

Trust Board paper P1

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

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

**DATE OF TRUST BOARD MEETING: 3 May 2018**

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

**CHAIR: Andrew Johnson, Non-Executive Director**

**DATE OF COMMITTEE MEETING: 22 March 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:**

- Minute 19/18/1 – Junior Doctors Contract Reports comprising (1) Junior Doctors Contract Guardian of Safe Working Report and (2) Junior Doctors Contract Education Exception Report to be submitted to the Trust Board for information (both reports were appended to the PPP Summary from the meeting held on 22 March 2018 as submitted to the Trust Board on 12 April 2018).

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

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

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**  
**MINUTES OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE MEETING**  
**HELD ON THURSDAY 22 MARCH 2018 AT 10.05AM 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 E Doyle - Interim Chief Operating Officer  
Dr C Marshall – Deputy Medical Director (deputising for Mr A Furlong, Medical Director)  
Mr B Patel - Non-Executive Director  
Mr K Singh - Chairman (ex-officio member)  
Ms J Smith – Chief Nurse  
Ms S Tate - Patient Partner (non-voting member) – from Minute 18/18/1 (part)  
Ms L Tibbert - Director of Workforce and Organisational Development  
Mr M Traynor - Non-Executive Director  
Mr P Traynor – Chief Financial Officer

**In Attendance:**

Mrs G Belton – Corporate and Committee Services Officer (from Minute 17/18/1 (part))  
Mr C Benham – Director of Operational Finance (up to and including Minute 24/18)  
Mr D Kerr – Director of Estates and Facilities (from Minute 25/18)  
Ms B Kotecha – Deputy Director of Learning and Organisational Development (up to and including Minute 24/18)  
Dr D Lakhani – Deputy Director of Medical Education and Consultant Physician (for Minute 19/18/1 only)  
Mr W Monaghan - Director of Performance and Information  
Ms J Tyler-Fantom - Deputy Director of Human Resources (up to and including Minute 24/18)  
Mr S Ward – Director of Corporate and Legal Affairs (from Minute 14/18 to Minute 17/18/1 (part))

**RESOLVED ITEMS**

**14/18            APOLOGIES FOR ABSENCE**

Apologies for absence were received from Col.(Ret'd) I Crowe, Non-Executive Director, Mr A Furlong, Medical Director and Ms S Leak, Director of Operational Improvement.

**15/18            MINUTES**

**Resolved** – that the Minutes of the previous meeting held on 22 February 2018 (paper A) be confirmed as a correct record.

**16/18            MATTERS ARISING**

Paper B detailed the actions from the previous meetings of the People, Process and Performance 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.

**16/18/1        Verbal Report from the Director of Workforce and Organisational Development**

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

**17/18 PERFORMANCE**

**17/18/1 Improving Emergency Access and Organisation of Care**

Paper C, authored by the Interim Chief Operating Officer, provided an update on performance against the NHSI trajectory for emergency care, which remained below NHSI trajectory and acceptable levels, resulting in a poor experience for patients and failure to achieve a key national performance standard. The report provided an update on the actions to improve the current position and the progress of the Organisation of Care Programme (OCP) to achieve the objective of balancing demand and capacity for 2017/18.

Specific discussion took place regarding:-

- (i) NHS Improvements' expectation that the Trust tackled those matters under its direct control in order to effect an improvement in performance, as discussed at the quarterly review meeting held on 16 March 2018;
- (ii) the focus on improved system working, although the Chief Executive noted that there had been few firm commitments made to new actions at the meeting of the Leicester, Leicestershire and Rutland A&E Delivery Board held on 21 March 2018;
- (iii) the need for the Trust to bring about improvements, in particular, in relation to length of stay, 'stranded' patients and non-admitted breaches;
- (iv) the significant pressure experienced by the Emergency Department over the last two weeks, particularly in Majors;
- (v) a recent reduction in the number of medical outliers at the Trust;
- (vi) concerns about the Trust's ability to deliver satisfactorily and / or improving performance over Easter 2018, depending on numbers attending;
- (vii) the need for improvements in ED itself and the potential use of Nerve Centre to provide enhanced data;
- (viii) the results of a recent analysis of discharge delays, which the Chief Executive undertook to share with Committee members, the results of which were being utilised to identify and agree across the LLR health community which agency was responsible for addressing which particular issues;
- (ix) the need to agree a revised performance trajectory – the Chief Executive and Director of Performance and Information would be progressing this in conjunction with relevant colleagues, and
- (x) the Committee Chair requested a two-part plan to address all relevant issues (the first part of which would document the plan for the first six months of the 2018/19 financial year and the second part of which would document the last six months of the 2018/19 financial year).

