

**Cover report to the Trust Board meeting to be held on 7 December 2017**

**Trust Board paper M**

<b>Report Title:</b>	People, Process and Performance Committee – Committee Chair’s Report (formal Minutes will be presented to the next Trust Board meeting)
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<b>Reporting Committee:</b>	<b>People, Process and Performance Committee</b>
<b>Chaired by:</b>	Andrew Johnson, Non-Executive Director
<b>Lead Executive Director(s):</b>	Tim Lynch, Interim Chief Operating Officer Louise Tibbert, Director of Workforce and Organisational Development
<b>Date of last meeting:</b>	30 November 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 30 November 2017:

- Emergency Performance and Organisation of Care Report** – it was acknowledged that daily performance had been continually challenging and performance remained below the NHSI trajectory and acceptable limits despite an improved position on relative performance. Performance for October 2017 against the A&E 4 hour wait target was 82.9% against an NHSI trajectory of 90%. The Trust continued to actively pursue the actions identified by Luton and Dunstable University Hospital NHS Foundation Trust, and ‘scrum’ meetings would continue for the foreseeable future. There was a discussion around the effectiveness of the current ‘scrum’ system and this would be reviewed. Transition to the new non-emergency patient transport provider (which was commissioned jointly by the 3 LLR CCGs) continued to be challenging. UHL continued to work proactively with the new provider, and there remained scope for further improvements beyond those already made. Although that would likely take some time, members were assured that a contingency plan had been put in place and discussions had been held with EMAS around providing support in the interim. An escalation process had been implemented. In particular, concerns were highlighted around disruptions to certain service areas. To enable performance improvements and improve flow in the Emergency Department a ‘floor walker’ role was being developed. It was noted that to aid the role more dynamic portable (open channel) communication systems may be required to cover the span of control across the ED floor. Emergency nurse practitioner roles had commenced on 6 November 2017 to provide 24 hours/7 days a week cover. In response to a query from Col (Ret’d) I Crowe Non-Executive Director, it was agreed that an update would be provided to him on: (1) the current situation with regards to team working and scheduling, and (2) the potential use of portable (open channel) communication systems.
- Workforce Update** - the redeveloped report provided an update as at month 7 on the following workforce metrics: (1) paybill, worked whole time equivalents (WTE) and productivity performance with a particular focus on medical report; (2) agency and non-contracted pay bill performance; (3) vacancies and turnover; (4) recruitment performance and actions; (5) sickness; (6) appraisal, and (7) staff engagement and organisational development. It was noted that pay bill and agency costs had been discussed at the Finance Investment Committee, and that medical agency costs continued to be challenging.

Progress was being made with e-rostering and this would be reported to the committee at a future meeting. Plans were progressing for a collaborative agency bank following requirements issued by NHSI and an outline plan would be provided to the December 2017 People, Process and Performance Committee meeting. Recruitment and retention controls were being reviewed to manage monthly pay costs. It was noted that further work was required on being more responsive to changing labour market needs.

- Mental Health and Sickness Absence Deep Dive** – the report was provided in response to concerns raised at

the October 2017 PPC that the sickness rate was above the Trust target. The sickness rate had subsequently reduced and was now 3.4% for UHL which compared favourably with many other NHS Trusts. It was acknowledged nationally that 1 in 4 workers would be affected by conditions such as anxiety, depression and stress each year, and sickness absence in the UK was costing on average £1,035 per employee each year. The report showed absences by staff group and CMG, with mental health-related absences reported across all CMGs and staff groups. In UHL, the most days lost for sickness absence were due to anxiety, stress, depression or other psychiatric illness and this equated to 18-21% of all sickness absences. Administration and clerical staff were affected the most by this condition. It was noted that there was no data available on staff that suffered from stress but did not take any absences – ‘presenteeism’. A number of support mechanisms were in place, Occupational Health and AMICA services continued to support staff with mental ill health issues and the Time to Change Employer Pledge had been launched in September 2017. The Health and Well Being work programme was being further developed, and was managed through the Health and Well Being Steering Group. The report detailed progress to date and next steps. It was acknowledged that further work would be required to triangulate data on sickness absence rates, failure to recruit, and bullying and harassment instances to understand the level of corporate risk, and on cascading themes and next steps. Further work would be undertaken in 2018 on e-learning, e-mentoring and talent management to support staff, with an update paper would be provided to the People, Process and Performance Committee in January/February 2018. On 26 October 2017 the ‘Thriving at Work’ report had been published, commissioned by the Government as a result of an independent review into how employers could better support the mental health of all people currently employed, and the Trust assess its own performance against the resulting recommendations;

- **HELM Progress Update** – PPC noted ongoing progress on this issue and the continuation of daily reporting. Reports on mandatory and statutory training requested by the Care Quality Commission following their current inspection of core services had been delivered. The mandatory and statutory training dashboard had been received by the Director of Workforce and Organisational Development and would be circulated to PPC members in due course. Overall statutory and mandatory training compliance for the organisation was currently 81% against a target of 95% which represented a risk to the organisation. Compliance for training essential for the job role was lower and required further validation. The Trust continued to remind staff of their responsibility to complete statutory and mandatory training. A progress update on the position re: HELM 2 would be provided would be reported to the People, Process and Performance Committee after January 2018. The Director of Workforce and Organisational Development agreed to provide a breakdown of safeguarding training compliance outwith the meeting.
- **HR Fit for the Future update** - the report provided an update on the programme which aimed to improve the Human Resource and Organisational Development functions to create joined up, impactful services focusing specifically on: a new case management system, workforce analytics, recruitment, payroll, organisational development, and Occupational Health and AMICA. Progress was being made with a number of the work streams. Cost Improvement Savings were on target for delivery by the end of 2017/2018. A review was being undertaken with the new payroll provider in December 2017, and proposals would be developed to further automate services. Costs and KPIs would be added to the report for December 2017.
- **East Midlands Congenital Heart Centre (EMCHC)** – in addition to the items noted in this summary, a verbal update was provided on NHS England’s Board meeting outcome which confirmed their intention to continue to commission heart services at the East Midlands Congenital Heart Centre EMCHC, resulting in the centre being able to provide lifesaving surgery for children and adults in the future.

#### Joint PPC and QOC session:

- **Quality and Performance Report – Month 7**

The report detailed the quality and performance metrics as at month 7. In view of time constraints no specific discussion took place but the report was received and noted. The Director of Performance undertook to provide a brief summary for circulation to People, Process and Performance Committee members.

In addition to this paper there was a supplementary paper which focused on two specific areas of performance which were currently out of kilter with requirements, these were: **(1) RTT 18 and 52 weeks, and**

**(2) 62-day cancer.**

A verbal discussion on **cancelled operations** on the day was also scheduled to take place but due to time constraints this item was not discussed and would be rolled over to the meeting in December 2017.

• ***Minutes for Information:***

The following minutes were received for information:

- Executive Performance Board (24 October 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:**

There were no matters requiring Trust Board consideration and/or approval.

**Matters referred to other Committees:**

There were no matters requiring onward referral to other meetings.

**Date of next meeting:**

21 December 2017