

Trust Board paper P2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 March 2019

COMMITTEE: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE

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

DATE OF COMMITTEE MEETING: 31 January 2019

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

- None

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

- None

DATE OF NEXT COMMITTEE MEETING: 28 February 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 31 JANUARY 2019 AT 11.15AM IN THE BOARD ROOM,
VICTORIA BUILDING, LEICESTER ROYAL INFIRMARY

Present:

Mr A Johnson – Non-Executive Director (Chair)
Mr J Adler – Chief Executive
Ms V Bailey – Non-Executive Director
Professor P Baker – Non-Executive Director (from Minute 06/19/1)
Ms R Brown – Chief Operating Officer
Col. (Ret'd) I Crowe – Non-Executive Director
Ms C Fox – Chief Nurse
Mr A Furlong – Medical Director
Ms K Jenkins – Non-Executive Director
Mr B Patel – Non-Executive Director
Mr K Singh – Non-Executive Director (ex-officio member)
Mr M Traynor – Non-Executive Director
Mr P Traynor – Chief Financial Officer
Mr M Wightman – Director of Strategy and Communications (up to and including Minute 12/19)
Ms H Wyton – Director of People and Organisational Development (up to and including Minute 12/19)

In Attendance:

Mr C Berry – Associate HR Director Payroll Services (up to and including Minute 06/19/3)
Mr M Caple – Patient Partner (for Minute 13/19)
Miss M Durbridge – Director of Safety and Risk (for Minute 13/19)
Mrs S Hotson – Director of Clinical Quality (for Minute 13/19)
Mr D Kerr – Director of Estates and Facilities (for Minute 13/19)
Ms B Kotecha – Deputy Director of Learning and Organisational Development (up to and including Minute 12/19)
Ms S Leak – Director of Operational Improvement (from Minutes 07/19/2 and 07/19/4)
Mrs H Majeed – Corporate and Committee Services Officer
Ms D Mitchell - Deputy Chief Operating Officer (up to and including Minute 12/19)
Mr B Shaw – Director of Efficiency and CIP (up to and including Minute 12/19)
Ms J Tyler-Fantom – Deputy Director of Human Resources (up to and including Minute 12/19)

RESOLVED ITEMS

ACTION

01/19 APOLOGIES FOR ABSENCE

There were no apologies for absence.

02/19 DECLARATIONS OF INTERESTS

Mr A Johnson, Non-Executive Director (PPPC Chair) and the Chief Financial Officer declared their respective roles as Non-Executive Chair and Non-Executive Director of Trust Group Holdings Ltd. As these were judged by the Committee to be non-prejudicial interests, they remained present at the meeting.

Resolved – that the declarations of interests be noted.

03/19 MINUTES

Resolved – that the Minutes of the PPPC meeting held on 20 December 2018 (papers A1 and A2 refer) be confirmed as a correct record.

04/19 MATTERS ARISING

Paper B detailed the actions from previous meetings of the People, Process and Performance Committee (PPPC), the contents of which were received and noted.

Resolved – the contents of this report be received and noted.

05/19 PEOPLE

05/19/1 Report from the Deputy Director of Learning and Organisational Development

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

06/19 PROCESS

06/19/1 Report from the Associate HR Director, Payroll Services

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

06/19/2 Clinical Excellence Awards 2018

Paper E, presented by the Deputy Director of Human Resources 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 had been 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 Trusts 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.

Resolved – that the contents of this report be received and noted.

06/19/3 KPIs for Employment Relations

The Deputy Director of Human Resources introduced paper F, 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 casework 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 supported 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 casework activity would assist CMGs to understand their current case load/mix and make comparisons, which should improve their decision making, responsiveness and accountability.

DDHR

Resolved – (A) that the contents of this report be received and noted, and

(B) the Deputy Director of Human Resources be requested to obtain comparison information regarding case work activity from peer Trusts.

DDHR

07/19 PERFORMANCE

07/19/1 Urgent and Emergency Care Performance

The Deputy Chief Operating Officer presented paper G, 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. 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.

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.

In conclusion, 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 some resilience in its results, the Committee was not assured that the Trust was currently able to meet its targets for Urgent and Emergency Care performance and further continued and sustained efforts were required to meet these.

Resolved – that the contents of this report be received and noted.

