

Cover report to the Trust Board meeting to be held on 7 June 2018

Trust Board paper N

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

Reporting Committee:	People, Process and Performance Committee
Chaired by:	Andrew Johnson, Non-Executive Director
Lead Executive Director(s):	Eileen Doyle - Interim Chief Operating Officer Joanne Tyler-Fantom / Bina Kotecha – Joint Acting Directors of People and Organisational Development
Date of last meeting:	24 May 2018

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 24 May 2018:

- **Emergency Performance and Organisation of Care Report**

This report provided an update on performance against the NHSI trajectory for emergency care, which improved in April 2018 and is above the NHSI trajectory. The report provided an update on the actions to enable further improvement.

Specific discussion took place regarding:-

- the significant improvement in 4 hour wait performance in late April and May (yet to be sustained) and the reasons for it;
- the specific issues which, when resolved, should lead to more sustained improvement of the 4 hour performance measure;
- the progression of comprehensive plans for Winter 2018/19, both internally (with the next internal discussions to be held at a meeting on 29 May 2018) and in conjunction with healthcare partners within LLR, with the latter being agreed and tracked through the A & E Delivery Board – it was expected to have a consolidated view of the Winter Plan by the time of the June 2018 meeting of the PPP Committee;
- performance in relation to the GP-led part of the ED service - it was agreed to implement a formal contract review at the end of each quarter, and
- the need for enhanced / improved terminology when categorising breaches in order that these were more informative.

In conclusion, the People, Process and Performance Committee were more positively assured in relation to the capability of the Emergency Department to achieve its target in relation to 4 hour wait performance, albeit recognising that this is yet to be fully achieved on a sustained basis.

- **Assurance of CMG Management Processes and Performance - Performance Dashboard (utilising the MSS CMG Performance Review Dashboard)**

The Chairman acknowledged the contents of this further iteration of the CMG Performance Review dashboard, noting his wish to focus on the functional framework and cross-cutting accountabilities, in response to which the Chief Executive informed the Committee that the way in which the Executive Directors managed the performance management framework with the Clinical Management Groups (CMGs) was currently under review, with the aim of re-designing the process, as a result of the focus on this issue at the PPP Committee.

Particular discussion took place regarding potential means of further driving personal accountability for performance into the CMG structure and it was agreed that, subject to completion of the process work referenced by the Chief Executive, an updated version of the performance dashboard reflecting the discussions would be submitted to the June 2018 meeting of the PPP Committee for further consideration thereon.

- **Updated IM&T Priorities 2018/19 Briefing**

The Committee discussed the contents of this report, which provided an update on the IM&T Priorities for 2018/19, confirming the priorities listed. Specific discussion took place regarding means by which additional funding could potentially be sought, clinical involvement in the progression of IT investments (where appropriate), the need for focussed attention on change resource and the 'Big 5' (i.e. end user computing, further embedding of Nerve Centre, ICE Integration, PACS and e-prescribing). In discussion, it was agreed that the Chief Information Officer would submit a report to a future PPP meeting which described the journey for the electronic patient record through the year. Non-Executive Directors expressed concern that the Trust was continuing to fall behind in the scope and ambition of its IT initiatives due to the lack of funding being made available combined with a current absence of strategic guidance from NHSI.

- **Update on Off-Payroll and IR35 Position**

This report updated the Committee on the position with IR35, providing the national context, detailing the current position and process and providing assurance against compliance with IR35 regulations. The Committee noted the position and assurance provided on IR35.

- **Consultant Recruitment**

This report sought to outline, at a high-level, proposed changes to improve the Consultant Recruitment process. The Committee was requested to note the direction of work to be undertaken on consultant recruitment processes and comment on anything additional that could improve consultant recruitment, noting that an update on progress would be provided to the next meeting of the Executive Workforce Board in July 2018. In discussion, the Committee supported the proposal to increase the pool of Lay Chairs, noting that there were an insufficient number of Non-Executive Directors for them to solely comprise the pool utilised for this purpose. Particular discussion took place regarding the potential use of assessment centres in consultant recruitment. It was agreed that PPP members with any further comments to contribute should write to Ms Tyler-Fantom, Joint Acting Director of People and OD directly, who was requested to submit a further report to the PPP Committee on this item once the process had been finalised.

