

Trust Board paper K2

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD**

**DATE OF TRUST BOARD MEETING: 1 November 2018**

**COMMITTEE: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE**

**CHAIR: Ms V Bailey, Non-Executive Director in the absence of Mr A Johnson,  
Non-Executive Director and PPPC Chair.**

**DATE OF COMMITTEE MEETING: 27 September 2018**

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

- None.

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

- Improvements in cancer performance, specifically the reduction of the backlog relating to the 62 day standard (Minute 87/18/2 refers), and
- The need for a robust system-wide plan in relation to Winter 2018/19 (Minute 87/18/3 refers).

**DATE OF NEXT COMMITTEE MEETING: 25 October 2018**

**Ms V Bailey  
Non-Executive Director and Acting PPPC Chair**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE (PPPC)  
MEETING HELD ON THURSDAY 27 SEPTEMBER 2018 AT 11.15AM IN THE BOARD  
ROOM, VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY**

**Present:**

Ms V Bailey – Non-Executive Director (Acting Chair)  
Mr J Adler – Chief Executive  
Ms R Brown - Chief Operating Officer  
Col. (Ret'd) I Crowe – Non-Executive Director  
Mrs S Hotson – Director of Clinical Quality (deputising for Ms E Meldrum, Acting Chief Nurse)  
Mr J Jameson – Deputy Medical Director (deputising for Mr A Furlong, Medical Director)  
Mr K Singh – Non-Executive Director (ex-officio member)  
Ms S Tate - Patient Partner (non-voting member)  
Mr M Traynor - Non-Executive Director  
Mr P Traynor – Chief Financial Officer (up to and including Minute 93/18)  
Ms H Wyton – Director of People and Organisational Development (up to and including Minute 93/18)

**In Attendance:**

Mrs G Belton – Corporate and Committee Services Officer  
Mr C Benham – Director of Operational Finance (up to and including Minute 93/18)  
Mr M Caple – Patient Partner (for Minute 94/18)  
Mr J Clarke – Chief Information Officer (for Minute 88/18/2)  
Miss M Durbridge – Director of Safety and Risk (for Minute 94/18)  
Mr M Hotson – Head of Business, Commercial and Contracts (for Minute 89/18/1)  
Mr D Kerr – Director of Estates and Facilities (for Minute 89/18/1 and Minute 94/18)  
Ms B Kotecha – Deputy Director of Learning and Organisational Development (up to and including Minute 93/18)  
Ms S Leak – Director of Operational Improvement  
Ms D Mitchell - Deputy Chief Operating Officer  
Mr W Monaghan - Director of Performance and Information  
Ms J Tyler-Fantom – Deputy Director of Human Resources (up to and including Minute 93/18)

**RESOLVED ITEMS**

**ACTION**

**84/18 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Professor P Baker, Non-Executive Director, Mr A Furlong, Medical Director, Mr A Johnson, Non-Executive Director and PPPC Chair, Ms E Meldrum, Acting Chief Nurse, Mr R Moore, Non-Executive Director and Mr B Patel, Non-Executive Director.

**85/18 MINUTES**

**Resolved** – that the Minutes of the PPPC meeting held on 30 August 2018 (papers A and A1 refer) be confirmed as a correct record.

**86/18 MATTERS ARISING**

Paper B detailed the actions from previous meetings of the People, Process and Performance Committee (PPPC). In discussion regarding action 6, it was noted that this strategy, when submitted to the People, Process and Performance Committee would be entitled the 'People Strategy'.

**Resolved** – that the matters arising log – and any referenced actions above – be noted.

## 87/18 PERFORMANCE

### 87/18/1 Urgent and Emergency Care Performance

Paper C, as presented by the Deputy Chief Operating Officer, provided an update on the current position within emergency and urgent care. The report specifically detailed: progress against plan, key areas showing improvement and a list of actions which were at risk of not delivering to plan. Specific discussion took place regarding the launch of the Majors Ambulatory area, improving admitted breaches, which was dependent upon bed flow, and also regarding actions to improve non-admitted breaches (attention was specifically focussed, in the first instance, to those relating to primary care and injuries), with a trajectory for improvement in place. Two trials were currently in place in conjunction with DHU, the impact of which would be assessed. New on-call arrangements had also been implemented recently. Note was also made of the work on-going with regard to 'stranded' patients, with an acknowledgement that the definition of such was based solely upon length of stay and was not intended to imply that such patients no longer required treatment. The Trust would be working with community colleagues to determine available opportunities to deliver care outside of the acute hospital setting, where appropriate. Discussion also took place with regard to ED staff rotas, in terms of whether the rota was arranged on a team basis or individual staff member basis and it was suggested that this could potentially be an area for further exploration. The value of reviewing individual elements of the process when performance had gone well was also suggested, in order that this could be replicated.

