

Trust Board paper N3

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 February 2019

COMMITTEE: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE

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

DATE OF COMMITTEE MEETING: 20 December 2018

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

- **Guardian of Safe Working – quarterly report (Minute 121/18)**

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

- **Urgent and emergency care performance (Minute 125/18/1)**

DATE OF NEXT COMMITTEE MEETING: 31 January 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 20 DECEMBER 2018 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
Ms C Fox – Chief Nurse Mr B Patel – Non-Executive Director
Ms K Jenkins – Non-Executive Director
Mr K Singh – Non-Executive Director (ex-officio member)
Mr M Traynor - Non-Executive Director
Mr M Wightman – Director of Strategy and Communications (up to and including Minute 132/18)
Ms H Wyton – Director of People and Organisational Development (up to and including Minute 132/18)

In Attendance:

Ms F Bayliss – Deputy Director of Nursing and Quality, Leicester City CCG (for Minute 133/18)
Mr C Benham – Director of Operational Finance
Mr M Caple – Patient Partner (for Minute 133/18)
Mrs S Hotson – Director of Clinical Quality (for Minute 133/18)
Mr D Kerr – Director of Estates and Facilities (for Minute 133/18)
Ms B Kotecha – Deputy Director of Learning and Organisational Development (up to and including Minute 132/18)
Ms S Leak – Director of Operational Improvement (up to and including Minute 132/18)
Mrs H Majeed – Corporate and Committee Services Officer
Ms D Mitchell - Deputy Chief Operating Officer (up to and including Minute 132/18)
Mr B Shaw – Director of Efficiency and CIP (up to and including Minute 132/18)
Ms J Tyler-Fantom – Deputy Director of Human Resources (up to and including Minute 132/18)

RECOMMENDED ITEMS

121/18 GUARDIAN OF SAFE WORKING QUARTERLY REPORT

The Deputy Director of Human Resources presented paper H, which had been produced in line with the requirements of the 2016 Junior Doctors' Contract, whereby the Guardian of Safe Working (GSW) provided a quarterly report (April, July, October and January) on the management of exception reporting and rota gaps.

The Committee received and noted the contents of this report, noting the upward trend in the reporting of exception reports, which would be closely monitored. It was also noted that in this quarter there had been a significant increase in the number of exceptions recorded in RRCV CMG, specific interventions had been put in place to address the concerns. The Chief Executive was particularly re-assured by the relatively lower number of junior doctor vacancies although noting that there were a few 'hot spot' areas. The PPPC recommended the submission of this report onto the Trust Board for formal approval (via attachment of the report to the PPPC Summary from today's meeting, which was being submitted to the 10 January 2019 public Trust Board meeting).

Recommended – that this report be submitted onto the Trust Board for approval (via its attachment to the PPPC summary from today's meeting, which was being submitted to the 10 January 2019 public Trust Board meeting).

Chair

RESOLVED ITEMS

ACTION

122/18 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr A Furlong, Medical Director, Mr P Traynor, Chief Financial Officer and Mr W Monaghan, Director of Performance and Improvement.

123/18 MINUTES

Resolved – that the Minutes of the PPPC meeting held on 29 November 2018 (papers A1 and A2 refer) be confirmed as a correct record.

124/18 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.

125/18 PERFORMANCE

125/18/1 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 November 2018. Progress against plan was being made, however the rate of improvement had not been as fast as expected and additional actions were being implemented to underpin targets. The national ranking of LLR system performance was 122 at the beginning of November 2018, this had improved to 114 in the beginning of December 2018.

In respect of ambulance handovers, the number of conveyances in November 2018 was 6% higher than the same period in 2017. The growing number of attendances and proportion of patients arriving by ambulance had put pressure on ambulance assessment and majors. Continued focused work was being undertaken to deliver the required improvements, including a particular focus on process flow.

A new process in majors was being trialled to improve the speed of decision making. At the end of November 2018, there were 170 adult patients who had stayed in hospital longer than 21+ days (i.e. super stranded patients). Whilst the Trust's stranded patients remained low against the national benchmark, there was still an opportunity for improvement and the target was to reduce the number of these patients to a maximum of 156 by December 2018. The team had established long stay Wednesday, which was working on reducing the longest staying patients.

