University Hospitals of Leicester NHS
NHS Trust

Cover report to the Trust Board meeting to be held on 6 June 2019

Trust Board paper M

Report Title:	**People, Process and Performance Committee – Chair's Report** (formal Minutes will be presented to the next Trust Board meeting)
Author:	Hina Majeed – Corporate and Committee Services Officer

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:	30 May 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 30 May 2019:-

- **Improvements to Discharge Processes within LLR and the Proposed Next Steps for 2019-20**
  The Head of Nursing, Patient Flow and Discharge and the TTO Project Manager attended the meeting and provided a detailed presentation on the progress made in reducing the delays within the discharge pathways across LLR over 2018-19. The revised 2018 National Framework which was implemented on 1 October 2018 set out the principles and processes of NHS Continuing Healthcare and NHS-funded Nursing Care. It provided clarity that the eligibility criteria must be applied to everyone equally, regardless of where they received their care. In November 2018, the Trust introduced a new Discharge To Assess (D2A) pathway which allowed better case management and timely flow.

  A new easy view Board Round profile had been launched on Nerve Centre to capture the 'next steps' in the patient's journey. The data captured in this field was now directly linked onto e-beds. An electronic BB1 assessment/referral form had now been launched which would further reduce delays in the referral process for a medical step down/rehabilitation bed. The Primary Care Coordinator (PCC) service had been decommissioned and a review of this function would form part of the Integrated Discharge Team (IDT) workstream. 'Trusted Assessor' schemes which were a national initiative had been implemented in the Trust to speed up the assessment processes so that the person being assessed was not required to wait longer than necessary before moving on to the next stage of their care. The non-registered nursing roles in relation to discharge had been reviewed and it had been agreed to now recruit Discharge Support Assistants to drive improvements forward. 'Supporting you to leave hospital' booklet had been designed to guide patients through the process of leaving hospital. There had been increased ownership and awareness of Stranded and Super Stranded patients and progress was being made towards the new ambition for 2019-20 of 135 patients.

  The TTO Project Manager advised that the main aim of the TTO project was to deliver an improved approach to TTO discharge medication. The project had been divided into 3 phases:
  • Phase 1 – Writing and approving the discharge summary;
  • Phase 2 – Dispensing of the discharge medication, and
  • Phase 3 – Transport of the TTO medications to the wards.

  Phases 2 and 3 had been implemented and sustained. Phase 1 was now the main focus for the project going forward. A brief update on the TTO project activity was provided and it was highlighted that a Standard Operating Procedure (SOP) for the TTO process had been produced and a roll-out plan for wards in the ESM CMG was underway. Members noted that since the roll-out, the average length of stay per patient had reduced by approximately 1-2 days although noting that many initiatives had been implemented concurrently to reduce the 'hidden waits' in the patient's pathway. The TTO Project Manager noted the need for buy-in from clinical staff in order to facilitate and sustain the TTO process.

  The following main issues were highlighted in particular:-
  1. Medical staff committing to, and directing the revised TTO process during the ward shift (as business as usual);
  2. Early writing of required/appropriate TTOs by medical staff;
  3. Sustaining the revised TTO Process as per the SOP on the ward, and

4. Single accountable resource to co-ordinate and implement the TTO project.

Following the presentation, Committee members commended the work that had taken place and the significant progress that had been made. Members also noted the productivity gain in the ESM wards following the roll-out of the SOP for the TTO process. The Chief Operating Officer praised the work that had been undertaken and noted that the achievement demonstrated the excellent partnership working across all LLR partners. She highlighted that the 'Safe and Timely Discharge' was one of the Trust's Quality Priorities for 2019-20 and the next steps in relation to this priority would be taken forward through the Quality Strategy. Members noted that sustaining the improvements made to the discharge process was a key issue and suggested that Internal Audit undertake a further review to understand the reasons it was not being sustained. Particular consideration was requested to also be given to sustaining improvements to patients who had outlied. There was a need to embed a culture of high quality care and it was noted that this was one of the core elements of the Quality Strategy.

