

Trust Board paper N2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 1 February 2018

COMMITTEE: People, Process and Performance Committee

CHAIR: Mr A Johnson, PPPC Chair

DATE OF COMMITTEE MEETING: 21 December 2017

RECOMMENDATIONS MADE BY THE COMMITTEE FOR CONSIDERATION BY THE TRUST BOARD:

- None

**OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/
RESOLUTION BY THE TRUST BOARD:**

- Minute 33/17/2 – Productivity Improvement Programme
- Minute 34/17/1 – Workforce Update

DATE OF NEXT COMMITTEE MEETING: 22 February 2018

Mr A Johnson, Non-Executive Director and PPPC Chair

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
MINUTES OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE HELD ON
THURSDAY 21 DECEMBER 2017 AT 11.15PM TO 1.45PM IN THE BOARD ROOM,
VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Present:

Mr A Johnson - Non-Executive Director (Chair)
 Mr J Adler – Chief Executive (from minute reference 36/17/4)
 Col. (Ret'd) I Crowe - Non-Executive Director (excluding minute references 31/17 – 33/17)
 Mr A Furlong – Medical Director (from minute reference 42/17)
 Mr B Patel - Non-Executive Director
 Mr K Singh - Chairman (ex-officio member)
 Ms J Smith - Chief Nurse (excluding minute references 31/17 – 33/17)
 Ms S Tate - Patient Partner (non-voting member) (excluding minute reference 31/17)
 Ms L Tibbert - Director of Workforce and Organisational Development (until minute reference 41/17)
 Mr M Traynor - Non-Executive Director

In Attendance:

Mr H Ahmad – Equality and Diversity Lead (for minute reference 36/17/1)
 Mr J Clarke – Chief Information Officer (for minute reference 35/17/1)
 Ms S Leak - Director of Operational Improvement (for minute references 31/17 – 34/17)
 Mr C Benham - Director of Operational Finance (until minute reference 41/17)
 Ms M Durbridge – Director of Safety and Risk (from minute reference 42/17)
 Mrs S Everatt - Interim Corporate and Committee Services Officer
 Ms S Hotson – Director of Clinical Quality (from minute reference 42/17)
 Ms B Kotecha - Deputy Director of Learning and Organisational Development (until minute reference 41/17)
 Mr W Monaghan - Director of Performance and Information
 Ms J Tyler-Fantom - Deputy Director of Human Resources (until minute reference 41/17)
 Ms A Reynolds – Support Worker to the Equality and Diversity Lead (for minute reference 36/17/1)
 Mr B Shaw – Director of Efficiency and CIP (until minute reference 41/17)
 Ms C West - Director of Nursing and Quality, Leicester City CCG (from minute reference 42/17)
 Mr M Wightman – Director of Strategy and Communications (from minute reference 42/17)

RESOLVED ITEMS

29/17 APOLOGIES FOR ABSENCE

Apologies for absence were received from Prof. P Baker, Non-Executive Director; Ms C Ribbins, Deputy Chief Nurse; Mr P Traynor, Chief Financial Officer, and Mr R Moore, Non-Executive Director.

30/17 MINUTES

Paper A detailed the minutes from the 30 November 2017 People, Process and Performance Committee meeting.

Resolved – that the Minutes of this meeting (paper A) be confirmed as a correct record.

31/17

MATTERS ARISING

Paper B detailed the actions from the previous meetings of the People, Process and Performance Committee. Updates provided at the previous meeting had been incorporated into the Matters Arising log.

Resolved – that the contents of paper B be received and noted.

32/17

PERFORMANCE

32/17/1

Improving Emergency Access and Organisation of Care 2017-18

The Director of Operational Improvement presented paper C, which outlined progress with improving emergency care access and the Organisation of Care programme (up to 30 November 2017). 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 for emergency access. Performance for November 2017 against the A&E 4 hour wait target was 80.3% against an NHSI trajectory of 90%, despite having put in place a number of mitigating plans such as opening 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 how well the recent initiatives identified or undertaken in the Emergency Department over the last six months had been embedded. It was agreed that the new Director of Operational Improvement would undertake an evaluation of the success or otherwise 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.

