

Trust Board paper O2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 9 January 2020

COMMITTEE: People, Process and Performance Committee

CHAIR: Mr A Johnson, Non-Executive Director

DATE OF COMMITTEE MEETING: 28 November 2019

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

- Minute 110/19 - Freedom to Speak Up (Quarter 1 and 2, 2019-20), and
- Minute 111/19 – Performance Management and Accountability Framework

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

- Minute 116/19/2 – Approach to Improve our People Practices
- Minute 117/19/1 – Urgent and Emergency Care Performance Report – Month 7
- Minute 117/19/2 – Bed Capacity and Bridge report.

DATE OF NEXT COMMITTEE MEETING: 19 December 2019

**Mr A Johnson
Non-Executive Director and PPP Chair**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE (PPPC) MEETING HELD
ON THURSDAY 28 NOVEMBER 2019 AT 11.15AM IN THE BOARD ROOM, VICTORIA BUILDING,
LEICESTER ROYAL INFIRMARY**

Present:

Mr A Johnson – Non-Executive Director (Chair)
Ms V Bailey – Non-Executive Director
Col. (Ret'd) I Crowe – Non-Executive Director
Ms C Fox – Chief Nurse
Mr A Furlong – Medical Director
Ms K Jenkins – Non-Executive Director
Mr B Patel – Non-Executive Director
Mr K Singh - Non-Executive Director (ex-officio member)
Mr M Traynor – Non-Executive Director

In Attendance:

Mr P Aldwinckle – Patient Partner, QOC (from Minute 122/19)
Mrs G Belton – Corporate and Committee Services Officer
Mr M Caple – Patient Partner (from Minute 122/19 only)
Ms J Dawson – Freedom to Speak Up Guardian (for Minutes 110/19 and 116/19/3 only)
Miss M Durbridge – Director of Safety and Risk (for Minutes 110/19 and 116/19/3 only)
Mr V Karavadra – Associate Non-Executive Director
Ms B Kotecha – Deputy Director of Learning and Organisational Development (up to and including Minute 121/19)
Ms S Leak – Director of Operational Improvement
Ms D Mitchell – Deputy Chief Operating Officer (from Minute 112/19 - 116/19 and 117/19/1)
Mr C Moorhouse – Head of Quality Improvement (for Minute 116/19/1 only)
Mr B Shaw – Director of Productivity (for Minutes 110/19, 112/19–116/19/1,116/19/3 and 117/19/1)
Ms J Smith – Patient Partner, QOC (from Minute 122/19)
Ms J Tyler-Fantom – Deputy Director of Human Resources (up to and including Minute 121/19)
Mr S Ward – Director of Corporate and Legal Affairs (for Minutes 110-19 – 116/19/1 inclusive, 116/19/3, 117/19/1 – 117/19/2 inclusive)

RECOMMENDED ITEMS

110/19 FREEDOM TO SPEAK UP (QUARTER 1 AND 2, 2019-20)

Paper E2, as presented by the Director of Safety and Risk, detailed data relating to concerns raised through various mechanisms for Freedom to Speak Up in quarters 1 and 2 of 2019/20, the contents of which were received and noted and recommended onto the Trust Board accordingly. The report noted that, currently, the learning from the themes was not shared trust-wide and this was an area for consideration in future. Highlighting the themes from staff speaking up would further embed an open and transparent culture. This report had been discussed extensively at the Executive Performance Board meeting held on 26 November 2019.

Recommended – that the contents of this report be received and noted and recommended onto the Trust Board accordingly.

111/19 PERFORMANCE MANAGEMENT AND ACCOUNTABILITY FRAMEWORK

Further to Trust Board approval of a Performance Management and Accountability Framework in November 2018 (Minute 310/18/2 of 1 November 2018 refers), paper F, as presented by the Director of Corporate and Legal Affairs, detailed an updated framework which codified the Trust's approach to performance management, and documented the Trust's accountability arrangements. It complemented and formed an important component of the Trust's overall Governance Framework. The Framework had been updated to reflect the implementation of the new NHS Oversight Framework; and reference was made also to the Quality Strategy and how, in time, this may change the way the Framework was designed and operated. In parallel, the Chief Operating Officer, Director of Corporate and Legal Affairs and Deputy Director of Quality Assurance were working with the

Clinical Management Groups to standardise CMG Board governance arrangements and arrange and provide training for CMG staff to support them in this regard.