**CEO**

**CEO / DPI**

**ICOO**

In conclusion, the People, Process and Performance Committee could not assure the Trust Board of the Trust's ability to achieve its current Emergency Care targets, however the Committee acknowledged the continued focus and efforts underway to address the position.

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

**(B) the Chief Executive be requested to share with Committee members the results of a recent analysis of discharge delays as referenced under point (viii) above,**

CEO

**(C) the Chief Executive and Director of Performance and Information be requested to progress the agreement of a revised performance trajectory in conjunction with relevant colleagues, and**

CEO/DPI

**(D) the Interim Chief Operating Officer and relevant colleagues be requested to produce a two-part plan to address all relevant issues (the first part of which would document the plan for the first six months of the 2018/19 financial year and the second part of which would document the last six months of the 2018/19 financial year).**

ICOO

17/18/2

UHL Winter Plan – First Draft

Further to Minute 05/18/2 of 22 February 2018, paper D provided a first draft of the initial UHL Winter Plan for 2018/19, for endorsement by the Committee, noting that this was yet to be discussed with partners across the health community. The report, which was yet to be populated with specific schemes and was yet to be costed, detailed the Trust's proposals for responding to increased surges and / or service demands during the next winter period. A full LLR system-wide plan would be completed and would focus on winter resilience planning. Particular discussion took place regarding the reported bed capacity gap, areas where scope still existed for further improvements to be made (both within UHL and across the wider health community), the inherent financial challenges across the system and the likely impact of such. Specific discussion also took place regarding the use and location of pharmacy services and it was agreed that the Chief Executive and the Chair of the People, Process and Performance Committee (the latter in his role as Chair of Trust Group Holdings Ltd) would discuss this further outside of the meeting.

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

**(B) the Chief Executive and the Chair of the PPPC (the latter in his role as Chair of Trust Group Holdings Ltd) be requested to discuss further, outwith the meeting, the use and location of pharmacy services.**

CEO /  
C,TGH

18/18

**PROCESS**

18/18/1

Report from the Chief Executive and Director of Performance and Information

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

18/18/2

Medical E-Rostering System

Paper F, as presented by the Director of Workforce and Organisational Development, detailed the Trust's support for a preferred software company to roster medical staff across UHL. The Committee received and noted the contents of this report, particularly the requirement for an 18-month project delivery plan and supported the proposal documented therein.

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

**the requirement for an 18-month project delivery plan, and the proposal documented therein be supported.**

**19/18 PEOPLE**

19/18/1 Junior Doctors Contract

Two reports were presented to the Committee for receipt and noting as follows (1) the Junior Doctors Contract Guardian of Safe Working Report and (2) the Junior Doctors Contract Education Exception Report, with the latter presented by Dr Lakhani, Deputy Director of Medical Education. Both reports had been produced in line with the requirements of the 2016 Junior Doctors Contract whereby the Guardian of Safe Working (GSW) would provide a quarterly report (June, September, December and March) on the management of Exception Reporting and rota gaps (the first report – paper G1 - refers) and the Director of Medical Education would provide an annual report on the management of Education Exception Reporting (the second report – paper G2 - refers). In the last three-month period from December 2017 to February 2018 there had been 139 exceptions recorded; a total of 420 exceptions since Exception Reporting was first implemented at UHL in December 2016. Nineteen of the exception reports were related to education issues (with no work scheduled having required review or alteration as a result of these) and the others related to work patterns. In the last quarter, there were 104 vacancies on junior medical staffing rotas. The majority of these gaps were being managed by backfilling with locum doctors. Active recruitment was on-going to fill any remaining gaps. Following feedback from Junior Doctors, a number of actions were being undertaken to highlight the exception reporting process which was fully supported by the Trust.

Specific discussion took place regarding an inaccurate 'tweet', which had been addressed satisfactorily and recognition of the positive work being undertaken by UHL in this area.