DOI

The committee expressed concern that the current report did not provide assurance that a whole hospital approach was being adopted to improve and embed performance, and consequently agreed a number of actions. It was agreed that 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 that a forward focus on actions planned for the next 4 weeks would also be included.

DOI

DOI

Discussions around leadership and accountability and embedding flow would take place at next weeks '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.

Discussion took place around the implications of the proposed change from a "pull" system to a "push" system of managing flow through the Emergency Department. This change would affect the whole hospital and needed to be communicated prior to introduction so that the implications could be anticipated and managed successfully. A

strong leader would need to be in place in the department in order to make timely decisions on flow and triaging attributes would need to be flexible. It would be important that there was an absolute focus on the items that were within the Trust's gift to change in order that ED performance was improved.

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. It was noted that nursing was mapped to demand and that rotas were reviewed on a daily basis to ensure that there was sufficient capacity available. Medical rotas in the Emergency Department had been extended in the short-term to accommodate busy periods until recruitment had taken place.

In discussion of this item, 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 an electronic medical rostering system. Members discussed the importance of the organisation continuing to progress areas within their control.

DOI

DOI

It was reported that the current Head of Operations for Emergency Medicine would shortly be leaving the Trust and that the Head of Operations for CHUGGS would take on the role of Interim Head of Operations for Emergency Medicine in the short term.

Resolved – that (A) the contents of the report be received and noted;

(B) that an evaluation be undertaken of the success of the initiatives undertaken in the Emergency Department including next steps for any initiatives that are not fully embedded;

DOI

(C) that the next 'Improving emergency performance and Organisation of Care' report include any current gaps in demand and capacity in the Emergency Department in relation to vacancies;

DOI

(D) that the next 'Improving emergency performance and Organisation of Care' report include a forward focus on actions planned for the next 4 weeks including longer term actions on culture change;

DOI

(E) that a proposal be provided to the January 2018 People, Process and Performance Committee around extending rostering 'complete teams' in the Emergency Department, including timescales and milestones. This would include medics, nurses and other allied health professionals, and

DOI

(F) that a full implementation plan (including timescales and milestones) be provided on the proposed roll out of Red2Green across all areas and sites if funding via internal or external funding mechanisms is granted.

DOI

33/17

PROCESS

33/17/1

EMRAD

Mr J Clarke, Chief Information Officer, presented paper D which provided an update on the future PACS product for the Trust following quality and performance issues experienced since the go live date in September 2016 with the EMRAD consortium-led product which led to the Trust pausing the single technical solution. The Trust remained 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 and included in the next iteration of the report.

CIO

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 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.

Resolved – that (A) the contents of this report be received and noted, and

(B) that future iterations of the report would include service milestones.

CIO

33/17/2

Productivity Improvement Programme – Lean Work stream update

The Director of Efficiency and CIP provided paper E, outlining the resource requirements to roll out a full lean programme at the Trust following discussions at the October 2017 People, Process and Performance Committee. The team had undertaken a visit to Coventry and Warwickshire 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 resource challenges to explore an alternative model utilising the apprenticeship levy which would be at a nil cost to the Trust and would involve 4.5 days classroom based training in addition to on the job training for each appropriate member of Trust staff. It was anticipated that 450 members of staff (approximately 1%) could be trained in this way in the first year. The Director of Efficiency and CIP and the Deputy Director of Learning and Organisational Development would work with the training provider to provide bespoke training to the Trust with a focus on specific areas.

A discussion took place with regard to the ambitious nature of the programme proposed for lean introduction and adoption across the Trust. The Director of Efficiency and CIP would review the plan to ensure that the plan milestones were realistic.

The Committee agreed that the paper be first discussed at the Executive Performance Board in January 2018 and for onward recommendation to the Trust Board.