It was noted that this Framework would be reviewed again formally in two years' time, albeit updates would potentially be required earlier and would be incorporated as required. Specific discussion took place regarding means of driving improvement in CMGs through specific focus on a set of individual KPIs by CMG and the Director of Corporate and Legal Affairs undertook to discuss this with the incoming Acting Chief Financial Officer and CMG colleagues when discussing the plans for the forthcoming year. It was emphasised by the Non-Executive Chair that, whether it was part of a formal framework or not, this initiative needed to be in place in time for the 2020-21 Financial Year for it to have any effect in that year and to provide assurance to Non-Executive Directors.

DCLA

Recommended – (A) the Performance Management and Accountability Framework be endorsed and recommended onto the Trust Board accordingly for formal approval and

(B) the Director of Corporate and Legal Affairs be requested to discuss means of driving improvement in CMGs through specific focus on a set of individual KPIs by CMG with the incoming Acting Chief Financial Officer and CMG colleagues when discussing the plans for the forthcoming year.

DCLA

RESOLVED ITEMS

112/19 APOLOGIES

Apologies for absence were received from Mr J Adler, Chief Executive, Professor P Baker, Non-Executive Director, Mr C Benham, Acting Chief Financial Officer, Ms R Brown, Chief Operating Officer and Ms H Wyton, Director of People and Organisational Development.

113/19 DECLARATIONS OF INTERESTS

Mr A Johnson, Non-Executive Director (PPPC Chair) declared his role as Non-Executive Chair of Trust Group Holdings Ltd. As this was judged by the Committee to be a non-prejudicial interest, Mr Johnson remained present at the meeting.

Resolved – that the declarations of interest be noted.

114/19 MINUTES

Resolved – that the Minutes of the 24 October 2019 (paper A refers) 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 contents of which were received and noted.

The Medical Director reported verbally to confirm that action number 6a (related Minute reference 117/19/2) had now been completed and the log could be updated accordingly.

Resolved – that the discussion on the matters arising log and any associated actions be noted and the PPPC Matters Arising Log be updated accordingly.

CCSO

116/19 KEY ISSUES FOR DISCUSSION/DECISION

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

Paper C, as presented jointly by the Deputy Director of Learning and OD and the Head of Quality Improvement, provided an update on progress with the cultural, leadership and QI elements of the Trust's Quality Strategy – Becoming the Best.

The design mapping had been completed and interventions worked through with the Improvement Agents and Subject Matter Leads. A selection of these were being tested/ reviewed as part of the design phase (reflecting gaps identified). Ideas from the Leadership Conference / Expert Reference Group had also been shared with Improvement Agents for exploring / testing during the design phase. Mission brief sessions continued to be run with Improvement Agents and design activity was being monitored and tracked centrally via INsite. A number of Design Focus Groups would run during December 2019 ensuring Improvement Agent input in developing interventions in a small number of key areas, working with Subject Matter Experts and reflecting People Strategy / Interim People Plan priorities. Work would be undertaken in clarifying the role of Improvement Agents reflecting decisions taken at a recent Executive Planning Meeting. Dedicated Organisational Development Specialists had been appointed and were initially focusing efforts on supporting Improvement Agents with progressing design / service improvement initiatives. This team would also support the QI Collaborative work planned for December 2019, aligned to Trust priorities. Specific note was also made regarding the convening of a Quality Strategy Operational Group which would operationalise the implementation of the Quality Strategy

In discussion, the PPPC noted that the Trust Board Thinking Day to be held in February 2020 would focus on design synthesis. In reference to particular discussion which arose relating to the large number of Improvement Agents in corporate areas in comparison to those in Clinical Management Groups, this was considered appropriate for the current stage of the process. It was anticipated that the number of Improvement Agents in clinical areas would continue to increase over time. Specific note was made of the need to take into account clinical staff (albeit not specifically Improvement Agents) working on QI initiatives and it was agreed helpful to have a matrix presented at a future PPPC meeting which captured QI work being undertaken across the Trust and also on an individual site basis. In response to a query raised, it was anticipated that recruitment to the QI Team would have been completed by April 2020. Specific note was made of the importance of communications, specifically in disseminating positive impact, and it was agreed to invite the Head of Communications to the December 2019 meeting of the PPPC in order to discuss the related communications strategy.

