

Trust Board paper K2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 7 November 2019

COMMITTEE: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE

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

DATE OF COMMITTEE MEETING: 26 September 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:

- Minute 104/19/1 - Urgent and Emergency Care Performance (Month 5);
- Minute 103/19/1 - Becoming the Best – Quality Improvement, Culture and Leadership Update, and
- Minute 109/19/2 - Cancer Performance and Recovery.

DATE OF NEXT COMMITTEE MEETING: 24 October 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 26 SEPTEMBER 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
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 (up to and including Minute 108/19)
Mr K Singh - Non-Executive Director (ex-officio member)
Mr M Traynor – Non-Executive Director
Ms H Wyton – Director of People and OD (up to and including Minute 108/19)

In Attendance:

Mr P Aldwinckle – Patient Partner, QOC (from Minute 109/19)
Mrs G Belton – Corporate and Committee Services Officer
Mr C Benham – Director of Operational Finance
Miss M Durbridge – Director of Safety and Risk (from Minute 109/19)
Ms L Frith – Lead Nurse for Quality and Contracts, Leicester City CCG (from Minute 109/19)
Mr D Kerr – Director of Estates and Facilities (from Minute 109/19)
Ms B Kotecha – Deputy Director of Learning and Organisational Development (up to and including Minute 108/19)
Ms S Leak – Director of Operational Improvement
Ms D Mitchell – Deputy Chief Operating Officer
Mr C Moorhouse – Head of Quality Improvement (for Minute 103/19/1 only)
Ms J Smith – Patient Partner, QOC (from Minute 109/19)
Ms J Tyler-Fantom – Deputy Director of Human Resources (up to and including Minute 108/19)

RESOLVED ITEMS

99/19 APOLOGIES

Apologies for absence were received from Professor P Baker, Non-Executive Director, Mr B Patel, Non-Executive Director and Mr B Shaw, Director of Productivity.

100/19 DECLARATIONS OF INTERESTS

Mr A Johnson, Non-Executive Director (PPPC Chair) declared his role as Non-Executive Chair of Trust Group Holdings Ltd. As this was judged by the Committee to be a non-prejudicial interest, Mr Johnson remained present at the meeting.

Resolved – that the declarations of interest be noted.

101/19 MINUTES

Resolved – that the Minutes of the 29 August 2019 PPPC meeting (papers A and A1 refer) be confirmed as a correct record.

102/19 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.

The Director of Workforce and Organisational Development drew members' attention to the fact that the Executive People and Culture Board meeting in October 2019 had been deferred from 15

October 2019 to 29 October 2019, resulting in this meeting now falling after the October 2019 PPPC meeting due to take place on 24th October 2019. For this reason, any reports scheduled for the October 2019 PPPC meeting requiring prior submission to the EPCB would therefore now be submitted to the November 2019 PPPC meeting.

Resolved – that the discussion on the matters arising log and any associated action be noted.

103/19 KEY ISSUES FOR DISCUSSION/DECISION

103/19/1 Becoming the Best – Quality Improvement, 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. It recognised 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 was to deliver consistently high quality care to patients. 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.

Paper C, as presented by Ms Kotecha, Deputy Director of Learning and Organisational Development and Mr Moorhouse, Head of Quality Improvement, 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 enabled 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.

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. It was agreed, in discussion, that the Head of Quality Improvement would review further opportunities in use of the Apprentice Levy as linked to the Quality Improvement workstreams. Note was also made of the significant importance of communication with all staff on this issue and of plans in this respect (including the feedback loop in operation whereby leaders within the organisation were required to confirm

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communication with their staff), which would be further aided by the appointment of the Trust's new Head of Communications and through the utilisation of social media for the dissemination of stories etc. 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 (including cognisance of the language used) which would take time to embed. Also acknowledged was the need to ensure continual reinforcement of this through appraisals, six monthly appraisal reviews and other such opportunities. Quantifiable progress would be monitored through a dashboard, which was currently in development. The Committee received and noted the contents of this report.

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

(B) the Head of Quality Improvement be requested to review further opportunities in use of the Apprentice Levy as linked to Quality Improvement workstreams.

