

## Cover report to the Trust Board meeting to be held on 7 February 2019

<b>Trust Board paper L</b>	
<b>Report Title:</b>	<b>People, Process and Performance Committee – Chair’s Report</b> (formal Minutes will be presented to the next Trust Board meeting)
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<b>Reporting Committee:</b>	<b>People, Process and Performance Committee</b>
<b>Chaired by:</b>	Andrew Johnson - PPPC Chair and Non-Executive Director
<b>Lead Executive Director(s):</b>	Rebecca Brown – Chief Operating Officer Hazel Wyton – Director of People and Organisational Development
<b>Date of last meeting:</b>	31 January 2019

**Summary of key public matters considered by the Committee and any related decisions made:**

This report provides a summary of the following key issues considered at the People, Process and Performance Committee on 31 January 2019:-

- **Process**

- **Clinical Excellence Awards**

The report outlined that NHS Employers and the British Medical Association (BMA) had agreed an amendment to the Terms and Conditions – Consultants (England) 2003. From 1 April 2018, Trusts are mandated to run annual local clinical excellence awards (LCEA) rounds. Therefore, UHL was obligated to apply the new provisions and that the minimum investment was to apply the multiplier of 0.3 per eligible Consultant (with a value of £3,016). This would be non-consolidated and non-pensionable and would be paid as a lump sum. The cost for the 2018 round would be £584,500. The national guidance allowed Trust’s to determine the value of the awards and the length of awards over the 3 year transition period. The new LCEA guidance stated that the Chair of the LCEA Committee should “ideally” be a Lay Chair. Therefore, it was proposed that, as this was a new process, that for the first year in 2018, the Medical Director continued to undertake the chair role, with a view to the NED taking on the role of the Chair for future LCEA Committees.

- **KPIs for Employment Relations**

The Deputy Director of Human Resources introduced the report, briefing members on the restructuring of the HR Generalist Team to deliver more collaborative, affordable, efficient and cost effective services through the centralised Employee Relations Team. Progress had been made to improve visibility, tracking and monitoring of case work activity. Further work was required for policy development and changes to practice, through collaborative engagement with Staff Side colleagues and other stakeholders. The work being undertaken was being considered alongside the culture and leadership programme which supports changes to behaviours and leadership developments. In response to a query, the Deputy Director of Human Resources undertook to obtain comparison information regarding case work activity from peer Trusts. The PPPC Chair welcomed the report highlighting that the improved visibility and tracking of case work activity would assist CMGs to understand their current case load/mix and make comparisons which would improve accountability.

- **Performance**

- **Urgent and Emergency Care Performance Report – Month 9**

The Committee welcomed the new style of this consolidated report which included the usual content of the urgent care position with the addition of some system wide updates. The Deputy Chief Operating Officer presented the report which detailed the position within emergency and urgent care as at the end of December 2018. Progress against plan was being made. The system wide collaboration had improved during urgent care peak periods which had enabled joint responsiveness. The Trust recognised that ambulance handover delays were an issue and a number of actions had been put in place to reduce them. It was highlighted that the most recent deterioration in delayed performance was mainly due to acuity. There had been no 12-hour trolley breaches and a continued reduction in stranded patients. There had been some improvement in Primary Care 4-hour performance in December 2018 and further improvement was being targeted. The Trust was compliant with 52+ week wait standard.

Particular discussion took place regarding the following:-

- the new model which ensured that only appropriate patients get streamed to primary care had resulted in an additional 27 patients per day being streamed to ambulatory majors which had a knock-on effect on the injuries 4-hour performance;
- the continuing trend of increase in patients that attended ED having been referred by their GP;
- the use of the Balmoral X-ray waiting area as an 'outflow' to increase the pace of flow and thereby reduce ambulance handover delays.

The PPPC Chair noted that, although it understood the efforts that continued to be made to adapt to the mix of patients visiting ED to improve performance, and the measures put in place were achieving the results, the Committee was not assured that the Trust was currently able to meet its targets for Urgent and Emergency Care performance.

- **UHL Winter Plan 2018/19**

The Director of Operational Improvement presented a report which described how the Trust was responding to increased surges and other service demands during the 2018/19 winter period. The bed gap had been identified across the CMGs and the methodology had been retrospectively checked. The Committee continued to be encouraged at this approach of winter planning which was particularly targeted and transparent. A capacity gap remained over the winter period and CMGs were ensuring efficiencies were maximised. In February 2019, a 28 bedded modular ward would be opened at the Glenfield Hospital as a short-stay ward to help with the seasonality bed gap in Respiratory (RRCV CMG). Despite this, the CMG would have the same level of gap because it was currently outlying patients. A brief discussion took place on the need for different models of care to attract Cardiologists to work for the Trust. In discussion on the Internal Audit Review of Red to Green (R2G) (overall medium risk rating), it was noted that a more comprehensive management response to the Red to Green Internal Audit would be submitted to the Audit Committee in March 2019 (noting that actions were to continue to be implemented in response to the final Internal Audit Review report). The PPPC Chair emphasised that the internal audit was a valid exercise undertaken by experienced auditors and that the Trust should recognise that continual investment in management time was required to ensure R2G continued to be operated to a level which achieved the optimum level of improvement.

