

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**  
**REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD**

**DATE OF TRUST BOARD MEETING: 1 August 2019**

**COMMITTEE: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE**

**CHAIR: Mr A Johnson, Non-Executive Director and PPPC Chair.**

**DATE OF COMMITTEE MEETING: 27 June 2019**

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

- **Changes to the PPPC terms of reference (recommended item at Minute 64/19), and**
- **Junior doctors' contract Guardian of Safe Working quarterly report March 2019 – May 2019 (recommended item at Minute 65/19), and**

**OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR NOTING BY THE TRUST BOARD:**

- **Additional Report on Physical Assaults against Staff 2018-19 (Minute 71/19/5).**

**DATE OF NEXT COMMITTEE MEETING: 25 July 2019**

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

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**MINUTES OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE (PPPC) MEETING HELD  
ON THURSDAY 27 JUNE 2019 AT 11.15AM IN THE BOARD ROOM, VICTORIA BUILDING,  
LEICESTER ROYAL INFIRMARY**

**Present:**

Mr B Patel – Non-Executive Director (Acting Chair)  
Mr J Adler – Chief Executive  
Ms V Bailey – Non-Executive Director  
Professor P Baker – Non Executive Director  
Ms R Brown – Chief Operating Officer  
Col. (Ret'd) I Crowe – Non-Executive Director  
Ms C Fox – Chief Nurse  
Mr J Jameson – Deputy Medical Director (on behalf of Medical Director)  
Ms K Jenkins – Non-Executive Director  
Mr K Singh – Non-Executive Director (ex-officio member)  
Ms H Wyton – Director of People and OD (up to and including Minute 75/19)

**In Attendance:**

Dr D Barnes – Deputy Medical Director (for part-Minutes 71/19/2-71/19/5)  
Mr C Benham – Director of Operational Finance (up to and including Minute 75/19)  
Mr M Caple – Patient Partner, QOC (for Minutes 76/19/1-76/19/3)  
Miss M Durbridge – Director of Safety and Risk (for part-Minutes 71/19/2 – 76/19/3)  
Ms L Frith – Lead Nurse for Quality and Contracts, Leicester City CCG (on behalf of Ms F Bayliss, Deputy Director of Nursing and Quality, Leicester City CCG) (for Minutes 76/19/1-76/19/3)  
Mr D Kerr – Director of Estates and Facilities (for Minutes 76/19/1-76/19/3)  
Mrs H Majeed – Corporate and Committee Services Officer  
Ms D Mitchell – Deputy Chief Operating Officer (up to and including Minute 75/19)  
Mr B Shaw – Director of Efficiency and CIP (up to and including Minute 71/19/3)  
Ms J Tyler-Fantom – Deputy Director of Human Resources (up to and including Minute 75/19)

**RECOMMENDED ITEMS**

**ACTION**

**64/19 PEOPLE, PROCESS AND PERFORMANCE COMMITTEE (PPPC) TERMS OF REFERENCE**

Reflecting the new UHL Patient and Public Engagement Strategy as approved by the Trust Board on 6 June 2019, PPPC members endorsed the proposed change to the terms of reference of the People, Process and Performance Committee (involving the removal of the clause relating to Patient Partner attendance) (paper C refers). This change was recommended for Trust Board approval accordingly.

**PPPC  
CHAIR**

**Recommended – that the PPPC terms of reference be amended to remove the clause relating to Patient Partner attendance, and recommended for Trust Board approval accordingly.**

**PPPC  
CHAIR**

**65/19 JUNIOR DOCTORS CONTRACT – GUARDIAN OF SAFE WORKING QUARTERLY REPORT**

The quarterly update (paper G refers) advised that 92 exceptions had been recorded between 1 March 2019 and 31 May 2019 (91 of which were work pattern/hours related and 1 of which were education exceptions). This was a fall from the 117 recorded in the previous 3-month period. The Deputy Director of Human Resources advised that the negotiations to introduce a number of improvements to the 2016 junior doctor contract in England had concluded, the ballot results had been accepted and therefore there would be further significant amendments to the contract. These would be implemented in a phased approach from August 2019. The changes to the contract provision would be managed through the Task and Finish group which would be re-established. Responding to a query on the high number of Trust Grade ST3+ vacancies in the MSS CMG, it was noted that recruiting to different roles was being considered as part of the Medical Workforce Plan. The Deputy Director of Human Resources re-iterated that the 'hot spot' areas were known and where gaps existed, recruitment was being actively managed. The Junior Doctors' Contract Guardian of Safe Working quarterly update was endorsed, and recommended for Trust Board approval.