In conclusion, the PPPC received and noted the contents of this report, acknowledging the significant volume of activity and the encouraging underlying continuing improvement in performance. It was noted that future such reports would detail only exceptions against plan, rather than the plan in its entirety.

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

### 87/18/2 Cancer Performance

The Director of Operational Improvement presented paper D, which related to cancer performance recovery for 2018/19, noting that UHL had consistently achieved 2 week wait, 31 day drug treatment and 31 day radiotherapy standards. The 62 day standard remained the Trust's biggest challenge. Cancer performance had deteriorated in July 2018. The trajectory for all nine standards had been reviewed and re-set in August 2018. By November 2018, it was anticipated that six of the nine standards would have been achieved and that, by the end of March 2019, eight of the nine standards would have been achieved. A robust Recovery Action Plan (RAP) owned by the Clinical Management Groups would be reviewed fortnightly in the Cancer Task Force meeting. There would be additional deterioration in performance in August 2018 through to October 2018 where additional breach patients would be seen to facilitate recovery in November 2018. Risks had been considered and were highlighted in the paper. Transformation funding had been agreed and receipt was awaited. The Living With and Beyond Cancer programme was progressing to plan. In discussion on this item, members acknowledged the decrease in backlog against the 62 day standard over the past three weeks, which represented performance ahead of the planned trajectory and was welcomed. Particular discussion took place regarding the management of treatment pathways, consultant vacancies and the intention to develop a more comprehensive cancer strategy.

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

### 87/18/3 UHL Winter Capacity Planning 2018/19

The Chief Operating Officer presented paper E, which described how the Trust was proposing to respond to increased surges and / or service demands during the winter 2018/19 period. The report also appended the system wide (LLR) plan to-date, which

required further work. The report noted that the bed gap had been identified and actions to bridge the gap had been identified (albeit there remained a bed gap over the winter period) and these actions were being progressed by the Clinical Management Groups. Weekly meetings were in place to ensure that actions were being identified and progressed in all areas. In discussion, the Chief Operating Officer noted her intention to submit the Winter Plan to the PPPC on a regular basis. Particular discussion took place regarding the ability to staff wards as being a key area of risk, progress made with the new ward on the Glenfield Hospital site and the introduction of new ways of working, which were currently in the planning stages. The Committee particularly emphasised the need for a joined up health community approach to winter 2018/19, with all parts of the system held to account. In discussion, the Chief Executive noted that he would take forward the issue of the LLR response to the 'asks' included in a recent communication from the NHSE, consulting accordingly with the Chief Operating Officer in this respect in terms of the work of the A & E Delivery Board.

CEO

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

**(B) the Chief Executive be requested to ensure that the Chief Operating Officer, through her membership of the A & E Delivery Board, ensured that the system was clear on all respective accountabilities detailed within the letter from the NHSE.**

CEO/  
COO

## 88/18 PROCESS

### 88/18/1 Accountability and Performance Management Framework

The Chief Operating Officer presented paper F, which detailed a first draft of a UHL Performance Management and Accountability Framework, the need to formalise such a framework having previously been the subject of discussion at the Executive Performance Board and People, Process and Performance Committee. The framework sought to codify the Trust's approach to performance management and document the Trust's accountability arrangements. It would both complement, and form an important component of, the Trust's overall Governance Framework. The framework incorporated the financial management accountability framework adopted in 2017/18 via the Finance and Investment Committee. In presenting this report, the Chief Operating Officer noted that the same report had been submitted for discussion at the Executive Performance Board (EPB) meeting held on 25 September 2018, at which time a number of specific updates had been requested. It was therefore agreed that the draft framework would be updated as per the comments made at the EPB meeting, with the revised version then presented at the October 2018 meetings of both the EPB and PPPC for information.