A TTO focus would be given by ensuring TTO Champions were in place on each ward. In discussion, it was agreed that work would be undertaken to ensure that Discharge Coordinators facilitated this. In response to a query, it was noted that discussions were regularly held with partners regarding creating a single bed base. Further to a lengthy discussion, the TTO Project Manager agreed to undertake an audit to ascertain whether TTOs were initiated only for new medicines prescribed to patients and not for medicines that patients were taking prior to admission.

In response to a query, it was noted that a policy was in place for 'Discharge of Patients to Residential Homes, Care Homes or Community Hospitals prior to TTO Medicines being available'. The use of this policy was for a limited patient group where there was an urgent need to discharge the patient prior to the TTO medicines being physically available to ensure placements were not lost due to the delay in discharge.

The Chief Operating Officer provided reassurance that the improvements would be driven through in the next 12 months and updates would be provided to the PPP Committee, or Quality and Outcomes Committee, as appropriate.

In conclusion, the PPPC Chair requested that, given that key members were absent from the Committee today, and that the PPP Committee could not therefore be fully assured of the deliverability of the TTO Project, the PPP Committee was particularly provided with regular (quarterly) updates on the progress of the four main issues identified by the TTO Project Manager above.

- **Becoming the Best – Culture and Leadership Update**
  Significant work was underway 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'. NHS Improvement had created a toolkit of resources which were being utilised by the Trust to collect both the quantitative and qualitative data for the 'Discovery' phase. Based on the findings, initiatives would be designed and developed to build strengths and address development areas to ensure a unified approach was put in place to embed a culture that enabled the delivery of continuously improving high quality, safe and compassionate care. A process for selecting a Quality Improvement partner and interviews to recruit a Head of Quality Improvement were currently underway. A large network of 'Improvement Agents' was being created in order that staff at all levels could get involved to help steer and promote the Culture and Leadership programme across the Trust. Additional information about the timescale for dissemination of the strategy to front-line staff was sought, in response, the Director of People and OD provided an overview of the programme which was currently envisaged as a 3-year journey of which the Trust was currently in the very early stages.

  Members noted the need for a particular focus on messaging for staff in Bands1-3. This work was being supported by the Trust's "Becoming the Best" Expert Reference Group which had significant Executive backing. Regular reports on this programme would be presented to the PPPC on a quarterly or six-monthly basis, as appropriate.

  In conclusion the PPPC Chair noted the ambitious intent of this programme and emphasised the support from the Committee for it to be implemented effectively, ensuring that staff at all levels were actively involved, in order to effect the culture change envisaged.

- **Urgent and Emergency Care Performance Report – Month 1**
  The Deputy Chief Operating Officer apologised for the wrong version of the refreshed Urgent and Emergency Care Action Plan being appended to the report and undertook to circulate the correct version outwith the meeting.

  Members noted UHL performance of 75.5% in April 2019, despite high levels of demand including a 13% rise in

attendances compared to April 2018, with a significant increase in ambulance arrivals. Progress continued on reducing stranded patients and delayed transfers of care, and no 12-hour trolley breaches had occurred. A brief update was provided on the five main areas of focus in the refreshed Urgent and Emergency Care Action Plan. Although a series of Trust-wide actions had been included in the plan, CMGs would be taking accountability and ownership for their areas.

Particular discussion took place regarding the advantages and disadvantages of early discharge and the need for monitoring re-admissions to understand whether any re-admission related to the patient's previous admission. Non-Executive Directors suggested consideration be given to tracking out-patient attendances.

In response to a Non-Executive Director query, the Deputy Chief Operating Officer advised that work was still required to balance the teams in ED throughout the day, however, she reiterated that team huddles were held every morning to reflect on the day before and plan for the day ahead. The Chief Operating Officer advised that a Business Intelligence Specialist dedicated to ED had recently been appointed who would be able to track and compare performance of different teams in due course.