**PPPC  
CHAIR**

**Recommended – that the Junior Doctors' Contract Guardian of Safe Working quarterly update (1 March 2019 – 31 May 2019) be endorsed, and recommended for Trust Board approval.**

**PPPC  
CHAIR**

**RESOLVED ITEMS**

## 66/19 APOLOGIES

Apologies for absence were received from Mr A Furlong, Medical Director, Mr A Johnson, Non-Executive Director (Chair), Ms B Kotecha, Deputy Director of Learning and Organisational Development, Ms S Leak, Director of Operational Improvement, Mr M Traynor, Non-Executive Director, Mr P Traynor, Chief Financial Officer and Mr M Wightman, Director of Strategy and Communications.

## 67/19 DECLARATIONS OF INTERESTS

**Resolved** – that there were no declarations of interests.

## 68/19 MINUTES

**Resolved** – that the Minutes of the 30 May 2019 PPPC (paper A) be confirmed as a correct record.

## 69/19 MATTERS ARISING

**Resolved** – that the matters arising report from the previous meetings of the PPPC (paper B) be confirmed as a correct record.

## 70/19 KEY ISSUES FOR DISCUSSION/DECISION

### 70/19/1 People Strategy – Interim People Plan

The Director of People and OD presented paper D and advised that the Interim NHS People Plan, a national key document had been published on 3 June 2019 and further details were expected to be published in August 2019. The interim NHS Plan encompassed the following key themes;

- Making the NHS the best place to work;
- Improving leadership culture;
- Prioritise urgent action on nursing shortages: Tackling the nursing challenge;
- Delivering a workforce to deliver 21st century care;
- Develop a new operating model for workforce, and
- Take immediate action in 2019/20 while the full five year People Plan was developed.

The Director of People and OD provided a detailed update on how the Interim NHS People Plan aligned with UHL's People Strategy, reflecting all of the key areas to a greater or lesser extent. The Trust's Culture and Leadership Programme was also clearly defined with timescales and progress against defined deliverables. A clearly defined programme for skills development was in place. Members noted the areas that the Trust needed to re-visit and strengthen related to the development of other professions towards achieving the goal of delivering '21st century care', supporting new models of care, ICS and not relying on more linear and sometimes inflexible staffing models. Members' attention was brought to the section which provided a summary of all the actions set out in the Interim NHS People Plan both to make immediate progress on people and workforce priorities during 2019-20 and to inform the full People Plan.

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

### 70/19/2 Becoming the Best – Culture and Leadership Update

The Director of People and OD presented paper E and highlighted that significant progress was being made on the cultural and leadership aspects of UHL's new Quality Strategy – 'Becoming the Best' and progress against all activity was summarised in the 'Road Map'. Various sources had been used to collect both the quantitative and qualitative data for 'Phase 1 – Discovery'. Based on the findings of Phase 1, initiatives would be designed and developed in Phases 2 and 3 of the programme that would build on the strengths and address development areas.

A large network of 'Improvement Agents' was being created, drawn from staff at all levels, who would help steer and promote the Culture and Leadership programme across the Trust. A number of opportunities for staff to get involved were being created. Currently, 85 Improvement Agents had been recruited and including the members of the Trust's Becoming the Best Expert Reference Group, there were 120 Improvement Agents in total. A process for selecting the Trust's Quality Improvement partner had been completed. The initial themes from phase 1 would feed into the diagnostics in readiness for the 'Synthesis' event on 9 July 2019 and Trust Board Thinking Day on 11 July 2019.

Members were advised that there was good CMG engagement and through the monthly CMG Performance Review meetings, CMG-level improvements were being measured. In response to a query, it was noted that some focussed sessions were being planned to engage support staff within the Estates and Facilities Directorate. A new Head of Quality Improvement had been appointed who would commence in post end of July 2019. It was suggested that consideration be given to increasing the spread of Improvement Agents in some CMGs because currently there was a big variance in the numbers between different CMGs.

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

## **71/19 ITEMS FOR ASSURANCE**

### **71/19/1 Urgent and Emergency Care Performance Report – Month 2**

Members noted UHL performance of 73.7% and LLR performance of 81.5% in May 2019 (paper F refers) against a trajectory of 90.3%. EMAS activity continued to rise in May 2019 and was 10% higher in comparison to May 2018. Progress continued on reducing 'stranded' patients and delayed transfers of care, and no 12-hour trolley breaches had occurred. Focus was being given to reducing the number of long stay patients against trajectory. A number of visits to other Trusts had been planned to have detailed discussions in relation to areas that needed focus for maximum impact on reducing length of stay. Due to the recent bed closures and capacity being a key constraint, a number of actions were being put in place to make improvements. A new short-term, temporary 14 bedded ward on Ward 21 at the LRI would be opened on 1 July 2019 for 4 weeks. In discussion, it was noted that this would not have a long-term impact on the refurbishment on Ward 21 as works would continue following this period.

