

Trust Board paper L2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 6 September 2018

COMMITTEE: People, Process and Performance Committee

CHAIR: Mr A Johnson, Non-Executive Director

DATE OF COMMITTEE MEETING: 26 July 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 63/18/1 – the revised plan for emergency care;
- Minute 64/18/1 – the progression of process revision to drive CMG performance, and
- Minute 65/18/1 – the publication of the 5-year workforce strategy 2018-23.

DATE OF NEXT COMMITTEE MEETING: 30 August 2018

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

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE (PPPC) MEETING HELD
ON THURSDAY 26 JULY 2018 AT 11.15AM 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
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 People and Organisational Development
Mr R Moore – Non-Executive Director
Mr B Patel - Non-Executive Director
Ms S Tate - Patient Partner (non-voting member)
Mr M Traynor - Non-Executive Director
Ms J Tyler-Fantom – Joint Acting Director of People and Organisational Development

In Attendance:

Mr C Benham – Director of Operational Finance
Mr M Caple – Patient Partner (for Minute 71/18)
Miss M Durbridge – Director of Safety and Risk (for Minute 71/18)
Ms T Hooton – Director Lead for Community Services Redesign, LLR CCGs (for Minute 63/18/2)
Mrs S Hotson – Director of Clinical Quality
Ms S Leak – Director of Operational Improvement
Ms D Mitchell – Deputy Chief Operating Officer
Mr W Monaghan - Director of Performance and Information
Ms C Ribbins – Deputy Chief Nurse
Ms H Stokes – Corporate and Committee Services Manager

RESOLVED ITEMS

ACTION

60/18 APOLOGIES FOR ABSENCE

Apologies for absence were received from Professor P Baker Non-Executive Director, Mr J Clarke Chief Information Officer, Ms E Meldrum Acting Chief Nurse, Mr B Shaw Director of Efficiency and CIP, Mr K Singh, Trust Chairman and Mr P Traynor Chief Financial Officer.

61/18 MINUTES

Resolved – that the Minutes of the PPPC meeting held on 28 June 2018 be confirmed as a correct record.

62/18 MATTERS ARISING

Paper B detailed the actions from previous meetings of the People, Process and Performance Committee, noting that items 9, 9a and 10 were all scheduled for the August 2018 PPPC (nurse recruitment, medical workforce plan, and cyber security strategy).

Resolved – that the matters arising log – and any actions above – be noted.

63/18 PERFORMANCE

63/18/1 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. The increasing conversion rate of attendances to admissions was a key issue, and the Chief Operating Officer also commented

on the need for an LLR system-wide response at times of acute pressure for UHL.

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:-

- (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 the consistency/capability of both clinical and operational teams;
- (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.

The Chief Operating Officer confirmed that she would also take appropriate account of the key system-wide frailty workstream. 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. They also noted the need to drive out clinical variation (reiterating the benefits of team training and rostering), and welcomed the work planned to strengthen escalation processes. Ms V Bailey Non-Executive Director also commented on the need to maintain organisational learning despite operational pressures.

COO

COO

A specific report on ED performance for June 2018 had also been circulated to PPPC (paper C1).

Resolved – that (A) the urgent and emergency care refresh be noted, and

(B) an appropriate 'target'/outcomes' column be added to the high-level action plan, with an exception-based monthly update on that plan to be provided to each PPPC.

COO

63/18/2 Community Services Redesign – Update

Ms T Hooton, Director Lead for LLR Community Services Redesign, LLR CCGs, attended to set out the work to date on this initiative, 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 confirmed that the more detailed work on that would start shortly, noting that a number of commissioning and clinical system-wide workshops had started to identify design principles and emerging models.

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. In response to queries from Mr B Patel Non-Executive Director, the Director Lead for LLR Community Services Redesign, LLR CCGs, outlined ongoing work to assess the availability and current distribution of system capacity, and she recognised the workforce challenges in respect of some staff groups (eg district nurses).

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

DL, LLR
CSR/VB

the need for clearer linkages to the ongoing LLR-wide frailty work, which she was happy to discuss further outside the meeting. PPPC also welcomed comments from the Chief Executive on the inclusive nature of the community services redesign work to date. **NED**

In further discussion, Non-Executive Directors commented that 'active prevention' elements were not explicit within the presentation, and queried what steps were planned to actively prevent inappropriate acute attendances, potentially using real-life case studies as a focus.

