

Cover report to the Trust Board meeting to be held on 4 January 2018

Trust Board paper J

Report Title:	People, Process and Performance Committee – Committee Chair’s Report (formal Minutes will be presented to the next Trust Board meeting)
Author:	Sarah Everatt, Interim Corporate and Committee Services Officer

Reporting Committee:	People, Process and Performance Committee
Chaired by:	Andrew Johnson, Non-Executive Director
Lead Executive Director(s):	Tim Lynch, Interim Chief Operating Officer Louise Tibbert, Director of Workforce and Organisational Development
Date of last meeting:	21 December 2017

Summary of key matters considered by the Committee and any related decisions made:

This report provides a summary of the following key issues considered at the People, Process and Performance Committee on 21 December 2017:

- **Emergency Performance and Organisation of Care Report** – it was acknowledged that performance for both November 2017 and December 2017 to date had been challenging and performance remained below the NHSI trajectory and acceptable limits. Performance for November 2017 against the A&E 4 hour wait target was 79.6% against an NHSI trajectory of 90%, despite having opened an additional 14 beds at Glenfield Hospital as planned to increase the winter capacity. There was a discussion around the root cause of the lower than expected performance.

Assurance was sought around the embedding of recent initiatives undertaken in the Emergency Department and it was agreed that the new Director of Operational Improvement would undertake an evaluation of the success of the initiatives including next steps for any initiatives that were not fully embedded and would report back at the January 2018 People, Process and Performance Committee meeting. A summary would be provided in the next emergency performance and organisation of care report around current gaps in demand and capacity in the Emergency Department in relation to vacancies, and it was also agreed that a forward focus on actions planned for the next 4 weeks would be included. Discussions around leadership and accountability would take place at next week’s ‘scrum’ meeting. There was agreement that further work was required around creating a whole hospital approach to flow by adopting a more directive approach, but it was acknowledged that the e-beds, reverse bed change initiatives and escalation cards would go some way to support this.

It was acknowledged that a clear workforce strategy was required to deal with the transformation required to improve the service, including culture change, team management and leadership. In discussion, two further actions were agreed around providing a proposal to extend rostering into complete teams and a full implementation plan of the proposed roll out of Red2Green across all areas and sites if funding was received internally/externally. A paper would be discussed at a future Committee meeting around a medical rostering system. Members discussed the importance of the organisation continuing to progress areas within their control.

- **EMRAD update** – following poor performance since the go live date in September 2016 the Trust took the decision to pause work with the EMRAD consortium on the single technical solution. The Trust was still committed to the principle of sharing information for the patients’ benefit but could not do so at a cost to the Trust’s core radiology services. A technical solution had been agreed with the vendor following a visit by Trust representatives to a local Trust whom the vendor had developed a standalone solution for and following discussions at the Clinical Reference Group set up by the Medical Director. It was agreed that service milestones would be developed for the project. The Chief Information Officer was confident that a solution would be in place by the end of March 2018. A risk remained around prior images being unable to be accessed during down

time which was mainly impacting on high acuity patients. It was acknowledged that there would be no change to sharing images with local community hospitals as they would continue to use the Trust's system. It was confirmed that the national mechanism would be used to share images with other organisations.

- **Productivity Improvement Programme – Lean Workstream Update** - the paper outlined resource requirements to roll out a fully lean programme at the Trust following discussions at the October 2017 People, Process and Performance Committee. The team had undertaken a visit to University Hospitals Coventry and Warwickshire NHS Trust to observe their roll out of lean and had undertaken a local training course. The paper outlined two options: (1) to implement a 3-5 year programme to roll out lean across the organisation utilising a team of 5-6 trained lean practitioners, or (2) given the funding and resourcing challenges to explore an alternative model utilising the apprenticeship levy. The Committee agreed that the paper should be discussed at the Executive Performance Board in January 2018.
- **Workforce Update** - the report provided an update as at month 8 on the following workforce metrics: (1) paybill, worked whole time equivalents (WTE) and productivity performance with a particular focus on medical reporting; (2) agency and non-contracted pay bill performance; (3) vacancies and turnover; (4) recruitment performance; (5) sickness; (6) appraisal, and (7) staff engagement and organisational development. A data summary had been included in the report to provide a high level summation of performance. PPC noted the disparity between the Trust's current establishment and Whole Time Equivalents (51 WTEs over), which increased when considering UHL's actual establishment compared to the 2017-18 operational plan figures submitted to NHSI. It was noted that statutory and mandatory training compliance was 81% for the month of November 2017 but this had since increased to 84%. Work was underway with Estates and Facilities to ensure compliance by the end of March 2018. HELM would be reviewed in January 2018 to identify priorities for resolution and completion.

The Patient Partner sought (and received) assurances around changes to English language requirements for nursing staff. The national changes were being brought in but there would continue to be a rigorous screening process in place locally and nurses would attend the local nursing training school.