HQI

CCSO /
HoC

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

(B) the Head of Quality Improvement be requested to present a matrix capturing QI work (including measurement of its effectiveness with colleagues) being undertaken across the Trust and also that being undertaken on an individual hospital site basis at a future PPPC meeting, and

HQI

CCSO /
HoC

(C) the Head of Communications be invited to the December 2019 PPPC meeting in order to discuss the communications strategy relating to Becoming the Best.

116/19/2

Approach to Improve our People Practices

Paper D, as presented by the Deputy Director of Human Resources, sought to outline a refreshed approach to case work management, centred much more around creating an environment which created supportive, rather than punitive, policies and process, compassionate leadership and a 'just culture' ethos. It also provided an update on the national guidance, work progress made to date in this area and provided recommendations / next steps to improve service provision aligned to the people strategy deliverables / Becoming the Best work programmes. The PPPC was requested to note the contents of this report and endorse the action plan contained in appendix B of the report (specifically supporting the 'Just Culture' approach and associated actions and commenting on any gaps for further development or focus).

The PPPC was supportive of the approach described within the report and emphasised the importance of ensuring adequate resource for this work, an aspect which they considered was not currently reflected sufficiently within the action plan. The Non-Executive Chair observed that this approach was

complementary to the Quality Strategy and to the Trust's values and was an important initiative to ensure that staff believed that the Trust was not only supportive of these values but lived them day to day. Also emphasised by the PPPC was the need to recognise the different cultures of staff due to the Trust's diverse workforce and take account of this accordingly. In response, the Deputy Director of HR advised of the Cultural Ambassador programme in place within the Trust which linked into the disciplinary process, however acknowledged the scope for further enhancement in this area. The Committee suggested visiting other NHS organisations to determine the approach they had adopted and if there were any lessons the Trust could learn from these. It was confirmed that on-going scoping work continued to be undertaken by HR colleagues and that a further update report would be presented to the Executive Culture and People Board, and thereafter the PPPC, in February 2020.

DDHR

Resolved – that (A) the contents of this report be received and noted and the approach outlined be supported (subject to the suggestions for further improvement as outlined above) and

(B) the Deputy Director of HR be requested to present a further update on progress to the Executive People and Culture Board in February 2020 and, thereafter, to the People, Process and Performance Committee.

DDHR

116/19/3

Guidance for Boards on Freedom to Speak Up in NHS Trusts

Paper E1, as presented by the Director of Safety and Risk, set out four recently published reports / letters regarding Freedom to Speak Up (F2SU) arrangements in NHS Trusts as follows: (1) Freedom to Speak Up Guidance for Boards (July 2019) (2) Letter from National F2SU Guardian to Chief Executives / Chairs on 'Supporting your Freedom to Speak Up Guardian' (July 2019) (3) Letter from National F2SU Guardian to Chief Executives regarding planned Phase 2 F2SU case reviews (September 2019) and (4) National Freedom to Speak Up Index (October 2019).

Following its consideration at the Executive Culture and People Board meeting on 29 October 2019, further discussions on this paper had been held with the Director of Safety and Risk, Freedom to Speak up Guardian, Director of People and Organisational Development, Deputy Director of Human Resources and Deputy Director of Organisational Development. It had been agreed that all suggested actions should be integrated with the Culture and Leadership Programme and the Becoming the Best initiative. Proposed actions included (i) a staff story around speaking up to be taken to Trust Board in the New Year – now scheduled for February 2020 (b) Exit interview data to be reviewed by CMGs and discussed further at the Performance Review Meetings (c) Freedom to Speak up Guardian and Equality Lead to link up to discuss Civility Saves Lives and the Bystander Programme to encourage further culture change (d) to consider Improvement Agents to be Freedom to Speak up Champions to further embed the Speaking Up agenda and signpost and encourage staff to raise concerns (e) Audit the F2SU policy in 2020 and (f) consider implementing pre-leaving exit interviews.

In presenting this report, the Director of Safety and Risk noted that, whilst the Trust was judged nationally to be an exemplar site in its work on this agenda, the Trust's staff survey results (based on four specific questions) had placed the Trust in the bottom quartile of Trusts nationally. It was hoped that the results of the next Staff Survey, expected to be published towards the end of December 2019, would demonstrate improved scores which reflected the significant work undertaken by the Trust in this area. It was further anticipated that the Schwartz rounds, which were due to commence shortly, would further assist.