The PPPC Chair noted that, although the Committee recognised the progress being made, and the detailed initiatives actively being pursued, that it could not be assured that the Trust is capable of meeting its current targets for ED performance.

- **Review of Winter 2018-19 Performance, and Planning for Winter 2019-20**
  The Director of Operational Improvement provided an overview of winter 2018-19 including key actions taken and the outcome of those on key performance metrics. She advised that whilst some areas had seen a reduction in activity, other areas had seen significant growth. Adults' walk-in assessment zone and primary care had seen a reduction in activity whilst Majors saw increased acuity and higher numbers of patients. Majors had seen on average an additional 35 patients per day in 2018-19 winter compared to winter of 2017-2018. Ambulance handover delays had marginally improved in comparison with the same time last year whilst the average number of ambulance conveyances per day had increased by 5%. However, in January 2019, there had been significant volumes of patients taken to hospital by ambulance due to the level of acuity and the Trust was extremely challenged impacting both performance and patient experience. A brief comparison of Operational Pressures Escalation Levels (OPEL) between both the winter periods was provided.

  The opening of the AMU in summer 2018 provided improved patient assessment areas which allowed more investigations to be undertaken to reach an early diagnosis, give rapid treatment and ideally prevent the need for admission to a ward. A reduction in the number of long-stay patients, improved discharge pathways and implementation of a programme focussing on frail patients were particularly noted. There had been a low number of elective or time critical cancellations with the introduction of a new system of clinical prioritisation alongside capacity management. In response to a query on the impact of the Single Front Door, it was noted that a new escalation process for paediatric capacity was now in place which had resulted in better performance.

  The learning and staff feedback would be incorporated into UHL's winter plan for 2019-20. A system wide de-brief would be completed by end of June 2019 and would be fed through the regional de-brief which would enable a collaborative approach to building system resilience. In conclusion, the Non-Executive Directors noted that increased activity over winter had resulted in challenged performance, however, commended the efforts of staff to deliver the winter plan in a more organised manner. Members highlighted that earlier and better planning for winter 2018-19 ensured patients were safe and performance was maximised.

  In conclusion, the PPPC Chair noted the detailed nature of the Plan and the improvement in performance during Winter 2018-19, and reiterated the importance of continuing to plan early for regular challenges to the service the Trust provides. Due to time constraints, the bed modelling for 2019-20 was not discussed and it was noted that a detailed version of this report would be submitted to PPPC in June 2019.

- **Consultant Clinical Excellence Awards Annual Report**
  Due to time constraints, the report was not discussed. Members noted that the report provided an overview of the 2018 "new" Local Clinical Excellence Awards (LCEA) round and also the "existing" LCEAs. The PPPC Chair had been involved as the Non-Executive Director representative on the assessment Panel. The process had been completed fairly and in accordance with the national guidance and the agreements made locally with the Local Negotiating Committee.

- **<u>Items for Information</u>**

  The following reports were noted:-

Workforce and Organisational Development Data Set – April 2019;
IR35 Quarterly Report;
Executive Performance Board – minutes from 23.4.19, and
Executive Workforce Board – minutes from 16.4.19.

Joint PPPC and QOC session

- **Quality and Performance Report – month 1**
  Joint paper 1 detailed performance against quality and performance indicators as at Month 1 (period ending 30 April 2019). Due to time constraints, the report was not discussed, however, the following points were made:- (a) the Chief Nurse noted some anomalies in relation to the patient experience and FFT data and undertook to review this information; (b) the Chief Operating Officer highlighted that the number of 'good news' points were increasing and the 'bad news' points were decreasing, and (c) Responding to a comment from Ms V Bailey, Non-Executive Director, the Chief Operating Officer undertook to include a narrative in the slide entitled 'March APRM Review Ratings' to explain that the initial financial recovery plan was not achieved and the current ratings were based on the achievement of the revised plan.

- **Cancer performance and Deep Dive – March 2019**

  The Director of Operational Improvement and Dr D Barnes, Deputy Medical Director attended the meeting to provide a deep-dive into cancer improvement – quality, transformation and performance.

