

Cover report to the Trust Board meeting to be held on 5 September 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:	29 August 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 29 August 2019:-

- **Urgent and Emergency Care Performance Report – Month 4**

One of the Trust’s current priorities is to streamline emergency care pathways. Alongside the usual urgent and emergency care report, the Trust’s quality improvement approach was being used to ensure that actions and improvements were linked to drivers in performance. A driver diagram had been completed as part of the diagnostic phase of the programme. This had led to a multi-layered action plan, which was detailed within the report presented. Improving emergency care was also an LLR STP priority area (the LLR Transformation Plan was also detailed within the report presented). To prevent duplication, actions pertaining to the Trust had been included in a single transformation plan and cross referenced to ensure that reporting lines were clear. The plan would be monitored through the UHL Urgent Care Board using the quality strategy ethos and paperwork.

Performance on ambulance handover and the 4 hour target had plateaued and was beginning to worsen in recent days. Emergency attendances and subsequent admissions had risen by over 5%. Attendances reached an all-time high with 831 patients on Tuesday this week. Ambulance attendances remained unseasonably high as the Trust had experienced a 13.1% rise during months 1-4 compared to previous years. Detailed discussion took place amongst the Committee regarding the planned response to these pressures, including the demand management plan, and where the Trust should focus its attention, noting that some elements were for UHL to address and some elements were for its partners to lead. Specific note was also made of the need to support staff on the front-line who were facing these pressures on a daily basis.

Whilst it was acknowledged by the Trust’s Regulators that the existing internal transformation plan and LLR action plan remained appropriate and relevant, some elements of the plan needed to be implemented more quickly. Of particular note by the Regulators was that whilst UHL was on OPEL 4, other partners remained at OPEL level 1 or 2, suggesting further opportunities for the system to respond and support UHL.

The report further detailed the actions identified that might address the immediate pressure on the Trust and improve the link to the system to facilitate a swifter response from system partners alongside a set of actions agreed by the A & E Delivery Board. Reflections from the Senior leadership Team (SLT) had agreed a ‘major incident’ level focus with the Interim Accountable Officer for West Leicestershire Clinical Commissioning Group leading demand management and the UHL Chief Executive leading on safe and timely discharge.

Whilst noting that the report presented provided significant detail, the PPPC Chair did make specific note that it would be helpful to include more qualitative metrics such that a sense of priority of the various actions presented could be ascertained, alongside the progress made against these actions.

In conclusion, it was noted that the Committee could not currently be assured that the Trust would meet its urgent and emergency care targets, however the Committee was assured that the Trust was viewing this matter as an absolute priority and that the most senior people within the organisation were driving the solutions.

- **Winter Plan 2019/20**

Winter historically presented a particular challenge to the Trust, LLR and the NHS as a whole. The report received by the Committee described the predicted bed gap, how this had been calculated and the

efficiencies proposed by each CMG to manage the gap or decrease length of stay / occupancy. It was noted that this was an iterative process and schemes and numbers of beds released would be updated following each meeting with Clinical Management Groups.

In presenting the Winter Plan 2019/20 report to the Committee, the Director of Operational Improvement noted the agreement at the Executive Quality and Performance Board Committee meeting held on 27 August 2019 that this document became a continually rolling plan through the year and would not relate solely to Winter, particularly in light of the emergency pressures experienced throughout this Summer that had not been experienced in previous years. The Committee received and noted the contents of this report, acknowledging the fundamental shift in emergency and urgent care provision with a year round issue in surge now being observed.

- **Becoming the Best – Culture and Leadership Update**

The Trust's Quality Strategy – Becoming the Best described how the Trust would become an outstanding organisation, delivering Caring at its Best to every patient, every time. Much of the strategy was about culture change so that everyone was focused on quality improvement using a consistent methodology across the organisation with the right support from leaders. In order to create the right culture and leadership behaviours to support the Trust's Quality Strategy it had been agreed to follow the proven NHSEI Culture and Leadership Programme methodology, which consisted of three phases of action: discover, design and deliver. The report presented to the Committee detailed the 'discover' phase as it was delivered within UHL with support from NHSI and East Midlands Leadership Academy (EMLA). Based upon the findings of phase 1, the Trust would design and develop initiatives in phases 2 and 3 which built on strengths and addressed areas for development.

The Committee received and noted the contents of this report, noting that Becoming the Best had been the focus of the July 2019 Trust Board Thinking Day. Particular note was made of the emphasis being placed on the use of language which was supportive, and not punitive, in its nature, such that staff could care for each other as they cared for patients. It was noted that there would be a presentation on this topic at the next PPPC meeting. Specific discussion took place regarding the number, use and effective management of existing UHL staff who had volunteered to act as Improvement Agents and note was made of the enthusiasm which existed amongst these staff and of the need to maintain momentum and support for them.

- **People Strategy Update**

This report provided an update on the UHL People Strategy and detailed progress made to-date following agreement at the June 2019 PPPC meeting to review work programme deliverables in light of the interim NHS People Plan released on 3 June 2019 to ensure necessary alignment. Progress against the People Strategy would be captured by means of the provision of a high level summary to the Executive People and Culture Board (EPCB) on a regular basis, with reporting of progress also captured in the QI reporting templates and monthly highlight reports. Additionally, separate reports would continue to be presented to the EPCB against core areas and specific staff groups. The Committee received and noted the contents of the report and noted the value of inviting the new NHSE/I Chief People Officer to a UHL workshop or future Trust Board Thinking Day.