The team were continuing to focus on criteria led discharge. Members were advised that the Urgent and Emergency Care Action Plan had been revised, the plan would first be presented to an Executive Board and then to PPPC in due course. A brief update on the changes to the functioning of the Urgent Care Board was provided. There continued to be a focus on Same Day Emergency Care and work was underway with CCG colleagues to develop a number of pathways. A system wide review of the 2018-19 winter performance had been planned to take place on 2 July 2019 which would enable a collaborative approach to building system resilience. The Chief Executive summarised the issues which were being escalated to the A&E delivery Board, accepting that a wide range of actions were already being implemented to reduce activity, but they did not appear to be supporting any reduction at the current time. A number of visits to other Trusts had been planned to discuss ambulance assessment and outflow. The Chief Executive suggested that consideration be given to identifying the ratio of beds to admissions and compare it to high performing Trusts. In response to a Non-Executive Director query, the Chief Nurse advised that there were some environmental issues related to the closure of ward 29.

**DCOO**

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

**(B) the Deputy Chief Operating Officer be requested to give consideration to identifying the ratio of beds to admissions and compare it to high performing Trusts.**

**DCOO**

### **71/19/2 Refreshes for the UHL Five Year Workforce Plan and LLR Workforce Strategy and Plan**

The Deputy Director of Human Resources introduced paper H which provided an overview of the proposed update to the LLR wide workforce strategy and plan and the UHL Five Year Workforce Plan as a result of the final publication of the UHL People Strategy and the Interim NHS People Plan (June 2019). A Stakeholder session would be held on 10 July 2019 with a range of representatives from LLR wide work programmes to determine the workforce priorities for action. A Driver Diagram approach would be used with the principal aims of the National Interim People Plan at the forefront of the vision. This would ensure that the Trust's priorities were rooted in national objectives.

In respect of the nursing and midwifery workforce, the Chief Nurse provided an update on the successful initiatives put in place and key achievements made. The Trust had successfully piloted the Nursing Associate role through the Leicestershire School of Nursing Associates with a unique programme being developed. A Centre for Clinical Practice had been developed to support the on-going development of the nursing and midwifery workforce through accredited specialist education, advanced clinical practice and care assistant training, apprenticeships and clinical simulation. The Director of People and OD reiterated that within the Interim NHS People Plan, the need for clear objectives for workforce expansion had been set. There was a need to transform models of care over the next five years to provide more co-ordinated, proactive and personalised care and better health

outcomes. It was noted that although UHL's People Strategy currently focussed on 'Nursing and Midwifery' and 'Medical' workforce plans, work had already commenced to capture other staff groups.

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

71/19/3 Report from the Deputy Director of HR

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

71/19/4 Medical Workforce Plan Update

Dr D Barnes, Deputy Medical Director attended the meeting to present paper J, an update on progress with the Medical workforce plan. The development of an International Recruitment Hub was a key objective for 2019-20, and the driver diagram detailed the work associated with achieving the vision of 'Establishing an International Recruitment Hub', identifying objectives and high-level actions. Further work would be undertaken to scope the 'Team around the patient' work stream. The benefits, implications and next steps in relation to the international recruitment hub project were provided. A Task and Finish Group would be established to agree the project deliverables, which would report to the Medical Workforce and Education Steering Group with exception reports to Executive People and Culture Board. A variety of suggestions and views were expressed in respect of progressing with the international recruitment project. A brief discussion took place on the need for a value-based assessment process for recruiting Consultant staff and it was noted that plans were in place to take this forward in the future. The Chief Executive and Director of People and OD undertook to discuss outside the meeting regarding whether these plans needed to be put in place sooner rather than later. In response to a Non-Executive Director query, the Deputy Director of Human Resources undertook to discuss outwith the meeting regarding NED involvement in Consultant recruitment panels.