  The following points were highlighted in particular:-

  i. Actions in place following the **2017 National Cancer Patient Experience Survey**;
  ii. Snapshot of the **national patient experience dashboard** and it was highlighted that local tumour site surveys had been introduced to ascertain the key areas of focus;
  iii. **National Cancer Quality Surveillance** – annual internal review of 17 cancer multidisciplinary teams;
  iv. **LLR Living with and Beyond Cancer Programme** – Macmillan funding for two years for project team focusing on Breast, Colorectal, Prostate and Lung cancer pathways with an established LLR Project Group. Introduction and implementation of Holistic Needs Assessments (HNA) and Care Plans offered to every patient at diagnosis with pending rollout of Macmillan eHNA;
  v. **Cancer Clinical Harm Review** – in quarter 3 of 2018-19, 42 patients had waited over 104 days from referral to first definitive treatment. No patient harm was identified as a result and therefore root cause analysis was not undertaken. Key themes identified included late tertiary referrals, capacity for prostate robotic surgery, capacity for oncology appointments and Next Steps compliance;
  vi. **Cancer Performance** – total referrals for UHL in 2018-19 increased by 15.9% with particular increase in lung, dermatology and urology in comparison to 2017-18. The total diagnosed cancer from April 2018-February 2019 increased by 24.4% from 2017-18, and
  vii. **Transformation Projects** relating to Local Optimal Lung Cancer Pathway, Prostrate and Urology Cancers.

  An improvement in cancer performance was highlighted, with 4 of the 8 standards achieved and being above trajectory in March 2019. In respect of April 2019, 4 out of the 8 targets had currently been achieved and all 2-week wait breast performance breaches were related to patient choice. The PPPC Non-Executive Director Chair noted factors relating to both cycle time and efficiency, and queried whether the 62-day performance target trajectory would be achieved by the new target date of September 2019 and requested if any support was required. Following a detailed discussion on this matter, the Chief Operating Officer advised that it was anticipated that the 62-day performance target trajectory would be achieved overall with the exception of urology. She highlighted that the transformation projects were based on national best practice and there was a high degree of confidence that, aggregated together, the new trajectory would be met. In respect of improving Urology Cancer performance, the Trust was working closely with the Cancer Alliance and Regional Urology Teams. The Director of Operational Improvement provided assurance that NHSI pathway delays were constantly reviewed and a rolling programme was in place to gauge where the issues were.

  Following a further challenge from the PPPC Chair, the Chief Operating Officer confirmed that she had very high confidence in the team and all appropriate actions were being put in place to make the improvements needed to achieve the trajectory. She also highlighted that there were a number of issues (decontamination, theatre capacity, theatre maintenance, staffing etc.) which might impact the achievement of the trajectory and these risks would need to be mitigated appropriately. The Medical Director emphasised that the new trajectory was based on the 'known-knowns'.

  Ms V Bailey, Non-Executive Director noted the absolute need for the transformation projects to be taken forward and working towards a system of earlier-diagnosis and not diagnosing cancers in ED. She thanked the team for all the efforts for the improved performance and the reduction in cancellations over the winter

period.

Responding to a query from Col. (Ret'd) I Crowe, QOC Non-Executive Director Chair, the Medical Director noted that the improving survival rates of cancer would need to be reviewed on a system-level. He highlighted the need for issues leading to late referrals to be resolved. In response to a further query, it was noted that a deep-dive of the Urology Service was being undertaken to resolve the administrative issues. The need for maintaining the momentum on 'Acting on Results' was particularly mentioned and it was noted that significant progress had now been made on this workstream with the process being more robust and an audit trail being in place to indicate that the results had been acted upon.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

1. None

Items highlighted to the Trust Board for information:

1. Improvement to Discharge Processes within LLR and the Proposed Next Steps for 2019-20, and
2. Cancer Performance and Deep Dive – March 2019

Matters referred to other Committees:

None

Date of Next Meeting:	27 June 2019