DECIP/
DLOD

Resolved – that (A) the contents of the report be received and noted, and

(B) that a discussion take place at the January 2018 Executive Performance Board around the proposal to utilise the apprenticeship levy to train staff in lean principles and to identify candidates for the training, and

**DECIP/
DLOD**

(C) it was noted that the Trust Board may be requested to support the suggestion to utilise the Apprenticeship Levy to roll out lean across the Trust.

**Cttee
Chair**

34/17 PEOPLE

34/17/1 Workforce Update

The report (paper F) 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.

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 95% compliance by the end of March 2018. HELM would be reviewed in January 2018 to identify priorities for resolution and completion.

A discussion took place around the disparity of the Whole Time Equivalent establishment and target and it was agreed that this would be brought to the Trust Board's attention. A workforce plan linked to the operational plan would be discussed at the People, Process and Performance Committee in February 2018.

**Cttee
Chair**

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 continue to attend the local nursing training school.

Resolved – that (A) the contents of the report be received and noted, and

(B) that the Trust Board be advised of 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.

**Cttee
Chair**

34/17/2 Annual Equality and Diversity Update

The Deputy Director of Learning and Organisational Development provided an interim summary (paper G) of the annual equality and diversity report, with the full 2017-18 Equality Workforce Monitoring Report to be brought back to the People, Process and Performance Committee in January 2018 prior to being published on the Trust's website at the end of January 2018. The Trust reported and collected staff data against the nine protected characteristics. It was noted that the number of BME staff employed by the Trust had increased from 30.35% to 32.95% which represented a good overall

DWOD

reflection of the local demography. It was reported that there had been a reduction in female representation in senior positions. The age profile of the Trust's workforce was discussed and it was noted that a number of strategies were underway to ensure timely recruitment to succeed the ageing workforce. An increased number of applications were now being received from candidates who had disabilities and the Trust was now monitoring trans-gender data, both of which would be included in the next dataset. It was agreed that where possible trend analysis would be included in the final 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. The report would set out what was currently happening, what solutions the Trust would be putting in place to make improvements and the timescales for achieving these outcomes.

Resolved – that (A) the contents of paper G be received and noted, and

(B) that the 2017-18 equality workforce monitoring report be provided to the January 2018 People, Process and Performance Committee meeting, including trend analysis where available and a vision and action plan.

DWOD

34/17/3

Collaborative Staff Bank – Plan for NHSI Submission

Paper H, as presented by the Deputy Director of Human Resources, provided an update 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.

The committee expressed its strong support of this initiative.

Resolved – that the contents of the report be received and noted.

34/17/4

Junior Doctors Contract Guardian of Safe Working

Paper I, as presented by the Deputy Director of Human Resources, detailed a quarterly report by the Guardian of Safe Working (GSW) on the management of exception reporting and rota gaps. The report was received and noted for information having already been received at the Trust Board.

Resolved – that the contents of the report be received and noted.

34/17/5

Payroll update

The Director of Workforce and Organisational Development provided an update (paper J) on the current payroll contract which 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 of 100%, whilst noting that there was currently no assurance provided as to how quickly queries were being responded to. There remained a small number of staff groups where there were issues with accuracy with regards to pay, including for patient partners. A monthly detailed data set would be produced to identify and rectify the outstanding issues. It was noted that Trust Group Holdings Ltd had decided to outsource its payroll separately from January 2018 as a result of the issues experienced. The 6-month transition period would end on 1 February 2018. It was agreed that a further update report would be provided in March 2018 and a section would be included on Patient Partners and any other groups affected.

DWOD

Resolved – that (A) the contents of the report be received and noted, and

(B) that the Director of Workforce and Organisational Development provide an updated report on the new payroll provider at the March 2018 People, Process and Performance Committee meeting, which would include a section on Patient Partners.

DWOD

35/17 MINUTES FOR INFORMATION

35/17/1 Executive Performance Board

Resolved – that the action notes of the meeting of the Executive Performance Board held on 28 November 2017 (paper K refers) be received and noted.