- **Junior Doctor Morale Listening into Action**

This report detailed the latest action plan in relation to work undertaken through the Listening into Action sponsor group to improve junior doctor morale. The Committee received and noted the contents of this report, expressing assurance at its contents and acknowledging the empowerment of junior doctors through having direct access to the Chief Executive and Medical Director through this group, although it cautioned against not following through to a satisfactory conclusion any promises which may have been perceived to have been made.

- **UHL Way Update**

This report provided an update on progress in relation to work associated with the UHL Way, which offered a comprehensive framework for patient and public involvement in the improvement of care and comprised three strands of work (1) Better Engagement (2) Better Teams and (3) Better Change as set out in the UHL Way Implementation Plan attached to the report. The Committee was requested to note progress with and support the implementation of the components of the UHL Way. Particular discussion took place regarding the celebration of 5 years of Listening into Action, with the UHL Way Pass It On Event and also regarding the LLR Way. In discussion, it was agreed that the Chief Executive would give consideration as to including the principles of the approach in a forthcoming briefing to staff. In relation to the planned condensing of the competency framework, it was agreed that further information relating to this would be provided as part of a progress update to a future PPP Committee meeting.

- **BAF Workforce Risks**

The Committee received and noted the contents of the report detailing the BAF Workforce Risks, noting that scrutiny of this would take place at the Trust Board.

- **Workforce and Organisational Development Plan Update**

The slide deck accompanying this report to the Committee captured key workforce datasets for Month 1 (April

2018). The Joint Acting Director of People and OD provided a factual correction to members relating to the over plan element on the paybill and undertook to circulate an amended version of this report to members. In discussion, it was agreed that the timescales for achievement of specific objectives would be included within the 'assurance' section on page 2 of the report (where relevant). Specific discussion took place regarding potential guest speakers for the Management Conference in September 2018 and Ms Kotecha, Joint Acting Director of People and OD undertook to follow this up.

- **Minutes for Information**

The Committee received the following Minutes for information:

- Executive Performance Board (24 April 2018);
- Executive Workforce Board (17 April 2018).

Joint PPPC and QOC session:

- ***Quality and Performance Report – Month 1***

This report detailed the quality and performance metrics as at month 1 (April 2018). Particular discussion took place relating to RTT and in particular RTT 52 week waiters, cancer performance, cancer performance by cancer type and the new processes being implemented via the convening of a new fortnightly meeting with clear expectations for each cancer pathway. In relation to the latter discussion, it was agreed that the Director of Performance and Information would continue to present the pictorial graph on page 44 relating to 62 day (Urgent GP referral to treatment) wait for first treatment (all cancers) in order to track improvements. Also discussed was: the re-prioritisation of the theatre timetable; where breaches were associated with patient choice (i.e. where a patient chose to wait longer to be seen at UHL rather than be seen more quickly by an alternative provider) and breaches associated with diagnostics etc – it was agreed that the Director of Performance and Information would provide the graph breaking down the individual elements comprising the reason for any breaches within the report to the Committee in June 2018.

- ***Planned Care Work***

This report updated the Committee on the Planned Care workstream within the STP, which focussed on three core elements (1) the reduction in patients referred to UHL who could be appropriately managed elsewhere (2) reviewing the procedures that should be commissioned by LLR and (3) reviewing the whole pathway of care for a selected number of specialties. The Committee received and noted the contents of this report and were keen to understand its impact (when known).

Matters requiring Trust Board consideration and/or approval:

The Trust Board are specifically requested to note the following items:-

- Emergency Performance and Organisation of Care Report – in particular the fact that the Trust has, at times, been achieving the 4 hour performance target, and
- IM&T Priorities for 2018/19 (as referenced above).

Matters referred to other Committees:

None.

Date of next meeting:

28 June 2018