- **“Under Pressure” CQC National Report – Gap Analysis of ED Safety**

The Deputy Chief Operating Officer briefed PPPC on the contents of the report, which was a report on the RAG-rated gap analysis undertaken in response to the May 2018 CQC national report “Under Pressure – Safely Managing Increased Demand in Emergency Departments”. The gap analysis confirmed that a significant amount of work had been undertaken by the multi-professional team across UHL and LLR to improve access to urgent care and the emergency flow whilst maintaining patient safety and experience within the Trust's Emergency Department. There were some gaps in assurance around end of life care plans, frailty pathways, integrated patient information systems but appropriate mitigation was in place to address these areas. There was a significant gap in assurance for the processes and pathways for frequent attenders to emergency departments because of the risk that the existing services might be withdrawn or additional funding might not be secured to develop the service. It was noted that this issue would be resolved as part of the Core 24 bid for liaison psychiatry. In response to a comment on the increase in patients that attended ED having been referred by their GP, it was noted that GPs had access to bed bureau to directly refer patients to all speciality assessment units, however, this was not always used consistently by them.

- **Cancer Performance – Month 9**

The Director of Operational Improvement presented a report detailing the latest (Month 9) position in terms of the Trust's cancer performance, noting that cancer performance had generally improved. A robust action plan owned by the Trust's Clinical Management Groups (CMGs) was in place and continued to support the improvement of performance. Support was required from primary care to manage the growth in referrals. The 62 day standard remained the Trust's biggest challenge with the backlog being maintained but no further reductions had been seen. In respect of 62 day performance, an 85% target had been set, however, only 81.9% had currently been achieved, which was the highest in the last 12 months. The Trust had missed the target by 0.1% for the 31 day standard, however, performance had remained above trajectory. As a result of continued pressures in breast 2 week wait referrals, a number of additional actions had been identified and would be implemented to ensure patients were seen as quickly as possible. NHSI had provided a named person who would provide additional support to further improve cancer performance. In discussion, members were advised that transformation funding had been agreed and this would provide significant improvement in patient pathways for four (lung, colorectal, prostate and living with cancer) schemes. Performance recovery and quality of care for cancer patients remained a priority and as such continued to be given appropriate focus. A strategic approach was being taken and once the redesigned pathways were fully embedded, there would be significant improvement in patient experience. The Committee noted that, although work was still required and the trajectory of improvement in Cancer care was in the right direction, the Trust was not yet in a position to consistently achieve its targets and continued

focus was required.

- **Reports for Information**

- **Workforce and Organisational Development Data Set**

The slide deck accompanying this report to the Committee captured key workforce datasets for Month (December 2018), the contents of which were received and noted.

- **Minutes for information**

- Executive Performance Board Meeting of 18 December 2018, and
- Executive Workforce Board meeting of 16 October 2018.

- **Joint PPPC and QOC session:**

- **Quality and Performance Report – Month 9**

Joint paper 1 detailed performance against quality and performance indicators as at Month 9 (period ending December 2018), the contents of which were received and noted. Particular discussion took place regarding:

- (1) mortality – the latest published SHMI was 96 and within the threshold;
- (2) diagnostic 6 week wait – standard achieved for 4 consecutive months;
- (3) 52 week breaches (there had been no such breaches for 6 consecutive months) and the need for careful management of these through the winter period was recognised;
- (4) Referral to treatment – although performance was below national standard, the NHSI trajectory had been achieved;
- (5) delayed transfers of care – remained within the tolerance;
- (6) 12 hour trolley wait – none;
- (7) FFT performance was above national target;
- (8) #NOF performance remained above target;
- (9) UHL ED 4-hour performance was 73.5% and LLR performance was 79.7% against a trajectory of 88.1%;
- (10) CDiff - 6 cases reported against a trajectory of 5 (year to date 50 cases against a threshold of 61);
- (11) Cancer 2 week wait (breast) – significant increase in referrals;
- (12) cases of Norovirus on Wards 36 and 31 had been dealt with appropriately;
- (13) uptake of flu vaccine by staff had now exceeded the minimum target of 75% and thus the CQUIN target had been met;
- (14) TIA (suspected high risk patients to be seen in clinic within 24 hours ) – all actions had been put in place to improve performance and the actions now needed embedding;
- (15) Readmission rates had reduced, and
- (16) ambulance handover times had deteriorated the reasons for which were multi-factorial.

In discussion on the merit of benchmarking information to see a trend analysis, it was noted that adopting the use of SPC Charts in Joint paper 1 would provide a more visual representation of the trend.

- **CMG Performance Review Slides**

A report detailing the latest summary and rating data from the CMG Performance Review meetings was not available for this meeting because the CMG Performance Review meetings in December 2018 were focussed on finance matters.

**Matters requiring Trust Board consideration and/or approval:**

***Recommendations for approval:-***

1. None

***Items highlighted to the Trust Board for information:***

1. None

**Matters referred to other Committees:**

None.

**Date of Next Meeting:**

28 February 2019