

Cover report to the Trust Board meeting to be held on 2 August 2018

Trust Board paper J	
Report Title:	People, Process and Performance Committee – Chair’s Report (formal Minutes will be presented to the next Trust Board meeting)
Author:	Helen Stokes Corporate and Committee Services Manager
Reporting Committee:	People, Process and Performance Committee
Chaired by:	Andrew Johnson, Non-Executive Director
Lead Executive Director(s):	Rebecca Brown – Chief Operating Officer Joanne Tyler-Fantom / Bina Kotecha – Joint Acting Directors of People and Organisational Development
Date of last meeting:	26 July 2018
Summary of key public matters considered by the Committee and any related decisions made:	
<p>This report provides a summary of the following key issues considered at the People, Process and Performance Committee on 26 July 2018:</p> <p>(1) Performance</p> <ul style="list-style-type: none"> • Urgent and emergency care – a refresh One month into post, the Chief Operating Officer presented her analysis of UHL’s urgent and emergency care challenges. Despite good initiatives re: reducing delayed transfers of care, and improving ambulance handovers, UHL was yet to see a long-term sustainable improvement in delivery of the emergency and urgent care target (eg despite having met its AOP 2018-19 trajectory for the last 3 months, July 2018 was likely to be very challenging). The Chief Operating Officer considered that this was primarily due to pathway and process – rather than capacity – issues. Improvements to governance and the on-call and escalation processes were key priorities for the Chief Operating Officer, and her presentation set out both the inflow and outflow challenges facing UHL, recognising that these issues were already known to the Trust. A high level action plan was appended to the presentation, and included:- <ul style="list-style-type: none"> (i) strengthening the (internal) governance arrangements for urgent care, through the establishment of a framework including a new (monthly) Operational Management Group and an Urgent Care Board both chaired by the Chief Operating Officer; (ii) actions to strengthen the on-call structure and function, and increase consistency; (iii) actions to strengthen urgent care escalation, both internally and externally, to ensure appropriate alignment to OPEL-level actions; (iv) improving the operationalisation of the ED front door contract, to reduce non-admitted breaches and improve flow through ED; (v) actions to improve overnight ED performance, including senior clinical review of emergency patient flow throughout the hospital in a 24-hour period; (vi) reviewing the current bed model to address hyper-segmentation issues; (vii) actions to improve outflow, including improving early discharge and reducing super stranded patients, and (viii) work on staffing and skillmix. <p>PPPC welcomed the Chief Operating Officer’s fresh perspective, analysis and action plan, and agreed to receive an exception-based monthly update against the high-level action plan. PPPC requested that an appropriate ‘target’/‘outcomes’ column be added to that plan, and assurance was also received that the high-level plan was underpinned by granular-level supporting detail which would be reviewed through the appropriate operational/executive forum. Non-Executive Directors commented on the need to focus on the key elements and ensure they were embedded, and also welcomed the presentation’s focus on accountability, capability, and capacity.</p> <p>A specific report on ED performance for June 2018 had also been circulated to PPPC as per paper C1.</p> • Community services redesign The Director Lead for LLR Community Services Redesign attended to set out the work to date on this issue, and to describe the emerging features of the potential new model (aiming to support a ‘Home First’ approach and support increasing integration of health and social care services in the community). A high-level model was 	

anticipated at the end of September 2018, and the PPPC Patient Partner queried what level of patient and public involvement had taken place to date – in response, it was noted that the more detailed work on that would start shortly. In discussion, PPPC welcomed the broad thrust of the project, noting the crucial need for appropriate cultural and organisational development change (which the Director Lead for LLR Community Services Redesign agreed to raise at the local workforce action group). PPPC also noted the need to avoid any negative impact on 2018-19 winter planning/winter capacity, and to make any changes as seamless as possible for patients. The Medical Director welcomed the concept of a single bedbase accessible to all partners, and emphasised the need for appropriate IT linkages/enablers to be in place. In response to Non-Executive Director comments, the Director Lead for LLR Community Services Redesign recognised the need for clearer linkages to the ongoing LLR-wide frailty work. PPPC also welcomed comments from the Chief Executive on the inclusive nature of the community services review to date.