35/17/2 Executive Workforce Board

Resolved – that no further meetings have been held since the 17 October 2017, the minutes of which were presented to the October 2017 People, Process and Performance Committee on 26 October 2017.

36/17 PEOPLE, PROCESS AND PERFORMANCE COMMITTEE WORK PLAN

Paper L detailed the annual work plan for the committee.

Resolved – that the report be received and noted.

37/17 ANY OTHER BUSINESS

37/17/1 No items were received for information.

38/17 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that a summary of the business considered at this meeting be presented to the Trust Board meeting on 4 January 2018, and two items were noted as needing to be brought to the attention of the Trust Board.

Cttee
Chair

39/17 DATE OF THE NEXT MEETING

Resolved – that the next meeting would be held on Thursday 25 January 2018 from 11.15am until 1.45am in the Board Room, Victoria Building, Leicester Royal Infirmary.

40/17 JOINT SESSION WITH MEMBERS OF QOC IN ATTENDANCE

40/17/1 Quality and Performance Report Month 8

The report (joint paper 1) 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 from 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 regarding winter monies and the expectation that the Trust would achieve 90% performance in quarter 4 against the 4 hour wait target. It was agreed that a paper would be provided at the January 2018 Executive Performance Board and People, Process and Performance Committee which explained the dynamics of the interface between elective and emergency flow.

DPI

In addition to this paper there was a supplementary paper (paper 1a) which focused on three specific areas of performance which were currently out of kilter with 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 around the number of staff trained in robotic surgery; although assurance was gained that a long-term plan was in place for training. The Trust would be moving to a 7 day maximum wait for first appointment for cancer from 8 January 2018 for all specialties. The three highest volume tumour sites (Gynaecology, Lung and Urology) would be the focus of escalation mechanisms, where required, if next

steps were not completed in the appropriate timescale.

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.

DPI

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:

**DPI/
DSC**

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, number of appointments booked through single point of care access,
- Softer issues – percentage of frontline staff who have completed customer care programme training

The Committee suggested a number of other measures which could be included: Safe and Safety (waiting list management), Effective (e-referrals), and Caring (patient experience cross referenced with complaints data in outpatients).

Resolved – that (A) the contents of joint papers 1 and 1a be received and noted;

(B) that a report be provided to the January 2018 Executive Performance Board and to the joint session of the People, Process and Performance Committee and the Quality and Outcomes Committee detailing the dynamics of the interface between elective and emergency flow;

DPI

(C) that a discussion take place at the January 2018 People, Process and Performance Committee around cancelled operations, and

DPI

(D) that outpatient metrics in relation to performance and patient experience be included in the Quality and Performance report from January 2018, structured around the CQC domains.

**DPI/
DSC**

Sarah Everatt
Interim Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2017-18 to date):
Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>A Johnson (Chair)</i>	4	4	100	<i>B Patel</i>	4	4	100
<i>J Adler</i>	4	4	100	<i>K Singh (ex-officio)</i>	4	4	100
<i>P Baker</i>	4	1	25	<i>J Smith</i>	4	3	75
<i>I Crowe</i>	4	4	100	<i>L Tibbert</i>	4	4	100

<i>A Furlong</i>	4	3	75	<i>M Traynor</i>	4	4	100
<i>T Lynch (until Dec 2017)</i>	4	3	75	<i>P Traynor</i>	4	3	75
<i>R Moore</i>	4	1	25				

Non-Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>S Barton (until Dec 2017)</i>	3	2	66	<i>W Monaghan</i>	4	3	75
<i>C Benham</i>	4	3	75	<i>B Shaw</i>	4	2	50
<i>L Gallagher</i>	4	0	0	<i>S Tate (from Dec 2017)</i>	1	1	
<i>M Gordon (until Nov 2017)</i>	3	3	100	<i>J Tyler-Fantom</i>	4	2	50
<i>B Kotecha</i>	4	2	50				