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

**(B) the draft framework presented be updated as per the comments made when this item was discussed at the Executive Performance Board (EPB) meeting two days previously, with the revised version then presented for information at the October 2018 meetings of both the Executive Performance Board and the People, Process and Performance Committee.**

COO/  
DCLA

### 88/18/2 Cyber Security Strategy

The Chief Information Officer attended the meeting to present the Trust's draft Cyber Security Strategy 2018-2021 (paper G refers) and requested feedback on the contents thus far. In discussion, the PPPC supported the implementation of an annual whole business test in order to highlight any updates required to business continuity plans and agreed that the Chief Information Officer would submit an updated strategy and related plan, once finalised, at a future Trust Board meeting for formal approval, having first submitted this for comment and sign off at an executive board meeting. It was also agreed that the Chief Executive and Chief Information Officer would discuss, outwith the meeting, the governance structure in place relating to IT business, in terms of determining which Trust groups (e.g. EIM&T Board,

eHospital Board, Digital Strategy Board etc) held responsibility for which elements.

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

(B) the Chief Information Officer be requested to submit an updated strategy and related plan, once finalised, at a future Trust Board meeting for formal approval (having first submitted this for comment and sign off at an executive level board meeting), and

CIO

(C) the Chief Executive and Chief Information Officer be requested to discuss, outwith the meeting, the governance structure in place relating to IT business, in terms of determining which Trust groups (e.g. EIM&T Board, eHospital Board, Digital Strategy Board etc) held responsibility for which elements.

CEO/  
CIO

## 89/18 PEOPLE

89/18/1 Report from the Director of Estates and Facilities

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

89/18/2 Workforce Race Equality Standard (WRES) Update

The Deputy Director of Learning and Organisational Development presented the WRES 2018 comparative data report (paper I refers). The Trust had increased its focus and attention on race equality, making it an annual priority for 2018/19. The report demonstrated a steady improvement in indicators 1-4 (workforce metrics), a slight deterioration in indicators 5-8 (from the most recent staff survey) and no improvement in indicator 9 (Board representation). Steady progress and a great deal of momentum had been achieved over the past 12 months. This had coincided with the establishment of the Trust's Equality and Diversity Board chaired by the Chief Executive, development of an integrated Equality and Diversity Action Plan with a strong focus on WRES actions, establishment of a UHL BAME Voice staff network and system wide learning and development of positive action measures such as reverse mentoring. The PPPC received and noted the contents of this report, noting the significant progress made in some areas, which was very encouraging. The PPPC also expressed support for the implementation of actions detailed in the integration plan included within the report. Note was made that the issue relating to Board representation would be addressed through a report to the Remuneration Committee.

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

89/18/3 Guardian of Safe Working Quarterly Report

The Deputy Director of Human Resources presented paper J, 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 management of exception reporting, which would be closely monitored. The PPPC supported the submission of this report onto the Trust Board for formal receipt and noting (via attachment of the report to the PPPC Summary from today's meeting which was being submitted to the 4 October 2018 public Trust Board meeting).

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

(B) this report be submitted onto the Trust Board for formal receipt and noting (via its attachment to the PPPC summary from today's meeting, which was being submitted to the 4 October 2018 public Trust Board meeting).

89/18/4 Workforce and Organisational Development Set

The Deputy Director of Human Resources presented paper K, which captured key workforce datasets for Month 5 (as at the end of August 2018), the contents of which were received and noted. In presenting this report, the Deputy Director of Human Resources highlighted the inclusion of an additional slide featuring BME recruitment data. Specific note was also made of the improvement in the 'time to hire' metric and of the intended submission of the People Strategy to the October 2018 meeting of the PPPC.

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

**90/18 MINUTES FOR INFORMATION**

90/18/1 Executive Performance Board

**Resolved** – that the contents of the Executive Performance Board action notes from the meeting held on 28 August 2018 (paper L refers) be received and noted.

90/18/2 Executive Workforce Board

**Resolved** – that (A) the contents of the Executive Workforce Board action notes from the meeting held on 17 July 2018 (paper M refers) be received and noted, and

(B) it be noted that the next meeting of the Executive Workforce Board be held on 16 October 2018.

