assurance that the required MDT review had

identified no clinical harm. Although noting that the Trust's Cancer Centre Leads were happy to attend PPPC to present the 104+ day performance if wished, PPPC considered that this would only be necessary if a deep dive was being undertaken.

Resolved – that (A) this cancer recovery report (specifically including cancer 104+day performance) be highlighted to the Trust Board; **PPPC CHAIR**

(B) a review of the urology cancer pathway analysis (once available) be included in the cancer performance recovery report, and **DOI**

(C) it be confirmed outside the meeting whether cancer patients were offered the opportunity to go elsewhere for treatment. **DOI**

52/19 ITEMS FOR NOTING

52/19/1 CMG Performance Review Slides: March 2019

Resolved – it be noted that the March 2019 CMG performance review meetings had been used for 2019-20 planning and confirm sessions with CMGs.

The meeting closed at 2.15pm.

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>
<i>A Johnson (Chair)</i>	1	1	100	<i>A Furlong</i>	1	1	100
<i>J Adler</i>	1	1	100	<i>K Jenkins</i>	1	1	100
<i>V Bailey</i>	1	1	100	<i>B Patel</i>	1	1	100
<i>P Baker</i>	1	1	100	<i>K Singh (ex-officio)</i>	1	1	100
<i>R Brown</i>	1	1	100	<i>M Traynor</i>	1	1	100
<i>I Crowe</i>	1	1	100	<i>P Traynor</i>	1	1	100
<i>C Fox</i>	1	0	0	<i>H Wyton</i>	1	1	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>	1	1	100	<i>D Mitchell</i>	1	1	100
<i>A Carruthers*</i>	0	0	-	<i>B Shaw</i>	1	1	100
<i>B Kotecha</i>	1	1	100	<i>J Tyler-Fantom</i>	1	1	100
<i>S Leak</i>	1	1	100				

* for IT items only