

Cover report to the Trust Board meeting to be held on 6 September 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)
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Reporting Committee:	People, Process and Performance Committee
Chaired by:	Andrew Johnson, Non-Executive Director
Lead Executive Director(s):	Rebecca Brown – Chief Operating Officer Hazel Wyton – Director of People and Organisational Development
Date of last meeting:	30 August 2018

Summary of key public 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 30 August 2018:-

(1) Performance

• **Urgent and Emergency Care Performance Report**

Following the Urgent and Emergency Care Review presented at the July 2018 meetings of the Executive Performance Board and People, Process and Performance Committee, at which time it was agreed that there would be a new monthly report to both Committees covering urgent and emergency care, this report set out current progress against the action plan and the relevant corresponding performance metrics. Members received and noted the contents of this report and particular discussion took place regarding the following:-

- the intention, from the September 2018 PPP meeting onwards, to append the action plan to this report, as work was still on-going in relation to this currently;
- the significant growth in activity, both in attendances and in admissions;
- (albeit talking into account an increased volume of activity) concerns relating to performance against a range of metrics worsening, rather than improving, and the need to focus on whether the agreed actions were having the intended results;
- the need not to have duplicate discussions regarding urgent and emergency care performance at both the EPB and PPP: EPB is the executive forum at which issues are discussed, solutions are generated and action plans implemented; the role of PPP is to seek and obtain assurance in relation to the solutions identified and actions underway to address performance;
- (in relation to the above point) a recognition that the EPB required specific detailed information on what had not happened which had been forecast to happen – it was agreed that the Director of Performance and Information would notify the Chief Operating Officer (not present at today’s meeting) of this feedback;
- the need for specific focus in relation to driving down non-admitted breaches (balanced against other relevant qualitative indicators and patient experience) – the Director of Operational Improvement noted that such discussions were being held as part of the winter planning meetings;
- the need to apply lessons from the challenges of the Summer in the Trust’s Winter Planning;
- note was made of the new model of care in relation to primary care attendances within ED which was being implemented on 12 September 2018, assurance was obtained that the change will be managed effectively;
- the application of Red 2 Green principles in ED and the introduction of two-hourly board rounds to address any particular delays within individual patient journeys and expedite these accordingly.

In concluding discussion on this item, the PPP Committee could not currently be assured in respect of sustainable achievement of the performance metrics in relation to urgent and emergency care, however welcomed the significant work on-going into addressing this matter.

(2) Process

• **eHospital Programme**

The Head of Projects and Programmes (IM&T) attended to present a report updating members on the

eHospital programme. The re-branded eHospital programme would upgrade, exploit and develop existing systems to enable the Trust to move towards a paperless hospital environment. The priorities for 2018/19 had been agreed as (1) End Use Compute (replacement of desktops and apple devices) (2) ePMA roll-out across all wards at UHL (3) ICE – Order Comms in OPD and acknowledging results (4) Localisation of GE PACS and (5) Nerve Centre (paperless nursing forms across UHL). Capital funds (£1.5m) had been allocated to support this programme, however there was no additional revenue to support the implementation and change aspects of the programme. Members received and noted the contents of this report and specific discussion took place regarding the following:-

- other potential means of accessing additional funding, which were currently being pursued;
- progress, to-date, against the programme – specific note was made of the attention and time being devoted to ensuring the required resources were in place, and
- the need to be pro-active in seeking feedback from users in relation to the GE PACS programme – it was agreed that the Head of Projects and Programmes (IM&T) would ensure that relevant feedback mechanisms would be established for this purpose which would be clearly communicated to relevant staff.