(2) Process

- **CMG performance management review process**

The PPPC Chair confirmed that he wished this item to continue to be included on the PPPC's agenda. He welcomed the progress towards a systematic approach to this issue, and the perspective/experience of the new Chief Operating Officer. The Chief Operating Officer outlined progress to date on the CMG performance review meetings, which formed part of the overall performance management framework, and she advised that a sample agenda, information pack and minutes from those CMG performance review meetings would be shared with PPPC members in August 2018.

- **Agency reporting changes**

The Acting Joint Director of People and OD briefed PPPC on the NHS Improvement New Agency Rules (which had been published on 31 May 2018 for implementation in July 2018), and outlined how these would be implemented to ensure that UHL complied with the reporting regime. In response to a query, the Medical Director advised that the caps related to both day and night-time hours. PPPC supported the recommendations (including the change to the Trust's current internal bank rate).

(3) People

- **5-year workforce strategy**

Following its discussion at the July 2018 Executive Workforce Board, the Trust's draft 5-year strategic workforce plan (2018-23) was presented for endorsement. The plan supported the Trust's strategic objective to ensure that *"we will have the right people with the right skills in the right numbers in order to deliver the most effective care"*, and set out 6 pivotal steps to delivering that objective. 'Defining the required workforce' was a crucial element, and the plan looked at the immediate, medium, and transformational stage requirements. The strategy also contained additional detail on medical and nursing staffing requirements. PPPC welcomed the publication of the strategy and requested that leads be allocated to ensure appropriate ownership and accountability. PPPC also suggested that the executive summary of the strategy should clarify that all staff groups were covered, with an explanation of why additional detail was included on the nursing and medical workforce. In response to a PPPC query, the Medical Director also confirmed that the Consultant job planning compliance figure was higher than that currently shown in the report, and would be amended accordingly.

- **Equality and diversity targets and strategic action plan**

The report advised PPPC of the significant work undertaken since January 2018, including progress on the issues raised by the CQC inspection. The new UHL Equality and Diversity Board had now held 2 meetings, focusing in particular on targets and interventions. In response to a comment, PPPC agreed that it would be helpful to clarify that although the Equality and Diversity Board's current focus was on race and BAME issues, further work would also take place in due course on the other protected characteristics. Although supporting the Equality and Diversity Board's focus on a realistic stretch target for BAME leadership within UHL (21.4%), PPPC Non-Executive Directors suggested that this needed appropriate explanation within the strategic action plan, to clarify the movement away from the initial (now viewed as unrealistic) target.

- **Reports received for information**

Consultant recruitment process update; TUC 'dying to work' charter; UHL Way update; health and wellbeing strategy – looking after UHL; HELM learning management system update; workforce and OD plan update.

- **Minutes received for information**

Executive Performance Board 26.8.18.

Joint PPPC and QOC session:

- **Quality and Performance Report – Month 3**

This report detailed the quality and performance metrics as at month 3 (June 2018). Particular discussion took place relating to RTT (noting that the Trust had been only 0.1% off the RTT trajectory for June 2018), diagnostics (the target had not been met for July 2018 and the Chief Operating Officer noted the need to address endoscopy as a key high-volume activity area), and the cancer targets (noting the significant work planned in respect of both urology and lower GI, with the smaller tumour sites broadly getting back on track). The Chief Operating Officer was also reviewing UHL's policies on both cancellations and access, to ensure they matched best practice. In discussion, the QOC Non-Executive Director Chair queried the position regarding Same Sex Accommodation breaches, noting the Chief Operating Officer's view that these should now reduce. In response to a further query from the QOC Non-Executive Director Chair, the Chief Executive outlined the likely factors behind QMC's good performance in respect of ambulance handovers.

In response to a query from the PPPC and QOC Patient Partners, the Director of Performance and Information advised that the waiting list position of patients would not be penalised if they refused an out-of-area offer.

The PPPC Non-Executive Director Chair sought an update on the outpatients transformation work, and received assurance that this was already monitored through QOC.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

None

Items highlighted to the Trust Board for information:

1. the revised plan for emergency care;
2. the progression of process-revision to drive CMG performance, and
3. the publication of the 5-year workforce strategy.

Matters referred to other Committees:

None.

Date of next meeting:

30 August 2018.