Resolved – that (A) the need for related appropriate cultural and OD change be raised at the local workforce action group, and **DL, LLR CSR**

(B) appropriate links between the CSR and the LLR frailty workstream be discussed further outside the meeting. **DL, LLR CSR/VB NED**

64/18 PROCESS

64/18/1 CMG Performance 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 being brought by the new Chief Operating Officer. **PPPC CHAIR**

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. She was currently in the process of reviewing those packs, with the aim of making them more focused. Voicing concerns about previous service failures, Col (Ret'd) I Crowe Non-Executive Director queried whether (and if so, how) CMGs themselves in turn sought assurance on the individual services within their portfolio. Although recognising the need to avoid duplicating work that the CMGs would be doing with their own service management teams, it was agreed to consider asking CMGs (as part of the CMG performance review meetings) to identify to which [if any] of their services the Trust should be particularly sighted. This would reflect the approach used by NHS Improvement at its review meetings with NHS Trusts. **COO**

Resolved – that (A) this item be retained on the PPPC agenda; **PPPC CHAIR**

(B) a sample agenda, information pack and minutes from the CMG performance review meetings be included with the August 2018 PPPC papers, and **COO**

(C) consideration be given to asking CMGs to identify which [if any] of their services the Trust should be particularly sighted to, as part of the CMG performance review meetings. **COO**

64/18/2 Report by the Joint Acting Director of People and Organisational Development

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

64/18/3 Agency Reporting Changes – Agency and Medical Locum Spend Controls and Agency Price Cap Breaches

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. The new rule required Chief Executive sign-off for any agency and bank shifts charged at £100+ per hour, and Executive Director sign-off for shifts over 50% above the current cap (but below £100 per hour).

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 reduction in the Trust's current internal bank rate). **AJDPOD**

Resolved – that the recommendations to comply with the new reporting regime be approved as per paper G, including the new rates for locum bookers and the changes to authorisation processes. **AJDPOD**

64/18/4 Report by the Joint Acting Director of People and Organisational Development

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

65/18 PEOPLE

65/18/1 5-year Workforce Strategy 2018-23

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 (paper J) . 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. It was appropriately aligned to the national workforce strategy, and reflected the UHL and LLR reconfiguration programme requirements. '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, and was a core element of UHL's own wider People Strategy.

PPPC welcomed the publication of the workforce strategy and the significant work it represented, and requested that leads be allocated to ensure appropriate ownership and accountability (although noting comments that this was currently covered in the detailed supporting action plans). 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. Page numbers should also be added for ease of navigation. In response to a PPPC query, the Medical Director confirmed that the Consultant job planning compliance figure was higher than that currently shown in the report, and would be amended accordingly. In response to a query from Col (Ret'd) I Crowe Non-Executive Director, Ms J Tyler-Fantom Acting Joint Director of People and Organisational Development outlined scoping work underway to review the UHL staff bank operating model.

AJDPOD

AJDPOD

Resolved – that (A) consideration be given to including identified leads within the 5-year Workforce Strategy, for increased ownership and accountability;

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(B) the executive summary be amended to clarify that the Strategy covered all UHL staff groups, and to explain why specific staff groups (nursing and medical) also had individual sections within it;

AJDPOD

(C) page numbers be included, for ease of navigation, and

AJDPOD

(D) any additional detailed comments be sent to the Workforce Development Manager outside the meeting.

ALL

65/18/2 Equality and Diversity Targets and Strategic Action Plan

Paper K advised PPPC of the significant work undertaken since January 2018 in respect of equality and diversity , including progress on the issues raised by the CQC inspection. The Trust's new Equality and Diversity Board had now held 2 meetings, focusing in particular on targets and interventions – PPPC welcomed the high profile being given to equality and diversity, noting the Chief Executive's involvement with the Equality and Diversity Board. 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 all 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 shift away from the initial (now viewed as unrealistic) target.

AJDPOD

AJDPOD

In further discussion, Mr B Patel Non-Executive Director noted the need to consider how to strengthen the actions to increase BAME representation at band 8 and above, beyond the proposal to have a BAME representative on interview panels.

AJDPOD

Ms B Kotecha, Acting Joint Director of People and Organisational Development, also noted the BAME Network event scheduled for 27 July 2018.