**Resolved – that the contents of these reports be received and noted and referred onto the Trust Board for information.**

DWOD/CCSO

19/18/2 2017 National Staff Survey Report

Paper H, as presented by Ms B Kotecha, Deputy Director of Learning and Organisational Development, detailed the results from the 2017 National NHS Staff Survey, the results of which would be used to develop strategies aimed at improving staff experience of working at UHL. 93 Acute Trust organisations had taken part in the staff survey in 2017 and, as reported by NHS Employers, national results demonstrated a service under strain with staff reporting that they were working under increased pressure and felt less able to deliver a good quality service. UHL had a response rate of 34% (a decrease of 2.2% from the previous year). Compared to the 2016 survey, the Trust scored significantly better on three questions, significantly worse on four questions and no significant difference on 81 questions. There had been improvement in the amount of staff that had completed appraisals and mandatory training, however there had been a decline in the quality of non-mandatory training, learning or development and the quality of appraisals fell below average in comparison to other acute Trusts. There had been a decrease in results for all three health and well-being questions relating to the National CQUIN. There was, however,

an increase from 62% to 63% for the question, 'Immediate manager takes a positive interest in my health and well-being'. Motivation and job satisfaction were areas requiring improvement along with harassment, bullying and abuse, with the latter being of particular concern. The Workforce Race Equality Standard results also showed deterioration compared to 2016 results. The reported next steps to respond to the results of the survey were documented fully within the report, the contents of which were received and noted by the Committee and the following two specific additional actions were agreed:

(1) the local results of the National Staff Survey would be included in the next Chief Executive's Briefing, and

DWOD

(2) a further report on the results of the Staff Survey (with greater granularity of responses by individual staff groups) would be presented at the April 2018 PPP Committee, following its discussion at the next Executive Workforce Board on 17 April 2018.

DWOD

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

**(B) the local (UHL) results of the National Staff Survey be included within the next Chief Executive's Briefing to staff, and**

DWOD

**(C) a further report on the results of the Staff Survey 2017 (with greater granularity of responses by individual staff groups) be presented at the April 2017 meeting of the People, Process and Performance Committee (following discussion at the Executive Workforce Board on 17 April 2018).**

DWOD

19/18/3

Equality and Diversity Strategic Action Plan

Paper I provided an update on the Trust's overarching Equality and Diversity Strategic Action Plan for 2018/19 and detailed overarching areas which would be developed over 2018/19 that would give greater momentum and emphasis on the Trust's key areas to drive its work forward. Given the expanding agenda and priorities, Clinical Management Groups (CMGs) would be required to take greater ownership of this work going forward. The Committee was requested to note and approve the updated draft Equality and Diversity Strategic Action Plan (2018-19).

Specific discussion took place regarding the need to be systematic in considering all of the protected characteristics and note was made of the new Workforce Disability Standard shortly to be implemented. The Committee approved the updated plan, considering this to be a positive development, which would evolve further over time.

**Resolved – that the contents of this report be received and noted and the updated draft Equality and Diversity Strategic Action Plan be approved.**

19/18/4

Annual Operating Plan: Workforce Submission

As part of the Trust's Annual Operational Plan submission to its regulators on 8 March 2018, the Trust was required to submit a technical workforce template as part of a suite of four technical templates also covering activity, finance and a triangulation template testing the correlation between workforce, finance and activity. This

submission was a refresh of year 2 of a two-year plan submitted last year. In addition, there was a requirement to submit a narrative template outlining the process for deriving the workforce plan and how it linked to the STP. This report to the Committee (paper J refers, as presented by the Director of Workforce and Organisational Development) summarised the key messages from this submission and the next steps towards completing a final version for submission to the Trust's regulators on 30 April 2018. The Committee was requested to note the process for achieving the draft plan, the principal headlines from the workforce submission and the future actions required to develop the final plan for 2018/19 based upon activity, capacity and workforce assumptions. The contents of this report were received and noted.

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

19/18/5 Workforce and Organisational Plan Update

Paper K detailed key workforce datasets for Month 11 covering pay bill, worked Whole Time Equivalent (WTE) and productivity performance with a particular focus on medical reporting, agency and non-contracted bill performance, vacancies and turnover, recruitment performance and actions, sickness, appraisal and staff engagement and organisational development. Assurances were provided within the report, including any actions to improve the current position. The Committee received and noted the contents of this report, specifically noting the focussed work currently on-going in ensuring that all relevant staff had completed their annual Information Governance training by 31 March 2018.