**91/18 ANY OTHER BUSINESS**

**Resolved** – that there were no additional items of business.

**92/18 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that the following items be highlighted for the attention of the Trust Board, through the PPPC meeting summary presented to the October 2018 public Trust Board meeting:-

- improvements in cancer performance, specifically the reduction of the backlog relating to the 62 day standard (Minute 87/18/2 above refers) and
- the need for a robust system-wide plan in relation to Winter 2018/19 (Minute 87/18/3 refers).

PPPC  
CHAIR/  
CCSM

**93/18 DATE OF THE NEXT MEETING**

**Resolved** – that the next meeting of the People, Process and Performance Committee be held on Thursday 25 October 2018 from 11.15am in the Board Room, Victoria Building, Leicester Royal Infirmary.

**94/18 JOINT SESSION WITH MEMBERS OF QOC**

94/18/1 Quality and Performance Report - Month 5

Joint Paper 1, as presented by the Director of Performance and Information, detailed the quality and performance metrics as at month 5 (period ending 31 August 2018), the contents of which were received and noted. Particular discussion took place regarding:-

- (a) elective care delivery, including the key commitment regarding the waiting list size;
- (b) 52 week breaches (there were none in September 2018);
- (c) improvements in relation to cancelled operation performance;

- (d) the SPC analysis detailed at pages 45 and 46, which would feature within the main body of the report from the next iteration (to be received in October 2018) onwards;
- (e) reasons behind reported single sex accommodation breaches (mainly relating to prioritising patient safety over single sex accommodation during the pressured winter months);
- (f) the fact that PPPC members would find it helpful to see trends over time – it was agreed that Ms Bailey, Non-Executive Director and Acting PPPC Chair would brief the Director of Performance and Information, outside the meeting, as to which specific trends would be of most use for PPPC members to have sight of;
- (g) the agreement reached that the Director of Performance and Information would seek to separate out, in future reports, those GP referrals which could not be made via the electronic referral system for varying reasons;
- (h) continuing good performance in respect of mortality data and
- (i) trust-wide sepsis performance and the electronic reporting of this from this month onwards.

**VB  
(NED)**

**DPI**

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

**(B) Ms Bailey, Non-Executive Director, be requested to brief the Director of Performance and Information, outside the meeting, as to which specific trends over time it would be of most help for the PPPC to have sight of, and**

**VB  
(NED)**

**(C) the Director of Performance and Information to seek to separate out, in future reports, those GP referrals which could not be made via the electronic referral system for varying reasons.**

**DPI**

94/18/2 CMG Performance Review Slides

The Director of Performance and Information presented Joint Paper 1a, which detailed a summary and ratings from the CMG Performance Review meetings, noting the proposal that the last slide (review ratings) from this report featured in future Quality and Performance reports. In response to this proposal, Non-Executive Director members of the PPPC noted that they would value the summary of the key points in addition to the review ratings slide in order to provide them with full assurance regarding this matter, which the Chief Executive confirmed had been the previous agreement reached in terms of the provision of information to PPPC members re CMG performance.

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

**(B) the Director of Performance and Information be requested to continue to provide the ‘summary of key points’ slide in future reports (in addition to the review ratings slide) in order to provide sufficient assurance to NED colleagues.**

**DPI**

The meeting closed at 1.45pm.

Gill Belton – 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>	6	5	83	<i>B Kotecha / J Tyler-Fantom (Apr 18 – 31 July 2018)</i>	4	4	100
<i>J Adler</i>	6	4	67	<i>E Meldrum (Apr 18 – Sept 18)</i>	6	4	67
<i>V Bailey</i>	6	6	100	<i>R Moore</i>	6	2	33
<i>P Baker</i>	6	3	50	<i>B Patel</i>	6	5	83

<i>R Brown (from June 2018)</i>	4	3	75	<i>K Singh (ex-officio)</i>	6	3	50
<i>I Crowe</i>	6	6	100	<i>M Traynor</i>	6	6	100
<i>E Doyle (until May 2018)</i>	2	2	100	<i>P Traynor</i>	6	5	83
<i>A Furlong</i>	6	5	83				

*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>	6	5	83	<i>C Ribbins</i>	6	4	67
<i>J Clarke</i>	6	3 *	50	<i>B Shaw</i>	6	2	33
<i>S Leak</i>	6	5	83	<i>S Tate</i>	6	6	100
<i>W Monaghan</i>	6	6	100				

\* for IT items only