- Resolved** – that (A) an appropriate explanation be included within the equality and diversity strategic action plan re: the shift away from the initial BAME leadership target; AJDPOD
- (B) consideration be given to how to strengthen the actions to increase BAME representation at band 8 and above, and AJDPOD
- (C) it be clarified within the action plan that 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 all other protected characteristics. AJDPOD

66/18 REPORTS FOR INFORMATION

Resolved – that the following reports be received and noted for information at papers L-Q inclusive:-

- (1) consultant recruitment process update;
- (2) TUC ‘Dying to Work’ charter;
- (3) UHL Way update;
- (4) health and wellbeing strategy – looking after UHL;
- (5) HELM learning management system update, and
- (6) workforce and OD development plan update.

67/18 MINUTES FOR INFORMATION

Resolved – that (A) the 26 June 2018 Executive Performance Board action notes be received and noted as per paper R, and

(B) it be noted that the 17 July 2018 Executive Workforce Board action notes would be submitted to the August 2018 PPPC for information. CCSO

68/18 ANY OTHER BUSINESS

Resolved – that there were no additional items of business.

69/18 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following items be highlighted for the attention of the Trust Board, through the PPPC meeting summary presented to the August 2018 public Trust Board meeting:- PPPC
CHAIR/
CCSM

- (1) the revised plan for emergency care (Minute 63/18/1);
- (2) the progression of process-revision to drive CMG performance (Minute 64/18/1), and
- (3) the publication of the 5-year workforce strategy 2018-23 (Minute 65/18/1).

70/18 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the People, Process and Performance Committee be held on Thursday 30 August 2018 from 11.15am in the Board Room, Victoria Building, Leicester Royal Infirmary.

71/18 JOINT SESSION WITH MEMBERS OF QOC

71/18/1 Quality and Performance Report - Month 3

Joint Paper 1, as presented by the Director of Performance and Information, detailed the quality and performance metrics as at month 3 (period ending 30 June 2018). PPPC/QOC noted in particular:-

- (a) progress on the RTT (incomplete) target, which had been only 0.1% off trajectory for June 2018. The total size of the backlog had also been reduced in July 2018, which was welcomed, and the Director of Performance and Information confirmed that backlog numbers were being included in the next iteration of the quality and performance report. UHL was currently forecasting to meet the RTT trajectory target for July 2018;
- (b) continued progress on reducing 52-week breaches. The Director of Performance and Information clarified that the current range was between 0-2 breaches, with 0 breaches forecast for August

2018;

- (c) a significant increase in cancer 2-week wait referrals for prostate and urology, impacting in turn on routine RTT activity which had been taken down to manage that increase (UHL remained compliant with the 2-week wait target, despite that significant increase in referral activity). With regard to the other cancer targets, the Chief Operating Officer outlined significant work to focus on Lower GI and Urology (the smaller tumour sites were broadly getting back on track against the indicators). Concerns remained over 62-day cancer performance, which had deteriorated in May 2018. 31-day cancer performance also remained non-compliant, although performance had improved in May 2018 on that indicator;
- (d) a review (by the Chief Operating Officer) of UHL's cancellations and access policies, to ensure that the Trust was in line with best practice. The Director of Performance and Information advised members that a reduction in the number of patients referred to the independent sector was due to difficulties in contacting patients, and
- (e) continuing significant issues with the diagnostics target in the high-volume activity area of endoscopy, with this indicator not achieved in June 2018.

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. It was subsequently agreed in discussion that it would not be in the best interests of patients for UHL to move to the policies adopted by QMC. The Deputy Chief Operating Officer advised that recent changes to the cohorting policy should improve UHL's position on 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. He was not aware of any patients citing the specific cost of transport as the reason for refusing such an 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.

Resolved – that the month 3 quality and performance report be received and noted.

The meeting closed at 1.45pm.

Helen Stokes – Corporate and Committee Services Manager

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

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Johnson (Chair)	4	4	100	B Kotecha / J Tyler-Fantom (Apr 18 – 31 July 2018)	4	4	100
J Adler	4	2	50	E Meldrum (Apr 18 -	4	3	75
V Bailey	4	4	100	R Moore	4	2	50
P Baker	4	2	50	B Patel	4	4	100
R Brown (from June 2018)	2	2	100	K Singh (ex-officio)	4	1	25
I Crowe	4	4	100	M Traynor	4	3	100
E Doyle (until May 2018)	2	2	100	P Traynor	4	3	75
A Furlong	4	4	100				

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
C Benham	4	3	75	C Ribbins	3	3	100
J Clarke	4	2 *	50	B Shaw	4	2	50
S Leak	4	3	75	S Tate	4	4	100
W Monaghan	4	4	100				

* for IT items only