- **Workforce Equality and Diversity Monitoring Report 2016-17** – it was reported that the full 2016-17 Equality Workforce Monitoring Report would be brought back to the People, Process and Performance Committee in January 2018 before being published on the Trust's website at the end of January 2018. The paper provided an interim summary report. The Trust reported and collected staff data against the nine protected characteristics. It was noted that BME staff had increased from 30.35% to 32.95% which was a good overall reflection of the local demography. The age profile of the Trust's workforce was discussed and it was noted that a number of strategies were underway to recruit. It was agreed that where possible trend analysis would be included in the report to provide contextual information to the data.

A Task and Finish Group had been established, chaired by Mr B Patel, Non-Executive Director and further discussions would be held at the Trust Board Thinking Day on 11 January 2018, both of which would feed into a vision and action plan which would be included in the final report.

- **Trust Position on Collaborative Banks** – the report updated the People, Process and Performance Committee on the position with collaborative banks. It provided the national context, detailed the work undertaken so far in relation to collaborative banks and outlined the next steps, in response to NHSI requirements to scope collaborative banks by the end of December 2017. It outlined how the Trust had been leading a regional work stream in relation to medical and dental locum spend through the HRD network. A Memorandum of Understanding (MOU) had now been signed by 9 Trusts and a regional escalation card was in place with an implementation date to be agreed.
- **Junior Doctors Contract Guardian of Safe Working** – the report was received and noted for information, having been previously circulated as part of the December 2017 Trust Board Bulletin.
- **Payroll contract – performance update** – the current payroll contract had been in place since 1 August 2017. The payroll performance data showed accuracy rates of over 99% for the past 3 months, and pension data accuracy was at 100%. There remained a small number of staff groups where there were issues with accuracy with regards to pay, including for Patient Partners. The 6 month transition period would end on 1 February

2018. A monthly detailed data set would be produced to identify and rectify the outstanding areas. It was agreed that a further update report would be provided in March 2018 and a section would be included on Patient Partners.

Joint PPPC and QOC session:

- ***Quality and Performance Report – Month 8***

The report detailed the quality and performance metrics as at month 8. The Director of Performance and Information provided an overview of performance and quality issues, specifically highlighting:

- *Cancer 2 week wait* – 93% threshold achieved for more than 12 months;
- *Never Events* – none reported this month;
- *Moderate harms and above* – 15 cases reported during October 2017 (reported one month in arrears). A detailed report was due to be presented to the December 2017 Quality and Outcomes Committee. A thematic review would also be produced on a quarterly basis;
- *Cancer 31 and 62 day treatment* – was not achieved in October 2017. Delayed referrals from the network continued to be a factor although this was expected to be resolved following national changes with regards to allocation of breaches in April 2018, and
- *18 week RTT performance* – non-admitted RTT had been achieved for the past two months. The largest pressure remained for patients awaiting elective surgery which had been exacerbated by cancellations in the last few weeks to alleviate pressures in the Emergency Department.

Members of the Committee were advised of discussions with NHS Improvement re: winter monies. A further report on this would be provided to the January 2018 EPB and PPPC meetings.

In addition to this paper there was a supplementary paper which focused on three specific areas of performance which were currently out of kilter with national delivery requirements, these were:

(1) RTT 18 and 52 weeks; (2) 62-day cancer, and (3) cancelled operations.

The 62 day cancer slides showed the scale of the Trust activity in relation to other cancer centres and thus the impact on both local and national performance. The Trust was currently a reference site for both PTL governance and meeting structures in relation to cancer. The risks to recovery were highlighted including the risk remaining around Oncology provision, although it was noted that 4 Consultant posts had now been recruited to and would be commencing in post shortly. Pressures also remained with trained staff for robotic surgery sessions; although assurance was gained that a long-term plan was in place for training. Three tumour sites would be the focus of escalation mechanisms, where required. The Trust would be moving to a 7 day maximum wait for first appointment for cancer from 8 January 2018 for all specialties.

It was agreed that due to time constraints the discussion on **cancelled operations** on the day would be scheduled for the January 2018 People, Process and Performance Committee.

In addition to the two above reports there was a verbal proposal on outpatient metrics in relation to performance and patient experience which would be included from January 2018 structured around the CQC domains:

Performance

- Progress around the switch to electronic referrals – measured by the ASI (Available Slots Issued) rate;
- Long-term follow ups – by specialty

Patient Experience

- ENT/Cardiology – e.g. reducing follow-up attendances, reducing steps in the process, reducing waiting times in clinics
- Single point of care access, number of patients having had customer care programme training

- ***Minutes for Information:***

The following minutes were received for information:

- Executive Performance Board (28 November 2017)
- Executive Workforce Board (no further meetings had been held since the 17 October 2017, and the minutes had been presented at the October 2017 People, Process and Performance Committee)

Matters requiring Trust Board consideration and/or approval:

To raise to the Trust Board's attention the disparity between the Trust's current establishment and Whole Time Equivalents (51 WTEs over), which increased when considering UHL's actual establishment compared to the 2017-18 operational plan figures submitted to NHSI.

Matters referred to other Committees:

There were no matters requiring onward referral to other meetings.

Date of next meeting:

25 January 2018