- **Equality and Diversity Report**

Since March 2019, steady progress had been made on the Equality and Diversity agenda following the most recent CQC inspection and the absence of a permanent Equality Lead since March 2019. The purpose of the paper presented to the PPPC at today's meeting was to provide an overview of the work underway to ensure that equality, diversity and inclusion remained at the fore front of everything the Trust did. The report focused on current programmes of work to improve disabled staff experience through implementation of the WDES Workforce Disability Standard and the work that was ongoing to improve BAME and DA staff experience through the WRES Workforce Race Equality Standard and WDES Disability Standard. Members received and noted the contents of this report and specifically made note of the session on this topic which was currently planned for the November 2019 Trust Board Thinking Day, emphasising the need for the equality and diversity agenda to link to leadership and culture.

- **LLR People Centred Leadership Framework**

A Person Centred Leadership Framework was being developed across the LLR health and care system which had, at its core, a focus on outcomes and was built on a platform of positive culture; a systems mind-set and behaviours that supported collaborative working. Multi-professional leadership was one of four key enablers within the Framework and, together with transformation, integration, communications and engagement and inclusion would deliver the ambition to create 'more good days' for the patients, citizens and staff of LLR. The framework draft plan on a page (early iteration) was included within the report presented.

Items for Information

The following reports were noted:-

- **Workforce and Organisational Development Data Set – Month 4.** Specific discussion took place regarding an increase against the time to hire metric. It was agreed that it would be helpful for future such reports to provide an explanation of the reason for any deterioration in performance against this metric and include historical data for comparison, where available.
- **Executive Quality and Performance Board – minutes from 23 July 2019**
- **Executive Performance and Culture Board – minutes from 18 June 2019.**

Joint PPPC and QOC session

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

In June 2019, the Trust achieved 3 standards against the 8 national targets and 4 standards against UHL's trajectory (full details were as outlined within the report presented). The 62 day standard remained the Trust's most significant challenge going forward. A robust action plan owned by the Clinical Management Groups was in place to support the improvement of performance. The Recovery Action Plan (RAP) was reviewed fortnightly to ensure future improvement and transformation programmes were in place. In response to a request from members, the Director of Operational Improvement agreed to provide actual numbers (in addition to percentages) on figure 1 in future such reports, in order that members could understand how many patients the data related to (not currently possible when only a percentage figure was provided). The contents of this report were received and noted.

- **Cancer Strategy**

The production of the LLR Cancer Strategy aimed to improve cancer outcomes and enhance and improve the experience of patients living with cancer. This would be a live strategy which would be adapted to reflect the ever-changing advances in cancer care. The strategy was for adults registered with primary care clinicians in LLR and did not include children's cancers due to the specialist nature of these. The Cancer Strategy was a collaborative piece ensuring working with partners to ensure that patients received the best cancer care irrespective of whether they were being cared for within or outside LLR along their journey. In discussion, note was made that timescales would be included within future iterations of this report and that a separate document would be produced in future which was patient-facing given that this version was a technical strategy document.

- **Quality and Performance Report – Month 4**

Members received and noted the contents of the monthly Quality and Performance report. Specific note was made that a patient had not developed a grade 3 pressure sore as was currently documented in the report (this had subsequently been re-validated), C Diff remained in trajectory for the year to-date, improvements had been observed in the Maternity FFT and there had been a number of same sex accommodation breaches due to the challenge of rising patient admissions. Discussion also took place regarding the drop in performance during the last month in respect of fractured neck of femur and the work on-going into determining the cause of this. Following a request, the Medical Director agreed that the outcome of this # NOF work could be reported at a future CQRG. A specific issue was raised relating to the graphical quality of a specific element of the report and the Director of Operational Improvement and Corporate and Committee Services Manager undertook to review this. It was also agreed that the Director of Operational Improvement would feed back to the Assistant Director of Information in terms of the content of future Q & P reports. It was further noted, in discussion, that there was a new NHSE/I Oversight Framework with a new list of KPIs and future iterations of the Trust's Q & P report would need to reflect this – the Chief Executive undertook to feed back the requirements to the Director of Operational Improvement and the Assistant Director of Information.

- **Leadership Walkabouts**

The Chief Executive and Director of Safety and Risk reported verbally to advise members that the Safety Walkabouts were being refreshed and that new Leadership Walkabouts were being implemented, commencing on 5 September 2019 (as an integral part of each future Trust Board and Trust Board Thinking Day). In response to a specific issue raised regarding the unsafe placement of old equipment on ward 27, raised by a Patient Partner following a recent Safety Walkabout, the Chief Nurse was requested to ensure immediate resolution of the issue described.

Matters requiring Trust Board consideration and/or approval:	
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Recommendations for approval:-	
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1. None

Items highlighted to the Trust Board for information:	
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1. Urgent and Emergency Care Performance – Month 4, specifically the actions underway to address recent challenges due to rising attendance and admission rates.
2. Cancer Strategy origination and the Cancer Performance programme being undertaken to address cancer performance across the LLR system.

Matters referred to other Committees:	
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Date of Next Meeting:	26 September 2019
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