The PPPC received and noted the contents of this work. Particular discussion took place regarding the importance of initiatives being visible to staff through posters / other communication aids, e.g. timely social media posts etc. Discussion also took place regarding how best to support clinical staff who were dealing with constant workload pressure, and it was noted that this matter was currently under consideration at the Health and Well-Being Board. Note was also made of the leadership role for the Trust Board in supporting its staff, the need to focus on improving the culture around the freedom to speak up and the importance of learning from other NHS Trusts which had positive staff engagement scores.

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

117/19 ITEMS FOR ASSURANCE

117/19/1 Urgent and Emergency Care Performance Report – Month 7

One of the Trust's current priorities was to streamline emergency care pathways. The Trust's quality approach was being utilised to ensure that actions and improvements were linked to the drivers in performance. The Trust's internal transformation plan sat alongside the LLR action plan to give a whole system approach to improving urgent and emergency care. The A&E Delivery Board had system wide oversight and was chaired by the Trust's Chief Executive. The highlights from the Month 7 report presented by the Deputy Chief Operating Officer (paper G refers) were as follows: (1) overall demand into ED had continued (with a continued increase in ED attendances and a 5.3% increase in emergency admissions) (2) ambulance demand continued to increase (3) there continued to be an imbalance between capacity and demand for Medicine within LRI which was being addressed through the Winter Plan (4) progress on the plan was being made and further actions were being developed and (5) a system wide approach had been escalated as agreed with the Trust's Regulators.

Key completed actions were as follows (i) GPAU opened overnight to provide 8 additional spaces (ii) Majors Ambulatory capacity had increased from 10 to 15 (iii) Perfect Day initiative undertaken, the outputs of which would be disseminated (iv) improved consultant advice and guidance to GPs to reduce admission requests (v) early opening of 28 additional beds across the LRI and Glenfield and (vi) the planned placement of a pod outside ED to release EMAS crews (a joint initiative between UHL and EMAS). The report also documented the outcome of a recent GIRFT (Getting It Right First Time) visit to ED. All of the outcomes from the visit were being reviewed in order to form a detailed action plan.

The PPPC received and noted the contents of this report and was concerned that, despite the opening of additional bed capacity, ED response time metrics were not improving. Specific discussion took place regarding cycle times, safe and timely discharge and the work being undertaken around the TTO process as a whole, the outputs of which would be reported at a future PPPC meeting (potentially in January 2020). In discussion, it was agreed that future Emergency and Urgent Care reports to the Committee would differentiate between the reasons patients were designated as 'super stranded' (i.e. had a hospital stay of over 21 days) as this could be for legitimate reasons such as that they continued to be medically unwell. It was also agreed, in discussion, that the Deputy Chief Operating Officer would feed back to CCG / LPT colleagues the need to involve Further Education colleges, as well as the University, in matters concerning wider issues relating to student mental health. Specific discussion also took place regarding operational plans in place across LLR over the Christmas / New Year period and the Trust Chairman indicated his wish for the Chief Executive / Chief Operating Officer to cover these arrangements at the December 2019 public Trust Board meeting (noting that these would also be the subject of discussion at the ESB meeting due to be held on 3 December 2019). Particular discussion took place regarding how lessons were learnt from day to day, as well as from wider initiatives such as the Perfect Day for discussion at a future PPPC meeting – it was agreed that discussions would be held between the Deputy Chief Operating Officer, Chief Operating Officer and Chairman and Chief Executive to determine the most appropriate format for this item to be scheduled for a future PPPC meeting. The Committee also noted that they would be interested to understand how the Perfect Day had been received from a patient perspective. In concluding discussion on this item, the Committee was not assured that the Trust is able to meet its targets for Emergency Care and was concerned that ED metrics were not improving.

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

(B) the outputs of the review of the TTO Process be scheduled on the agenda of a future PPPC meeting (potentially January 2020), COO

(C) future Urgent and Emergency Care reports to differentiate between the reasons patients are designated as 'super-stranded', DCOO

(D) the Deputy Chief Operational Officer be requested to feed back to CCG / LPT colleagues of the need to involve Further Education colleges, as well as the University, in matters DCOO

concerning wider issues relating to student mental health,

(E) operational plans in place across LLR over the Christmas / New Year period (and wider winter capacity matters) be the subject of discussion at the public Trust Board meeting scheduled for 5 December 2019, and

COO /
CEO

(F) the Chief Executive, Trust Chairman, Chief Operating Officer and Deputy Chief Operating Officer be requested to hold discussions to determine the most appropriate format for an item to be scheduled at a future PPPC meeting regarding how lessons are learnt from day to day, as well as from wider initiatives such as the Perfect Day.

