

Trust Board paper L3

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

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

**DATE OF TRUST BOARD MEETING: 2 August 2018**

**COMMITTEE: People, Process and Performance Committee**

**CHAIR: Mr A Johnson, Non-Executive Director**

**DATE OF COMMITTEE MEETING: 28 June 2018**

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

- None

**OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:**

- emergency care performance (Minute 52/18/1)
- junior doctors' contract Guardian of Safe Working quarterly report (Minute 54/18/1)

**DATE OF NEXT COMMITTEE MEETING: 26 July 2018**

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

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE MEETING  
HELD ON THURSDAY 28 JUNE 2018 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  
Professor P Baker - Non-Executive Director (from Minute 52/18/2)  
Ms R Brown – Chief Operating Officer  
Col. (Ret'd) I Crowe – Non-Executive Director  
Mr A Furlong – Medical Director  
Ms B Kotecha – Joint Acting Director of Workforce and Organisational Development (with the exception of Minute 59/18)  
Ms E Meldrum – Acting Chief Nurse  
Mr B Patel - Non-Executive Director  
Mr K Singh – Trust Chairman  
Ms S Tate - Patient Partner (non-voting member)  
Mr M Traynor - Non-Executive Director  
Mr P Traynor – Chief Financial Officer (with the exception of Minute 59/18)  
Ms J Tyler-Fantom – Joint Acting Director of Workforce and Organisational Development (with the exception of Minute 59/18)

**In Attendance:**

Mrs G Belton – Corporate and Committee Services Officer  
Mr C Benham – Director of Operational Finance  
Miss M Durbridge – Director of Safety and Risk (for Minute 59/18 only)  
Mr D Kerr – Director of Estates and Facilities (for Minute 59/18 only)  
Ms S Leak – Director of Operational Improvement  
Mr W Monaghan - Director of Performance and Information  
Ms C Ribbins – Deputy Chief Nurse  
Mr B Shaw – Director of Efficiency and CIP (with the exception of Minute 59/18)

**RESOLVED ITEMS**

**49/18            APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr J Adler, Chief Executive, Mr J Clarke, Chief Information Officer and Mr R Moore, Non-Executive Director.

**50/18            MINUTES**

**Resolved** – that the Minutes of the previous meeting held on 24 May 2018 (papers A and A1) be confirmed as a correct record.

**51/18            MATTERS ARISING**

Paper B detailed the actions from previous meetings of the People, Process and Performance (PPP) Committee. Updates provided at the most recent meeting had been incorporated into the Matters Arising log.

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

**52/18 PERFORMANCE**

52/18/1 Emergency Performance and Organisation of Care Report

Paper C, as presented by the Director of Operational Improvement, provided an update on performance against the NHSI trajectory for emergency care, which improved in May 2018 and remained above the NHSI trajectory. The report provided an update on the actions to enable further improvement.

Specific discussion took place regarding:-

- a current lack of assurance as to the whether performance against the four hour trajectory could be sustained, particularly in light of the need to achieve against a higher trajectory later in the 2018/19 financial year – note was made of recent revisions to the ED action log which represented significant changes. The revised action log would shortly be issued as part of the weekly performance report;
- following the re-setting of the UHL 4 hour performance trajectory, the need now to revise the LLR wide performance trajectory was noted, as was the planned development of LLR-wide actions (a proportion of actions would require specific UHL action, whilst others would represent a ‘system-ask’). The LLR action plan was expected to be available for submission to the PPP Committee in August 2018;
- the benefit to be achieved if additional granularity of data re specific internal performance could be provided (in order to focus targeted interventions on those areas within UHL’s gift to resolve). The Committee particularly wished to see improvements made in relation to non-admitted breaches, primary care breaches within ED and breaches occurring between 8pm and 4am and they also highlighted the need for robust system-wide leadership;
- the positive achievements made in respect of ambulance handover performance and also in relation to stranded and super stranded patients, which was welcomed;
- the need for the Trust to be cognisant of its national ranking in terms of the potential lessons to be learnt from elsewhere., and
- the new Chief Operating Officer (who had commenced on 25 June 2018) would assume responsibility for overseeing the preparation of a new action plan for ED, reflecting the lessons that she had learned elsewhere. In discussion, the Chief Operating Officer accepted accountability for ensuring that ED was able to meet its committed performance trajectory over the coming year.