Alongside UHL actions to improve non-admitted breaches, Primary Care remained a vital component. There had been some improvement in Primary Care 4-hour performance in November 2018 and further improvement was being targeted. A new assessment process prior to primary care testing had been put in place and the Trust continued to work intensively with DHU to improve the performance and responsiveness of the primary care stream. A further update on the rapid cycle test to improve the model in adult walk in assessment would be provided to PPPC in February 2019.

COO

The report presented also included an update on the important frailty initiatives being undertaken and a separate review of primary care performance including actions to improve.

Particular discussion took place regarding the following:-

- the initiatives that had been put in place to improve primary care 4-hour performance (ED front door), noting that key improvements had been seen. Responding to a query from the PPPC Chair, it was noted that the plan was to improve performance to 80% and noting that each initiative/individual workstream had a specific set target;

- the need for a focussed systems-wide approach to see the desired improvements in primary care stream productivity;
- the positive progress being observed in relation to the LLR frailty programme and the need for further improvement in terms of the identification and referral systems to conduct MDT assessments on specific cohorts of frail patients;
- the report titled “‘Under Pressure’ CQC national report - gap analysis of ED safety’ which featured as paper F on the agenda for the Quality and Outcomes Committee on 20 December 2018 to be discussed at PPPC in January/February 2019; DCOO
- the need to maintain focus on process flow and key metrics that would assure the Committee on clinical outcomes noting that the current focus was mostly on ED 4-hour performance. The Chief Operating Officer undertook to provide an update on this matter at the PPPC in January and/ February 2019, and COO
- in further discussion, members noted the very significant growth in ED CT demand, and received assurance that at the QOC meeting in November 2018, the Medical Director had advised that this was being appropriately challenged by Imaging (CSI CMG).

In conclusion, the PPPC Chair noted that, although it understood the efforts that continued to be made to improve performance, the Committee was not assured that the Trust was currently able to meet its targets for Urgent and Emergency Care performance.

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

(B) the Deputy Chief Operating Officer be requested to provide an update on the rapid cycle test to improve the model in adult walk in assessment to PPPC in February 2019; COO

(C) the report titled “‘Under Pressure’ CQC national report - gap analysis of ED safety’ which featured as paper F on the agenda for the Quality and Outcomes Committee on 20 December 2018 be discussed at PPPC in January/February 2019, and DCOO

(D) the Chief Operating Officer be requested to provide an update on the need to maintain focus on process flow and key metrics that would assure the Committee on clinical outcomes to PPPC in January and/ February 2019. COO

125/18/2 Cancer Performance

The Director of Operational Improvement presented paper D, which detailed the latest (Month 8) position in terms of the Trust’s cancer performance, noting that cancer performance had generally 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 with the backlog being above trajectory. As a result of continued pressures in breast 2-week wait referrals and a growing backlog, a number of additional actions had been identified and would be implemented to ensure patients were seen as quickly as possible.

Dr K Mclean, Chief Operating Office and Medical Director of NHSI had led a visit to UHL to discuss cancer performance and improvements. Informal feedback from this visit had been positive and NHSI had been assured that the Trust was taking necessary action to enable both recovery and sustainability. NHSI had also offered support to further improve performance.

A new cancer diagnosis standard, designed to ensure that patients find out within 28 days whether or not they have cancer, would be introduced in 2020, however reporting was planned to commence from April 2019. In order to prepare for the 28-day faster diagnosis standard, UHL would be shadow reporting from January 2019. DOI

Ms K Jenkins, Non-Executive Director commented on the patient impact of the data and suggested that a root cause analysis of the breaches (i.e. patients who had missed the

target) be submitted to the Trust Board. In discussion on this matter, it was agreed that a cancer performance information report would be presented to the Trust Board on a quarterly basis. Particular discussion took place regarding the importance of delayed referrals from other Centres and the Chief Operating Officer noted the need for a strategic approach to resolve this issue. The Director of Operational Improvement undertook to action this noting that the inter-Trust transfer policy needed to be reviewed.

DOI

DOI

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

(B) the Director of Operational Improvement be requested to ensure that shadow reporting in respect of the new 28-day faster diagnosis standard commenced from January 2019;

DOI

(C) the Director of Operational Improvement be requested to ensure that a cancer performance information report which included a root cause analysis of the breaches (i.e. patients who had missed the target) was submitted to the Trust Board on a quarterly basis, and

DOI

(D) the Director of Operational Improvement be requested to take a strategic approach to resolve the issue relating to delayed referrals from other Centres including the review of inter-Trust transfer policy.