CEO/TC
/COO/
DCOO

117/19/2 Bed Capacity and Bridge Report

Paper H, as presented by the Director of Operational Improvement, described the predicted bed gap; how this had been calculated and the efficiencies by CMG to manage the gap or decrease occupancy. This was an iterative process and schemes and numbers of beds released would be updated following each meeting with the CMG's. A review of Q2 activity had shown very little change in the predictions compared to Q1 and therefore further changes had not been made to the modelling prospectively. Three strands of work were on-going in relation to this – short-term, medium-term and long-term. As noted in the discussion above, it was agreed to consider relevant issues further in terms of winter capacity at the December 2019 Trust Board meeting. Specific discussion regarding bed capacity was also scheduled for the Executive Strategy Board meeting to be held on 3 December 2019. In conclusion, the Committee was not assured that the current bed capacity was sufficient and was concerned to understand that initiatives to add and / or maximise bed capacity were continuing despite the inexorable rise in the number of patients.

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

117/19/3 Report from the Director of People and Organisational Development

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

117/19/4 Safe Staffing Allied Health Professionals

Paper J, as presented by the Deputy Director of HR, considered national and local issues arising out of the significant workforce agenda for clinical staff groups outside of medical and nursing staff groups. It detailed how the themes across the non-medical/non nursing professions from the developing workforce safeguards gap analysis could be addressed and aimed to promote discussion about how UHL could promote professional diversity at a senior leadership level in line with the expectations of a 'Well-led' trust and as a response to some of the challenges arising from the gap analysis. Additionally, it considered the governance arrangements required to ensure other professional staff groups were visible and represented at a senior level visible to the Trust Board in line with other staff groups and the national guidance on developing allied health professional leaders. The Committee were supportive of the report's recommendation for the establishment of a professional clinical oversight group to oversee the management of the workforce agenda for professional clinical staff and were also supportive of the establishment of a Lead AHP role within the organisation. The contents of this report were received and noted.

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

117/19/5 Model Employer WRES Targets

The Trust Workforce Race Equality Standards (WRES) action plan which incorporated the nine WRES key performance indicators had been approved by the Equality, Diversity and Inclusion Board in September 2019 (as referenced within paper K presented at today's PPPC meeting by the Deputy Director of Learning and OD) and work would be undertaken by the EDI Board and national WRES Team (dedicated expert support would be provided to UHL) to update the action plan reflecting the areas of best practice set out in the WRES Model for improving BME representation across the NHS workforce, comprising four elements (1) Leadership and culture transformation (2) Positive action and practical support (3) Accountability and assurance and (4) Monitoring progress and benchmarking.

Note was made that relevant data would feed into the Performance Review Meetings (PRMs). PPPC input and support was sought in increasing BME representation at senior levels across the Trust and strengthening accountability and assurance, in order to meet UHL aspirational targets set (10 year ambition).

The PPPC was very supportive of the continuing initiatives being undertaken in equality, diversity and Inclusion. The Committee received and noted the contents of this report and noted that a revised version of the action plan would be developed and presented at the February 2020 Trust Board Thinking Day.

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

(B) a revised version of the action plan be developed and presented at the Trust Board Thinking Day.

DDL0D

117/19/6 Report from the Director of People and Organisational Development

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

117/19/7 Feedback Fortnight

Resolved – that this item be deferred for consideration at the December 2019 PPPC meeting due to time constraints at today's meeting.

CCSO

118/19 ITEMS FOR NOTING

118/19/1 Trust-Wide Medical E-Rostering Project

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

118/19/2 IR35 Quarterly Update

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

118/19/3 Workforce and Organisational Development Plan Update

In receiving and noting the contents of this report, the PPPC Non-Executive Director Chair specifically highlighted the rise in sickness absence.

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

118/19/4 Executive Performance Board (EPB)

Resolved – that the 22 October 2019 Executive Performance Board action notes (paper Q refers) be received and noted.