**DOI**

**COO/DOI**

In conclusion, the People, Process and Performance Committee acknowledged the current achievement of 4 hour performance against the agreed trajectory, however expressed a current lack of assurance as to the sustainability of performance against the rising trajectory in future months without successful implementation of the specific actions identified and that these actions had the desired effect within the time available.

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

**(B) the LLR-wide action plan (relating to emergency care performance) be submitted to the PPP Committee meeting in August 2018.**

**COO/DOI**

Paper D1, as presented by the Director of Performance and Information, detailed progress in respect of the Trust's capacity plans for Winter 2018/19 and specifically included information regarding unresolved issues to-date, the re-phasing of the plan, progress on outsourcing, planning for a modified profile of elective surgery, high level changes to the theatre plan, details of the specific groups undertaking work towards the winter plan for 2018/19, the anticipated bed gap, progress on the establishment of additional winter wards (potentially creating a 'revised option D' based on the most recent internal discussions), plans in relation to frailty and the planned work programme.

The Committee welcomed sight of these detailed plans at such an early stage in the year and suggested that it would be helpful to focus on frailty at a future Trust Board Thinking Day. In discussion, it was also agreed that the Director of Operational Improvement would review the possibility of adopting a 'gold standard' approach to the various aspects which comprised the timeline to discharge given the benefits this could yield both in terms of patient experience and bed capacity. It was accepted by the Committee that these plans were still "work in progress" and would continue to be refined prior to the winter period. Given the rapid approach of the winter season, it was agreed that the Committee would review the plans again at the August 2018 meeting, by which time their provision should be firm and ready to be put into place.

Discussion took place on the LLR system initiatives to improve winter performance and it was agreed to invite Ms R Vyas, Head of Strategic Development, to attend the July 2018 meeting of the PPP Committee for the purpose of updating the Committee on the LLR initiative on the Community Services Bed Base Review.

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

**(B) a session on frailty be scheduled for a future Trust Board Thinking Day;** DCL/DSC

**(C) the Director of Operational Improvement be requested to review the possibility of adopting a 'gold standard' approach to the various aspects comprising the timeline to discharge (given the benefits this could yield in terms of patient experience and bed capacity);** DOI

**(D) to invite the Head of Strategic Development to attend the July 2018 PPP Committee for the purpose of updating the Committee on the LLR initiative on the Community Services Bed Base Review, and** CCSO

**(E) the finalised iteration of Winter Planning be presented to the August 2018 PPP Committee to provide assurance that effective plans were in place and able to be implemented.** COO/ACN/  
DPI

Paper D2, as presented by the Acting Chief Nurse, detailed a high level plan of activities to support additional nursing capacity from 1 October 2018 to 31 March 2019. Specific note was made of the Nursing Recruitment Day planned for Saturday 7<sup>th</sup> July 2018, and the Acting Chief Nurse was requested to provide an update at the next PPP Committee meeting in July 2018 as to whether it was likely that the Trust would be able to recruit to plan after the outcome of this event was known.

Specific discussion took place regarding different and innovative ways of working, alterations of skill mix (where relevant), external assistance in the undertaking of statutory and mandatory audits, the use of Nurse Associates, the use of a pool of recently retired staff and lessons learned from the previous Winter. In spite of all of the planned initiatives, it was still expected that there would be a sizeable nurse staffing gap and this information would be shared with NHSI. It was noted that this work all formed part of the Workforce Strategy due to be received at the July 2018 meeting of the PPP Committee.