DOI

125/18/3 UHL Winter Plan 2018/19

The Director of Operational Improvement presented paper E, which described how the Trust was responding to increased surges and other service demands during the 2018/19 winter period. The PPPC Chair commended the style of this report highlighting that it was informative and clear.

Since the presentation of the plan to the PPPC in November 2018, the following changes had been made: - there had been an increase in bed gaps over the winter period, an additional 28 bedded ward at the Glenfield Hospital and one additional 28 bedded ward (ward 7) at the LRI would be opened in order to mitigate the impact of winter and to allow more elective activity to continue through winter 2018/19.

Responding to a query, the Director of Operational Improvement undertook to include an update on the recruitment of Cardiologists and Cardio-Respiratory Consultants in the next iteration of the winter plan. Members were advised that University Hospitals of the North Midlands (UHNM) NHS Trust (Stoke on Trent) had put a number of measures in place to improve safety and performance in their Urgent and Emergency Care stream, last year. One measure was designed to improve flow, which was to invite all the system stakeholders into their Command and Control Centre to create a single C2 Centre for the system. UHNM felt this was successful and had merit.

DOI

The Chief Operating Officer advised that a similar arrangement was in place at UHL but noted that it might be worth contacting colleagues in UHNM NHS Trust to discuss and understand their initiative in more detail. In discussion on the OPEL 4 level, the Chief Operating Officer undertook to ensure that future 'Urgent and Emergency Care Performance Reports' to the PPPC would include a specific update if the Trust had declared a step to OPEL 4 level during the reporting period and the trigger for this.

DCOO

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

(B) the Director of Operational Improvement to include an update on the recruitment of Cardiologists and Cardio-Respiratory Consultants in the next iteration of the winter plan, and

DOI

(C) the Deputy Chief Operating Officer to ensure that Future 'Urgent and Emergency Care Performance Reports' to the PPPC included a specific update if the Trust had declared a step to OPEL 4 level during the reporting period and the trigger for this.

DCOO

126/18 PROCESS

126/18/1 CMG Review Meetings – Recent Meeting Document Packs for MSS and W&C CMGs

The PPPC Chair advised that papers F1 and F2 had been included on the agenda in order to provide assurance that the correct and appropriate processes were in place given the issues with the financial performance of the Trust.

In discussion on these papers, the PPPC Chair expressed concern that the CMGs were not sufficiently quantifying the information provided (i.e. providing specific performance vs. KPI data and trends). Consequently, he was concerned that a familiar 'routine' could have been established for the meetings, which could lack appropriate challenge as a result. In response, the Chief Operating Officer provided assurance that the CMGs were appropriately challenged and if the required information was not available, then the CMGs were requested to provide this.

The Executive Directors present provided assurance that although the CMG Assurance Performance Review Meetings had a standard format, the matters discussed were contemporary including achievements and improvements and CMGs were not only challenged and performance managed but were also provided with support, where required.

In response to a comment from Professor P Baker, Non-Executive Director, it was noted that a CMG Senior Leadership Development Programme had been developed as part of the Integrated Leadership Programme and Joint Trust Board and CMG Senior Leadership Team sessions would be planned as part of this programme which would reinforce the responsibility and accountability of CMG senior leadership teams and their consequent relationship with the different elements of the Trust Board.

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

126/18/2 CMG Accountability and Performance Framework

The PPPC Chair sought a verbal update on the timetable and plan for driving accountability through all management levels of the CMGs, via the devolving of an Accountability and Performance Framework.

In discussion, the Chief Operating Officer advised that a plan was in place but, due to winter pressures, would not commence until late February 2019 in respect of driving accountability downwards and subsequently assessing performance. The Committee agreed with this proposal but stressed that the programme should continue in order to develop a more solution oriented culture which would improve performance.

Resolved – that this verbal information be noted.

127/18 PEOPLE

127/18/1 Report from the Deputy Director of Human Resources

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

127/18/2 Annual Integrated Leadership Programme

The Committee noted positively the progress with setting up and delivering a range of cultural and leadership development programmes that would align to the Trust's People and Quality Improvement Strategy as set out in paper I. Responding to a comment from the PPPC Chair, the Director of People and OD advised that a Trust-wide communication plan to commence implementation of the programmes set out in the Annual Integrated Leadership Programme

was being drafted.

Resolved – that the contents of paper I be endorsed.