118/19/5 Executive Performance and Culture Board (EPCB)

Resolved – that the 29 October 2019 Executive Performance and Culture Board (EPCB) actions (paper R refers) be received and noted.

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:-

- Minute 110/19 – Freedom to Speak Up (Q1 and Q2) as a recommended item;
- Minute 111/19 – Performance Management and Accountability Framework as a recommended item;
- Minute 116/19/2 – Approach to Improve our People Practices (for noting);
- Minute 117/19/1 – Urgent and Emergency Care Performance Report – Month 7 (for

- noting), and
- Minute 117/19/2 – Bed Capacity and Bridge report (for noting).

121/19 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the People, Process and Performance Committee be held on Thursday 19 December 2019 from 11.15am in the Board Room, Victoria Building, Leicester Royal Infirmary.

JOINT SESSION WITH MEMBERS OF QOC

122/19 ITEMS FOR ASSURANCE

122/19/1 Minutes and Matters Arising Log from Joint PPPC / QOC session held on 24 October 2019

Resolved – that (A) the Minutes from the Joint PPPC/QOC session held on 24 October 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 24 October 2019 (Joint Paper 1a refers) be received and noted.

122/19/2 Cancer Performance Monthly Report

Joint paper 2, as presented by the Director of Operational Improvement, noted that the cancer referral rate remained higher than last year and continued to increase; performance remained relatively stable despite the growing demand. In September 2019 UHL achieved 3 standards against the national targets and 3 standards against UHL's trajectory. The 62 day standard remained the Trust's biggest challenge; this was a National challenge with UHL ranked 9/18 against peers and 97/142 against all acute Trusts. The paper showed a breakdown of performance against all targets and performance by tumour site for the 62 day target. A detailed action plan was included within the paper presented to PPPC which showed the actions that were being undertaken by the CMG's in order to improve performance. 104 Day Clinical Harm Review Quarter 1 2019/20 demonstrated no physical harm during the quarter (details in October board report). Note was made that SPC charts would be included in future reports for each of the tumour sites. The Trust had received positive feedback from EMCA, NHSE and the CCG on its transformational programme which was being delivered and would support improved quality and performance. Specific discussion took place regarding the need to be cognisant of the dip in performance that had occurred during December 2018 in order that a repeat occurrence could be prevented, and it was noted that this was the focus of discussion currently. In conclusion, the Committee was not assured that the Trust was currently able to meet its cancer performance standards.

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

(B) future iterations of this report include SPC charts for each tumour site.

DOI

122/19/3 Quality and Performance Report - Month 7

Members received and noted the contents of the monthly Quality and Performance report (Joint Paper 3 refers). The report provided a high level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary. Specific discussion took place regarding the reference to 'TBC' against specific targets detailed within the report and a request was made as to when this information would be available. In response, it was noted that this data had not been included as there was not currently a national target against these areas. It was agreed to amend future reports to read 'no national target' rather than 'tbc'. It was the case that local standards might be set in the absence of national standards and the data presented would reflect this, where relevant.

Resolved – that (A) the contents of Joint Paper 3 be received and noted, and

(B) future reports be amended to read ‘no national target’ or to detail the local target set (where relevant) rather than ‘TBC’ where this was the case.

COO

122/19/4 CMG Performance Review Data

Joint paper 3a summarised the outputs from the October 2019 performance review meetings (PRMs) with CMGs, the contents of which were received and noted.

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

The meeting closed at 2.53pm.

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

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>	8	7	88	<i>A Furlong</i>	8	6	75
<i>J Adler</i>	8	6	75	<i>K Jenkins</i>	8	4	50
<i>V Bailey</i>	8	8	100	<i>B Patel</i>	8	7	88
<i>P Baker</i>	8	5	63	<i>K Singh (ex-officio)</i>	8	7	88
<i>R Brown</i>	8	6	75	<i>M Traynor</i>	8	6	75
<i>I Crowe</i>	8	8	100	<i>P Traynor (up to end Oct 2019)</i>	7	2	29
<i>C Fox</i>	8	6	75	<i>H Wyton</i>	8	7	88

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>	8	6	75	<i>D Mitchell</i>	8	7	88
<i>A Carruthers*</i>	0	0	-	<i>B Shaw</i>	8	4	50
<i>B Kotecha</i>	8	7	88	<i>J Tyler-Fantom</i>	8	6	75
<i>S Leak</i>	8	7	88				

* for IT items only