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

**(B) the Acting Chief Nurse be requested to provide an update at the next PPP Committee meeting in July 2018, once the outcome of the Nurse Recruitment Day planned for 7 July 2018 was known, as to whether it was likely that the Trust would be able to recruit to plan.**

ACN

**53/18 PROCESS**

**53/18/1 Assurance of CMG Management Processes and Performance - CMG Performance Review Process (utilising the MSS Assurance Performance Review meeting slides)**

Paper E, as presented by the Medical Director, made reference to the review and strengthening of the arrangements which the Executive Team had in place to oversee the performance management of the Clinical Management Groups following the constructive challenge provided by the PPP Committee over the past few months and detailed the new approach which would operate fully from June 2018. The PPP Committee would therefore receive the Executive Team’s review of the performance of the CMGs at its July 2018 meeting. The Committee Chairman, and the wider Committee, noted that they were very encouraged by the progression of this work and considered this latest iteration a major step forward in the process of assuring effective management of CMG performance. The Executive Team considered this a more enhanced data-driven process than that employed previously. The Committee Chairman noted that whilst the content of the management pack might change to reflect experience, the next major stage in the process would be the development of a process roadmap led by the Executive Team, which it was agreed would be presented at a future PPP meeting. He recommended, and this was accepted, that the Executive Team would ensure that they now took steps to tie in the objectives of the individuals in the CMG leadership teams to the Annual Plan for each CMG.

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

**(B) the PPP Committee receive the Executive Team’s review of the performance of CMGs at its July 2018 meeting;**

CEO/MD/  
CFO/ACN

**(C) a process roadmap for the effective management of CMG performance to be determined and presented to a future PPP meeting (date to be advised), and**

CEO/MD/  
CFO/ACN

**(D) the objectives of the individuals in the CMG leadership teams to be tied into the requirements of the Annual Plan 2018-19 for each CMG.**

CEO/MD/  
CFO/ACN

53/18/2 Report by the Joint Acting Director of People and Organisational Development

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

54/18 PEOPLE

54/18/1 Junior Doctors Contract Guardian of Safe Working Report

Paper G, as presented by Ms Tyler-Fantom, Joint Acting Director of People and Organisational Development, noted that the 2016 Junior Doctors Contract had been fully implemented at UHL and, in line with the requirements of the 2016 Contract, this report provided a quarterly update on Exception Reporting activity at the Trust. In presenting this report, Ms Tyler-Fantom, Acting Joint Director of People and Organisational Development highlighted the positive feedback received regarding the Trust's processes and noted the planned targeting of any CMGs who were late in returning exception reports.

The Committee received and noted the contents of this report and recommended it onto the Trust Board for formal receipt and noting (via attachment of the report to the PPP Summary from today's meeting which was being submitted to the 5 July 2018 public Trust Board meeting).

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

**(B) this report be recommended onto the Trust Board at its meeting on 5 July 2018 for formal receipt and noting (via attachment of the report to the PPP Summary from today's meeting which was being submitted to the 5 July 2018 public Trust Board meeting).**

CCSO

54/18/2 Update regarding Agenda for Change

Paper H, as presented by Ms Tyler-Fantom, Joint Acting Director of People and Organisational Development, set out the updated position on the Agenda for Change Trade Union Consultation and the next steps for UHL (including the convening of a Task and Finish Group). The full NHS Staff Council meeting to formally ratify the deal had taken place on 27 June 2018 and a formal announcement arising from that meeting was awaited. Subject to the formal announcements, it was currently anticipated that basic monthly pay would be uplifted from July 2018 with backdated pay (from April 2018) paid to staff in either July or August 2018. The Committee received and noted the contents of this report and specifically noted the funding arrangements to cover the additional costs arising from the pay deal.

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

54/18/3 Workforce and Organisational Development Plan Update

The slide deck accompanying paper I captured key workforce datasets for Month 2 (May 2018), the contents of which were received and noted. Specific note was made of the fact that the Workforce Plan was due to be submitted to the next PPP Committee in July 2018. Particular note was made of the usefulness of understanding any nuances in staff turnover figures (in terms of staff groups, seasonal variations

etc.) and it was noted that this data was fed through the CMGs. In considering this report, members also discussed the use of agency staff where staffing was under plan.

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

**55/18 MINUTES FOR INFORMATION**

55/18/1 Executive Performance Board

**Resolved** – that the action notes of the meeting of the Executive Performance Board held on 22 May 2018 (paper J refers) be received and noted.