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

**20/18 MINUTES FOR INFORMATION**

20/18/1 Executive Performance Board

**Resolved – that the action notes of the meeting of the Executive Performance Board held on 20 February 2018 (paper L refers) be received and noted.**

20/18/2 Executive Workforce Board

**Resolved – that no further Executive Workforce Board meetings had been held since the 17 October 2017, the Minutes of which were presented to the People, Process and Performance Committee on 26 October 2017. The next meeting of the Executive Workforce Board would be held on 17 April 2018.**

**21/18 PEOPLE, PROCESS AND PERFORMANCE COMMITTEE WORK PLAN**

Paper M detailed the updated annual work plan for the committee.

**Resolved – that the report be received and noted.**

**22/18 ANY OTHER BUSINESS**

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

**23/18 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 12 April 2018 (including referral of the two reports concerning Junior Doctors – Minute 19/18/1 above refers - for the purpose of information only).

Cttee  
Chair/CCSO

**24/18 DATE OF THE NEXT MEETING**

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

**25/18 JOINT SESSION WITH MEMBERS OF QOC IN ATTENDANCE**

**25/18/1 Quality and Performance Report - Month 11**

Joint Paper 1, as presented by the Director of Performance and Information, detailed the quality and performance metrics as at month 11. A report was tabled at the meeting, the subject of which concerned the approach to managing RTT in 2018/19.

Particular discussion took place relating to:

- (i) the management of RTT in 2018/19, the related support required from health-community colleagues and the timetable for related discussions / agreement;
- (ii) the degree of system leadership in place;
- (iii) potential actions arising from particular focus on the 62-day target in relation to the treatment of cancer patients and
- (iv) the new data included within the report relating to ambulance handover times, upon which the reflections of Committee members were welcomed.

In further discussion, the Director of Performance and Information undertook to submit a report to the April 2018 People, Process and Performance Committee which provided an update in relation to planned care work.

**DPI**

**Resolved** – that **(A) the contents of joint paper 1 be received and noted, and (B) the Director of Performance and Information be requested to provide an update report to the April 2018 meeting of the People, Process and Performance Committee in relation to Planned Care work.**

**DPI**

**25/18/2 Stranded Patients – Reduction Plan**

Joint Paper 2, as presented by the Interim Chief Operating Officer, detailed observable trends in relation to stranded patients. The 'stranded patient' metric could be defined as the number of beds occupied by patients who had been in hospital 7 days or more, with 'super stranded' patients occupying beds for more than 21 days. A proportion of such patients would have a truly catastrophic illness and would need to be in hospital for an extended period however, a significant proportion would have spent 7 days or more in hospital because of unnecessary



waits in the system which undoubtedly impacted on the Trust's emergency care performance. The Committee was requested to note the work that was currently being undertaken around the 'stranded patient', notably the recent improvement in reduction in length of stay of the super stranded patients, particularly in paediatrics, and support the future work plans that aimed to reduce the number of stranded patients in UHL. The Committee received and noted the contents of this report and agreed that the Interim Chief Operating Officer would include the data and work being undertaken in relation to stranded patients within the regular performance reports going forward.

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

(B) the Interim Chief Operating Officer be requested to include data and the details of work being undertaken in relation to stranded patients within the regular performance reports going forward.

ICOO

The meeting closed at 12.25pm.

Gill Belton  
Corporate and Committee Services Officer

**Cumulative Record of Members' Attendance (2017-18 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>	7	7	100	<i>R Moore</i>	7	2	28
<i>J Adler</i>	7	7	100	<i>B Patel</i>	7	7	100
<i>V Bailey</i>	2	2	100	<i>K Singh (ex-officio)</i>	7	7	100
<i>P Baker</i>	7	4	57	<i>J Smith</i>	7	5	71
<i>I Crowe</i>	7	6	86	<i>L Tibbert</i>	7	7	100
<i>E Doyle</i>	3	3	100	<i>M Traynor</i>	7	7	100
<i>A Furlong</i>	7	4	57	<i>P Traynor</i>	7	6	86
<i>T Lynch (until Dec 2017)</i>	4	3	75				

*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>S Barton (until Dec 2017)</i>	3	2	66	<i>W Monaghan</i>	7	6	86
<i>C Benham</i>	7	6	86	<i>B Shaw</i>	7	3	43
<i>L Gallagher</i>	7	0	0	<i>S Tate (from Dec 2017)</i>	4	4	100
<i>M Gordon (until Nov 2017)</i>	3	3	100	<i>J Tyler-Fantom</i>	7	5	71
<i>B Kotecha</i>	7	4	57				