**CE/  
DPOD**

**DDHR**

**Resolved – that (A) the contents of paper J be received and noted;**

**(B) the Chief Executive and Director of People and OD be requested to discuss outside the meeting regarding whether the plans for a value-based assessment process for recruiting Consultant staff needed to be put in place sooner rather than later, and**

**CE/  
DPOD**

**(C) the Deputy Director of Human Resources be requested to discuss with Ms V Bailey, Non-Executive Director, outwith the meeting regarding NED involvement in Consultant recruitment panels.**

**DDHR**

71/19/5 Additional Report on Physical Assaults Against Staff 2018-19

Further to a discussion of the UHL Security Management Report at PPPC in April 2019 (Minute 46/19/1 of 25 April 2019), the Committee requested further details regarding physical assaults against staff. The Director of Safety and Risk attended the meeting to present paper K, which provided a breakdown of reported physical assaults with no medical underlying cause. Sections 3.3 and 3.4 of the report explained the main reasons for not progressing a prosecution in all cases (e.g. staff choice, lack of admissible evidence, and delays in the prosecution process leading to staff withdrawing their complaint at a later date). Responding to a query, it was noted that a 2-month pilot scheme for body-worn cameras for Security staff in the Emergency Department was being put in place. Responding to a query, the Director of Safety and Risk advised that all staff involved in incidents like this were supported by the Local Security Management Specialists, however, they were not actively followed-up in the longer term to check their treatment and recovery. She undertook to check whether the process for directing staff to relevant support groups was robust. Members noted the need for the Trust Board to be informed that this report had been reviewed and considered by the Committee in detail.

**DSR**

**PPPC  
Chair**

**Resolved – that (A) the Director of Safety and Risk be requested to check whether the process for directing staff involved in incidents like this (i.e. physical assaults against staff) to relevant support groups was robust, and**

**DSR**

**(B) the Trust Board be informed that this report (i.e. Additional Report on Physical Assaults Against Staff 2018-19) had been reviewed and considered by the Committee in detail.**

**PPPC  
Chair**

72/19 **ITEMS FOR NOTING**

72/19/1 Workforce and Organisational Development Set – May 2019

The Director of People and OD highlighted that the Sickness rate, Qualified Nursing vacancies and Medical vacancies had reduced.

**Resolved** – that the contents of paper L and the above update be received and noted.

72/19/2 Update on the Mid-Leadership Programme

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

72/19/3 Executive Performance Board (EPB)

**Resolved** – that the 28 May 2019 EPB action notes (paper N) be received and noted.

73/19 **ANY OTHER BUSINESS**

There were no items of any other business.

74/19 **IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that the following issues be highlighted to the 4 July 2019 Trust Board:-

- (1) Changes to the PPPC terms of reference (recommended item at Minute 64/19);
- (2) Junior doctors' contract Guardian of Safe Working quarterly report March 2019 – May 2019 (recommended item at Minute 65/19), and
- (3) Additional Report on Physical Assaults against Staff 2018-19 (Minute 71/19/5).

PPPC  
CHAIR

75/19 **DATE OF THE NEXT MEETING**

**Resolved** – that the next meeting of the People, Process and Performance Committee be held on Thursday 25 July 2019 from 11.15am in the Board Room, Victoria Building, Leicester Royal Infirmary.

**JOINT SESSION WITH MEMBERS OF QOC**

76/19 **ITEMS FOR ASSURANCE**

76/19/1 Quality and Performance Report - Month 2

Joint paper 1 detailed performance against quality and performance indicators as at Month 2 (period ending 31 May 2019), the contents of which were received and noted. Particular discussion took place regarding:

- (1) **Diagnostic 6-week wait** – standard achieved for 9 consecutive months;
- (2) **Cancer 2-week wait** – good improvement, with performance at 95.7% in April 2019;
- (3) **90% of Stay on a Stroke Unit** – threshold achieved with 83.5% reported in April 2019;
- (4) **Delayed transfers of care** – remained within the tolerance;
- (5) **12 hour trolley wait** – none;
- (6) **never event** relating to a wrong side nerve block;
- (7) **#NOF performance** remained above compliant for 10 consecutive months;
- (8) **Readmission within 30 days** – it was noted that there were some issues in the CHUGGS and RRCV CMGs which were being reviewed;
- (9) **Friends and Family Test (FFT)** performance (Inpatients and Daycase) achieved the Quality Commitment of 97%. In relation to the decrease in the Maternity FFT performance, the Chief advised that the issues that had been raised following a thematic review would be considered as part of the Maternity Safety workstream.
- (10) **Pressure Ulcers** – 8 Grade 2 reported. New guidelines had been issued and discussions were underway with the Tissue Viability team;
- (11) **Statutory and Mandatory Training** reported at 89%. The Director of Estates and Facilities reassured the Committee that a granular approach was being taken in respect of improving performance of the 'statutory and mandatory training' indicator for Estates and Facilities staff and a new compliance deadline of 31 October 2019 had been set, and
- (12) **Mortality** – the latest published SHMI (period January-December 2018) at 99 and remained 'within expected'. The Deputy Medical Director advised that there had recently been a change in the SHMI methodology, which might change the reported SHMI in future.

