

Cover report to the Trust Board meeting to be held on 3 October 2019

Trust Board paper L	
Report Title:	People, Process and Performance Committee – Chair’s Report (formal Minutes will be presented to the next Trust Board meeting)
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Reporting Committee:	People, Process and Performance Committee (PPPC)
Chaired by:	Andrew Johnson – PPPC Chair and Non-Executive Director
Lead Executive Director(s):	Rebecca Brown – Chief Operating Officer Hazel Wyton – Director of People and Organisational Development (OD)
Date of last meeting:	26 September 2019
Summary of key public matters considered by the Committee and any related decisions made:	

This report provides a summary of the following key public issues considered at the People, Process and Performance Committee on 26 September 2019:-

- **Becoming the Best – Quality Improvement, Culture and Leadership Update**

The Trust’s Quality Strategy – Becoming the Best describes how the Trust will become an outstanding organisation, delivering Caring at its Best to every patient, every time. It recognises the many strengths of the Trust, albeit acknowledging the need to be more consistent and joined-up in the approach taken to quality improvement if the Trust is to deliver consistently high quality care to patients. Much of the strategy is about culture change so that everyone is focused on quality improvement, using a consistent methodology across the organisation with the right support from leaders.

An update report was presented to the PPPC by the Deputy Director of Learning and Organisational Development and the Head of Quality Improvement, which particularly highlighted the following:-

- (1) a diagnostic based on NHSI best practice had been undertaken in order to implement a collective leadership approach, to embed a culture that enables delivery of continuously improving high quality, safe and compassionate care. Based on the findings of Phase 1 (Discovery), initiatives were being designed and developed in Phases 2 and 3 that built on strengths and addressed development areas. The report set out the key findings at the end of the discovery phase, progress with delivering aligned leadership development interventions and key activity completed at the next phase ‘design’. Progress against all activity was summarised in the ‘Road Map’ and presentation pack;
- (2) the Trust’s new Head of Quality Improvement had now commenced employment with the Trust and a partnership had been formed with Advancing Quality Alliance (AQuA) to develop the Trust’s QI programme. Interviews for the QI Leads took place on 11 September 2019. In the first round, entry level ‘QI Taster Sessions’ were delivered to 140 staff from 4-7th September 2019, initially targeting the Trust’s Improvement Agents. The next two rounds of staff development would commence in October 2019 with Advanced Practitioners, followed by the Medical Leaders Programme offering approximately 85 places. The first focused QI Collaborative had been agreed and would focus on Safe and Timely Discharge;
- (3) a large network of Improvement Agents continued to be created drawn from volunteer staff at all levels of the organisation who helped to steer and promote the work being undertaken and provide feedback on progress. Efforts continued to create many opportunities for all staff to get involved, and
- (4) Organisational Development Specialists would commence appointments during November. This work continued to be supported by the Trust’s Becoming the Best Expert Reference Group.

The Committee received and noted the contents of this report. In discussion on this item, the Head of Quality Improvement noted the possibility of introducing an additional QI staff development session before proceeding to that of Advanced Practitioner. Particular discussion also took place regarding ensuring full use of the Apprentice Levy and note was made that this would be an opportune time to review how the Trust was using the Levy. Note was also made of the significant importance of communications with staff on this issue and of plans in this respect, which would be aided by the appointment of the Trust’s new Head of Communications. Note was also made of results, to-date, from the TTO exemplar project. In concluding discussion on this item, the Committee noted the long-term nature of this strategy to achieve measurable results necessitating cultural

and behavioural changes throughout the organisation which would take time to embed. Quantifiable progress would be monitored through a dashboard, which was currently in development.

- **Urgent and Emergency Care Performance Report – Month 5**

One of the Trust's current priorities is to streamline emergency care pathways. Alongside the Trust's established action plan, the Trust's quality improvement approach was being used to ensure that actions and improvements were linked to the Quality Strategy drivers. The Trust's internal transformation plan sat alongside the LLR action plan to give a whole system approach to improving urgent and emergency care. The A & E Delivery Board had system-wide oversight and was chaired by the Trust's Chief Executive. The Month 5 update report noted that overall demand into ED had continued (with an 8% increase in ED attendances between August 2018 and August 2019) with the actual number of ED attendances running 3.5% higher than plan. A 5% increase in emergency admissions had been observed, creating a greater capacity gap for the Trust than the 2019/20 agreed plan. Ambulance demand continued to increase and there continued to be an imbalance between capacity and demand for Medicine within LRI, which was being addressed through the Winter Plan (now entitled Bed Modelling and Capacity Plan). Progress on the plan continued and further actions were being developed. A system-wide approach had been escalated as agreed with the system's Regulators. In discussing the content of this report, the Committee acknowledged the following factors (1) whilst demand had increased significantly, a corresponding rise was not being observed in patient complaints or incidents, which was a testament to the hard-work of the staff involved (2) despite increasing demand, performance was being maintained at the same level, again this was testament to the hard work of all the staff involved and (3) the organisation continued to work together to meet the challenges and demands. Particular discussion took place regarding the following (a) any available analysis of the reason behind the continued increase in demand (note was made that a national audit had been undertaken earlier in the week, the results of which were currently being collated), (b) the importance of recognising the hard work of staff and (c) the provision of mental health care in ED (which also featured as a report in the Joint PPPC/QOC session detailed below).