- **CMG Performance Review Process**

This report updated the PPPC on the progress of the Clinical Management Group (CMG) Performance Review meetings (PRM); which were the first step towards an accountability framework. The Executive Directors reported verbally on the benefits being observed to-date from these revised format meetings, with improvements and traction on specific issues being observed already in some areas. It was noted that the Chief Operating Officer intended to submit a report to the next meeting of the PPPC on the accountability framework. It was also agreed that the following information would be presented at the September 2018 PPPC in relation to this agenda item, for continued assurance purposes: ratings, summary of discussions and action plans. The PPPC Chairman noted that it would potentially be helpful, at a future date when the new format meetings were well-embedded, to invite a CMG to a PPP meeting to provide their comments / observations on the process in place. The PPPC received and noted the contents of this report and the Medical Director undertook to feedback discussion on this item to the Chief Operating Officer.

(3) People

- **Looking after UHL – Health and Well-Being Strategy – Year 3**

This report, and its associated appendices, provided an update on the Trust's Health and Wellbeing Policy – 'Looking after UHL'. It provided an update on all work streams that supported staff health and well-being. The evaluation of Wellbeing at Work activities demonstrated that these were well received and reflected the needs of staff. Successes had been communicated via Health and Well-Being newsletters and the Chief Executive Briefings. The decline in health and wellbeing results from the 2017 NHS Staff Survey meant that the first year of the CQUIN was not met. Whilst there were many contributing factors to this, steps were being undertaken to try and improve the results from this year's survey. Next steps involved: completion of the actions on the Year 3 implementation plan, delivery of health and wellbeing awareness raising sessions and an increase in the number of Health and Wellbeing Champions. Members received and noted the contents of this report. In discussion on this item, it was noted that UHL figures were in line with the national picture of a decline in health and wellbeing indicators.

- **Workforce and Organisational Development Set**

The slide deck accompanying this report to the Committee captured key workforce datasets for Month 4 (July 2018), the contents of which were received and noted. In presenting this report, the Director of People and Organisational Development particularly highlighted (1) the work being undertaken by the Director of People and OD and the Acting Chief Nurse in the recruitment of qualified nurses (2) the planned focus on turnover in the particular specialties in which this was an issue (3) plans to improve performance, in collaborative working with CMGs, against the 'Time to Hire' metric and (4) the incorrect figure on the front sheet of the report in relation to statutory and mandatory training – the correct figure was presented within the body of the text within the main report. As part of this discussion it was confirmed that the revised Workforce Strategy will be presented at the October meeting of PPP. It was further agreed that it would be appropriate for the Medical Workforce Strategy to be presented at the same meeting rather than at the September 2018 meeting.

- **Reports received for information**

- Leadership Conference Update

- **Minutes received for information**

- Executive Performance Board Meeting of 24 July 2018.
- Executive Workforce Board Meeting of 17 July 2018.

Joint PPPC and QOC session:

- **Quality and Performance Report – Month 4**

Joint paper 1 detailed performance against quality and performance indicators as at Month 4 (period ending July 2018), the contents of which were received and noted. Particular discussion took place regarding the ‘responsive’ domain, in particular the need for focus on elective activity (and achievement of corresponding performance indicators). Also discussed were:- current variations between planning assumptions and the activity actually being experienced, transfers out to other providers (where relevant) to ensure timely treatment for patients, diagnostics performance and the current spike in endoscopy referrals, 62 day cancer performance, RTT performance, mortality performance, positive progress against statutory and mandatory training, particularly for medical staff, discharge processes and reasons for cancelled operations – it was considered helpful to look at ‘themes’ of cancellations and the Director of Performance and Information advised that these would be identified through the cancelled operations exceptions report. The Director of safety and Risk briefed members of intended focus on the current performance against the indicators comprising the ‘Safety’ domain at the Executive Quality Board meeting planned for 4 September 2018.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

None

Items highlighted to the Trust Board for information:

1. Urgent and Emergency Care Performance – the PPPC was not currently assured regarding emergency and urgent care performance and was disappointed that the latest performance figures appeared to demonstrate that performance was deteriorating, despite significant continued focus in this area.

Matters referred to other Committees:

None.

Date of Next Meeting:

27 September 2018