55/18/2 Executive Workforce Board

**Resolved** – that it be noted that the next meeting of the Executive Workforce Board will be held on Tuesday 17 July 2018, the action notes from which will subsequently be submitted to the People, Process and Performance Committee.

**56/18 ANY OTHER BUSINESS**

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

**57/18 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that a summary of the business considered at this meeting be presented to the Trust Board meeting on 5 July 2018 (and specifically highlight to the Trust Board the discussions held relating to Minute 52/18/1 (Emergency Care Performance) in particular, the current lack of assurance as to the sustainability of performance against the four hour trajectory and Minute 54/18/1 (Junior Doctors Contract Guardian of Safe Working report), specifically the recommendation of this quarterly report from the PPP Committee for formal receipt and noting by the Trust Board.

Cttee  
Chair/CCSO

**58/18 DATE OF THE NEXT MEETING AND MEETING DATES FOR 2019**

**Resolved** – that (A) the next meeting of the People, Process and Performance Committee be held on Thursday 26 July 2018 from 11.15am in the Board Room, Victoria Building, Leicester Royal Infirmary, and

(B) the proposed dates for meetings of the People, Process and Performance Committee in 2019 be agreed, as set out below (and as per paper K), all of which would take place from 11.15am – 1.45pm:-

- Thursday 31 January 2019;
- Thursday 28 February 2019;
- Thursday 28 March 2019;
- Thursday 25 April 2019;
- Thursday 30 May 2019;
- Thursday 27 June 2019;
- Thursday 25 July 2019;
- Thursday 29 August 2019;
- Thursday 26 September 2019;
- Thursday 24 October 2019;

- Thursday 28 November 2019, and
- Thursday 20 December 2019.

## 59/18 JOINT SESSION WITH MEMBERS OF QOC IN ATTENDANCE

### 59/18/1 Quality and Performance Report - Month 2

Joint Paper 1, as presented by the Director of Performance and Information, detailed the quality and performance metrics as at month 2 (period ending 30 May 2018).

Particular discussion took place relating to RTT, diagnostics (including the considerable growth in imaging requests and the detailed internal review and discussion being undertaken in relation to this), 52 week wait breaches, cancer performance (including the growth in cancer referrals and increase in cancer detection rates. Note was also made that a new governance process was shortly due to be operational), 62 day thematic breach analysis (specific note was made, in discussion, that these figures included intra-hospital transfers) and the review of first principles in terms of looking at previous decisions made with specific regard to unintended performance consequences. Also discussed was the most appropriate process by which to ensure that referrals sent to UHL had been appropriately directed.

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

**Post-Meeting Note** - further discussions took place in relation to the Quality and Performance Report for Month 2 in the Quality and Outcomes Committee meeting which followed on directly from the Joint QOC / PPP session. To ensure appropriate follow-up within the relevant forum, two specific actions agreed at this time (relating specifically to fractured neck of femur performance) were subsequently added to the PPP Matters Arising Log for tracking and reporting.

The meeting closed at 1.51pm.

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

#### Cumulative Record of Members' Attendance (2018-19 to date):

##### *Voting Members*

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Johnson (Chair)	3	3	100	B Kotecha / J Tyler-Fantom (Apr 18 -	3	3	100
J Adler	3	2	67	E Meldrum (Apr 18 -	3	3	100
V Bailey	3	3	100	R Moore	3	1	33
P Baker	3	2	67	B Patel	3	3	100
R Brown (from June 2018)	1	1	100	K Singh (ex-officio)	3	1	33
I Crowe	3	3	100	M Traynor	3	3	100
E Doyle (until May 2018)	2	2	100	P Traynor	3	3	100
A Furlong	3	3	100				

##### *Non-Voting Members*

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
C Benham	3	2	67	C Ribbins	3	3	100
J Clarke	3	2 *	67	B Shaw	3	2	67
S Leak	3	2	67	S Tate (from Dec 2017)	3	3	100
W Monaghan	3	3	100				

\* for IT items only