In conclusion, it was noted that the Committee could not currently be assured that the Trust had the ability to meet its urgent and emergency care targets, however the Committee was assured by the actions being undertaken by the Trust and acknowledged the resilience being demonstrated by the fact that ED was maintaining its performance level and relative position despite the continuing increases in demand.

- **Bed Modelling and Bridge (previously named 'UHL Winter Plan')**

This report described the predicted bed capacity position; how this had been calculated and the efficiencies by CMG to manage the gap or decrease occupancy. This is an iterative process and schemes and numbers of beds released will be updated following each meeting with Clinical Management Groups. To-date, the bed gaps had been identified across the CMGs and the methodology described, schemes had been identified by CMGs to bridge a gap or decrease occupancy and the model had been updated following quarter 1 actual performance. Particular discussion took place regarding staffing issues across the base wards within Children's Services, albeit confidence was expressed by the Chief Nurse in the ability of Children's to accurately measure acuity levels and flex up and down accordingly. Note was also made of the Trust's plans to open an extra 56 beds during Winter 2019/20 and particular discussion took place regarding the timing of the opening of these extra beds and the work underway to prepare for their opening. The Committee noted that the additional beds would not bridge the capacity gap in LRI medicine and that further beds could not be safely opened due to staffing constraints. This would mean that outlying into surgical beds would still be required and the Executive had asked for a review as to how that process could be improved. A contingency plan would be developed should demand exceed the level anticipated in the existing plan. The Committee also discussed preparations for the flu vaccination programme and planning in advance of 31 October 2019 (i.e. the Brexit deadline).

Items for Information

The following reports were noted:-

- **Workforce and Organisational Development Data Set – Month 5;**
- **Executive Quality and Performance Board – minutes from 27 August 2019, and**
- **Executive Performance and Culture Board – minutes from 20 August 2019.**

Joint PPPC and QOC session

- **Cancer Performance Monthly Report / Recovery 2018/19**

In July 2019, the Trust achieved 2 standards against the 8 national targets and 4 standards against UHL's trajectory (full details were as outlined within the report presented). A robust action plan owned by the Clinical

Management Groups was in place to support the improvement of performance. In presenting this report to the Committee, the Director of Operational Improvement particularly highlighted the following points (1) performance against the 62 day standard for July 2019 was 76.1% - whilst this was the highest performance to-date, it was unlikely that the Trust would achieve its target of 85% performance in September 2019 (2) cancellations increased during July 2019, despite all possible actions being undertaken to avoid such cancellations (as outlined in the Trust's robust cancellation process) and (3) the positive feedback received following the East Midlands Cancer Alliance visit which indicated that the Trust had strong plans in place to mitigate, as far as possible, the impact of significant rises in demand. Members received and noted the contents of this report.

- **Quality and Performance Report – Month 5**

Members received and noted the contents of the monthly Quality and Performance report, noting that this represented the first report detailing the new format (future such reports would also feature a modified version of the exception reports previously presented). The report provided a high level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary. Particular discussion took place regarding recent poor performance in respect of fractured neck of femur, which was being addressed at the CMG Performance Review meetings (PRMs) and would be the focus of a report to a forthcoming meeting of the Executive Quality Board and thereafter the Quality Outcomes Committee. Specific discussion also took place regarding RTT and the issue of pension related tax liabilities continuing to attenuate efforts to improve performance. Note was also made of revised guidance received from the NHSI relating to the recording and reporting of pressure ulcers. The contents of this report were received and noted.

- **Process for ED Management of Patients with a Mental Health Diagnosis**

This report sought to assure the Joint PPPC / QOC about the processes in place within the Trust's Emergency Department to care for patients presenting with a mental health condition and noted that the Trust had an operational policy in place for these patients which had recently been reviewed. The Trust provided training to ED staff in the care of such patients and worked collaboratively with Leicestershire Partnership Trust (LPT) around service development and expansion to cope with increasing demand. The Mental Health Steering Group, which had representation from LPT, had undertaken a gap analysis and had developed an action plan accordingly. All relevant issues also fed through the Trust's Safeguarding Committee. Particular discussion took place regarding (1) the need for visibility of critical information on EPR as this continued to be developed (2) the identification of patients at risk of self-harm within ED, with this information fed through to wards upon admission and (3) the services provided for the Trust by LPT. The contents of this report were received and noted.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

1. None

Items highlighted to the Trust Board for information:

1. Urgent and Emergency Care Performance – Month 5
2. Becoming the Best – Quality Improvement, Culture and Leadership Update
3. Cancer performance and recovery

Matters referred to other Committees:

None

Date of Next Meeting: 24 October 2019