**Resolved – that the contents of Joint Paper 1 be received and noted.**

76/19/2 Cancer Performance – April 2019

The Chief Operating Officer highlighted an improvement in cancer performance (joint paper 2 refers), with 4 of the 8 national standards achieved in April 2019. A robust action plan appropriately owned by CMGs was in place to support the improvement of performance.

7 of the 8 standards had been achieved against UHL's trajectory with only 2-week wait breast performance missing the trajectory by 3%. All breaches (i.e. 14 patients) were related to patient choice, however, 7 patients were offered appointments after day 7 and therefore a second offer under 14 days was not possible. The team was focusing on ensuring patients were offered a first appointment in under 10 days to decrease the risk of breaching due to patient availability.

31-day (Diagnosis To Treatment) Wait For First Treatment performance was above trajectory but below the national target by 1.2%. The 62-day wait performance had improved by 1.8% to 75.6% in April 2019.

The report also briefed PPPC/QOC on 104+ day performance, with between 26-31 such patients waiting in May 2019. Efforts continued to reduce the number of patients waiting 104+ days, and assurance was provided that in quarter 3 of 2018-19, the required MDT review had identified no clinical harm. The capacity for robotic surgery at other Trusts was being considered. The CCG representative advised that the CCG Audit Committee had requested a 104+ days clinical harm review findings and the CCG was working with the Trust to seek some assurance regarding this matter. In respect of patients waiting 104+ days, each patient was being managed by the CMGs to ensure that next steps were booked for these patients and a focused effort was being made to decrease this cohort of patients.

The new faster diagnosis standard compliance had shown significant improvement across all tumour sites.

Members were advised regarding the 2019-20 EMCA allocation of funding and it was highlighted that the funding for the Cancer Alliance Team was still to be agreed.

In response to a query from the Patient Partner, the Chief Operating Officer advised that the Cancer Recovery Action Plan was a 'live' document and therefore the deadline dates had not been changed and the updates had been included accordingly. The LLR Cancer Strategy was in the process of being refreshed and was expected to be presented to the Trust Board in August 2019.

COO/  
DOI

**Resolved – that (A) the contents of joint paper 2 be received and noted, and**

**(B) the refreshed LLR Cancer Strategy be presented to the Trust Board in August 2019.**

COO/  
DOI

76/19/3 Cleaning Metrics Update

Further to a discussion at the April 2019 joint Committee session (Minute 51/19/1 of 25 April 2019), the Director of Estates and Facilities presented joint paper 3, which responded to the questions raised in relation to the reduction in cleaning scores identified in the Quality Performance Report. Members were advised that the Estates and Facilities Directorate had been under significant financial pressure to provide an effective cleaning service since the move away from the outsourced provider. The service had felt further pressure over the last 12 months due to budget issues and the lack of accurate data to enable an informed picture to be determined on use of existing resources. The decreased input hours had caused issues with the cleanliness of the Trust's hospital sites. A comprehensive diagnostic review would need to be completed before making any changes and future investment requirements needed to be definitively quantified. Further to this, a detailed report would be presented to the joint Committee session in due-course.

DEF

**Resolved – that (A) the contents of joint paper 3 be received and noted, and**

**(B) a more detailed report on cleaning be presented to the September 2019 PPPC following a comprehensive diagnostic review.**

DEF

The meeting closed at 2.18pm.

**Cumulative Record of Members' Attendance (2019-20 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>	3	2	67	<i>A Furlong</i>	3	1	33
<i>J Adler</i>	3	2	67	<i>K Jenkins</i>	3	2	67
<i>V Bailey</i>	3	3	100	<i>B Patel</i>	3	3	100
<i>P Baker</i>	3	3	100	<i>K Singh (ex-officio)</i>	3	3	100
<i>R Brown</i>	3	3	100	<i>M Traynor</i>	3	2	67
<i>I Crowe</i>	3	3	100	<i>P Traynor</i>	3	1	33
<i>C Fox</i>	3	1	33	<i>H Wyton</i>	3	3	100

*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>C Benham</i>	3	2	67	<i>D Mitchell</i>	3	3	100
<i>A Carruthers*</i>	0	0	-	<i>B Shaw</i>	3	2	67
<i>B Kotecha</i>	3	2	67	<i>J Tyler-Fantom</i>	3	3	100
<i>S Leak</i>	3	2	67				

\* for IT items only