07/19/2 UHL Winter Plan 2018/19

The Director of Operational Improvement presented paper H, 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 continue to have the same level of bed 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 senior management should signify 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.

Resolved – that the contents of this report be received and noted.

07/19/3 'Under Pressure' CQC National Report – Gap Analysis of ED Safety

The Deputy Chief Operating Officer briefed PPC on the contents of paper I, 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 now 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 the comment from the PPC Chair, the Deputy Chief Operating Officer advised that a number of actions in the RAG-rated action plan indicated that it was not a part of the winter plan because it was considered standard practice, however, she undertook to provide clarity on this matter in the action plan.

DCOO

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, they did not always use this consistently. In light of this, the Deputy Chief Operating Officer was requested to review the RAG rating/update wording in the ‘assurance/evidence’ column of action 1.4 (GP referrals should not be channelled through the Emergency Department) as it had been currently RAG rated ‘green’.

DCOO

Resolved – that (A) the contents of this report be received and noted;

(B) the Deputy Chief Operating Officer be requested to ensure that the RAG-rated gap analysis undertaken in response to the May 2018 CQC national report “Under Pressure – Safely Managing Increased Demand in Emergency Departments” provided clarity on whether each of the actions were part of the winter plan/not, and

DCOO

(C) the Deputy Chief Operating Officer be requested to review the RAG rating/ update wording in the ‘assurance/evidence’ column of action 1.4 (GP referrals should not be channelled through the Emergency Department) as it had been currently RAG rated ‘green’.

DCOO

07/19/4 Cancer Performance

The Director of Operational Improvement presented paper J, which detailed 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.

Resolved – that the contents of this report be received and noted.

08/19 REPORTS FOR INFORMATION

08/19/1 Workforce and Organisational Development Set

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

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

09/19 MINUTES FOR INFORMATION

09/19/1 Executive Performance Board

Resolved – that the contents of the Executive Performance Board action notes from the meeting held on 18 December 2018 (paper L refers) be received and noted.

09/19/2 Executive Workforce Board

Resolved – that the contents of the Executive Workforce Board action notes from the meeting held on 16 October 2018 (paper M refers) be received and noted.

10/19 ANY OTHER BUSINESS

Resolved – that there were no additional items of business.

11/19 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that there were no key issues for the attention of the Trust Board.

12/19 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the People, Process and Performance Committee be held on Thursday, 28 February 2019 from 11.15am in the Board Room, Victoria Building, Leicester Royal Infirmary.

13/19 JOINT SESSION WITH MEMBERS OF QOC

13/19/1 Quality and Performance Report - Month 9

Joint paper 1, presented by the Director of Operational Improvement, 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 potential breaches 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 – ways to improve uptake continued to be explored;
- (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 agreed that adopting the use of SPC Charts within Joint paper 1 would provide a more visual representation of the trend.

DOI

Resolved – that (A) the contents of this report be received and noted, and

(B) the Director of Operational Improvement be requested to ensure that SPC trend charts would be progressively adopted within the Quality and Performance Report.

DOI

13/19/2

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.

Resolved – that the verbal update be noted.

The meeting closed at 1:56pm.

Hina Majeed
Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2018-19 to date):

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Johnson (Chair)	10	9	90	A Furlong	10	8	80
J Adler	10	7	70	B Kotecha / J Tyler-Fantom (Apr 18 – 31 July 2018)	4	4	100
V Bailey	10	10	100	E Meldrum (Apr 18 – Sept 18)	6	4	67
P Baker	10	6	60	R Moore	8	2	25
R Brown (from June 2018)	8	7	87.5	B Patel	10	9	90
I Crowe	10	10	100	K Singh (ex-officio)	10	8	80
E Doyle (until May 2018)	2	2	100	M Traynor	10	10	100
C Fox	4	4	100	P Traynor	10	8	80

Non-Voting Members

Name	Possible	Actual	%	Name	Possible	Actual	% attendance
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			<i>attendance</i>				
<i>C Benham</i>	10	7	70	<i>C Ribbins</i>	8	4	50
<i>J Clarke</i>	10	3 *	30	<i>B Shaw</i>	10	5	50
<i>S Leak</i>	10	8	80	<i>S Tate (Apr – Oct 2018)</i>	7	7	100
<i>W Monaghan</i>	9	8	88				

* for IT items only