127/18/3 Bi-Annual Equality and Diversity Report

The PPPC received and noted the contents of paper J, noting the considerable progress made in some areas of the Workforce Race Equality Standard (WRES), which was very encouraging. In response to a query on the implementation of the Accessible Information Standard, the Deputy Director of Learning and OD advised that the software required to capture patients' information and communication needs had been authorised and the specification would now be developed accordingly.

Resolved – that the contents of paper J be endorsed.

128/18 REPORTS FOR INFORMATION

128/18/1 Workforce and Organisational Development Set

The slide deck accompanying this report (paper K) to the Committee captured key workforce datasets for Month (November 2018), the contents of which were received and noted.

Resolved – that the contents of paper K be received and noted.

128/18/2 Exercise Blue Peter – Debrief Report

The Committee received and noted the contents of paper L which provided feedback from the (regional) Exercise Blue Peter and was reassured that UHL had acquitted itself well.

Resolved – that the contents of paper L be received and noted.

129/18 MINUTES FOR INFORMATION

129/18/1 Executive Performance Board

Resolved – that the contents of the Executive Performance Board action notes from the meeting held on 23 October 2018 (paper M refers) be received and noted.

130/18 ANY OTHER BUSINESS

Resolved – that there were no additional items of business.

131/18 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following item be highlighted for the attention of the Trust Board, through the PPPC meeting summary presented to the January 2019 Trust Board meeting:-

- Minute 125/18/1 – Urgent and Emergency Care Performance.

132/18 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the People, Process and Performance Committee be held on Thursday, 31 January 2019 from 11.15am in the Board Room, Victoria Building, Leicester Royal Infirmary.

133/18 JOINT SESSION WITH MEMBERS OF QOC

133/18/1 Quality and Performance Report - Month 8

Joint paper 1 detailed performance against quality and performance indicators as at Month 8 (period ending November 2018), the contents of which were received and noted. Particular discussion took place regarding:

- (1) 52 week breaches (there had been no such breaches for 5 consecutive months) and the need for careful management of these through the winter period was recognised;
- (2) cancelled operations and patients rebooked within 28 days remained non-compliant, however, a method of escalation had been instigated;
- (3) RTT performance;
- (4) diagnostics performance;
- (5) delayed transfers of care;
- (6) FFT performance was above national target;
- (7) in respect of cancer performance, it was suggested that overall performance across all tumour sites be included, and
- (8) ambulance handover times had deteriorated, the reasons for which were multi-factorial (increased ambulance attendances having been previously discussed).

Ms K Jenkins, Non-Executive Director noted that the report included a summary scorecard for in-month and year to date performance and suggested that a further dashboard which provided the headlines on how the Trust was going to make further improvements would prove useful.

**CE/
COO**

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

(B) the Chief Executive and Chief Operating Officer be requested to consider how the Trust would present the information in a meaningful (i.e. dashboard) format in respect of how targets would be achieved/ further improvements would be made.

**CE/
COO**

133/18/2 CMG Performance Review Slides

A report (Joint Paper 1a) detailing the latest summary and rating data from the CMG Performance Review meetings was received and noted. The Chief Executive commented that given the discussion at the FIC meeting on 20 December 2018, deterioration in finance ratings was expected.

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

The meeting closed at 2.15pm.

Hina Majeed
Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2018-19 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>	9	8	88	<i>A Furlong</i>	9	7	77
<i>J Adler</i>	9	6	66	<i>B Kotecha / J Tyler-Fantom (Apr 18 – 31 July 2018)</i>	4	4	100
<i>V Bailey</i>	9	9	100	<i>E Meldrum (Apr 18 – Sept 18)</i>	6	4	67
<i>P Baker</i>	9	5	55	<i>R Moore</i>	8	2	25
<i>R Brown (from June 2018)</i>	7	6	85	<i>B Patel</i>	9	8	88
<i>I Crowe</i>	9	9	100	<i>K Singh (ex-officio)</i>	9	7	77
<i>E Doyle (until May)</i>	2	2	100	<i>M Traynor</i>	9	9	100

2018)							
<i>C Fox</i>	3	3	100	<i>P Traynor</i>	9	7	77

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>	9	7	77	<i>C Ribbins</i>	8	4	50
<i>J Clarke</i>	9	3 *	33	<i>B Shaw</i>	9	4	44
<i>S Leak</i>	9	7	77	<i>S Tate (Apr – Oct 2018)</i>	7	7	100
<i>W Monaghan</i>	9	8	88				

* for IT items only