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104/19 ITEMS FOR ASSURANCE

104/19/1 Urgent and Emergency Care Performance Report – Month 5

One of the Trust's current priorities was 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 (paper D refers, as presented by the Chief Operating Officer and Deputy Chief Operating Officer) 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 contents 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) and recognition of potential changes in 'consumer' behaviour;
- (b) the importance of recognising the hard work of staff and potential means of communicating this to staff;
- (c) the need for demand management from the system, recognising that a joint analysis had been undertaken and a joint demand management plan agreed;
- (d) the changed model now being utilised by DHU and
- (e) the provision of mental health care in ED (which also featured as a report in the Joint PPPC/QOC session detailed below – Minute 109/19/4 refers).

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.

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

104/19/2 Bed Modelling and Bridge (previously named 'UHL Winter Plan')

Paper E, as presented by the Director of Operational Improvement, described the predicted bed capacity position; how this had been calculated and the efficiencies by Clinical Management Group (CMG) to manage the gap or decrease occupancy. This was an iterative process and schemes and numbers of beds released would be updated following each meeting with CMGs. 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) by the Leicester, Leicestershire and Rutland Steering Group, upon which the Director of Corporate and Legal Affairs sat as the Lead for the Trust.

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

105/19 ITEMS FOR NOTING

105/19/1 Workforce and Organisational Development Data Set

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

105/19/2 Executive Quality and Performance Board (EQPB)

Resolved – that the 27 August 2019 Executive Quality and Performance Board action notes (paper G refers) be received and noted.

105/19/3 Executive Performance and Culture Board (EPCB)

Resolved – that the 20 August 2019 Executive Performance and Culture Board (EPCB) action notes (paper H refers) be received and noted.

106/19 ANY OTHER BUSINESS

Resolved – that there were no further items of business.

107/19 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that the following items be brought to the attention of the Trust Board:-

- (1) Minute 104/19/1 - Urgent and Emergency Care Performance (Month 5);
- (2) Minute 103/19/1 - Becoming the Best – Quality Improvement, Culture and Leadership Update, and
- (3) Minute 109/19/2 - Cancer Performance and Recovery.

108/19 DATE OF THE NEXT MEETING AND MEETINGS IN 2020

Resolved – that (A) the next meeting of the People, Process and Performance Committee be held on Thursday 24 October 2019 from 11.15am in the Board Room, Victoria Building,

Leicester Royal Infirmary and

(B) meetings of the People, Process and Performance Committee in 2020 / 21 be held from 11.15am on the following dates (venues to be confirmed):-

- Thursday 30 January 2020;
- Thursday 27 February 2020;
- Thursday 26 March 2020;
- Thursday 30 April 2020;
- Thursday 28 May 2020;
- Thursday 25 June 2020;
- Thursday 30 July 2020;
- Thursday 27 August 2020;
- Thursday 24 September 2020;
- Thursday 29 October 2020;
- Thursday 26 November 2020;
- Thursday 17 December 2020;
- Thursday 28 January 2021;
- Thursday 25 February 2021, and
- Thursday 25 March 2021.

JOINT SESSION WITH MEMBERS OF QOC

109/19 ITEMS FOR ASSURANCE

109/19/1 Minutes and Matters Arising Log from Joint PPPC / QOC session held on 29 August 2019

Resolved – that (A) the Minutes from the Joint PPPC/QOC session held on 29 August 2019 (Joint Paper 1 refers) be confirmed as a correct record, and

(B) the contents of the Matters Arising Log from the Joint PPPC/QOC session held on 29 August 2019 (Joint Paper 1a refers) be received and noted.

109/19/2 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 – Joint Paper 2 refers, as presented by the Director of Operational Improvement). 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.

In discussion on this report, members noted the recruitment process in place in relation to 'Next Steps' out-patient staff and note was made of the need to amend page 12 of the report (relating to All Acute Trust's Performance against the 62 Day GP referral – Treated after 104 Days indicator) to highlight the data specifically relating to the University Hospitals of Leicester NHS Trust (currently this highlighted another Trust in error).

Members received and noted the contents of this report.

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

(B) the Director of Operational Improvement be requested to amend page 12 of the report (relating to All Acute Trust’s Performance against the 62 Day GP referral – Treated after 104 Days indicator) to sprcifically highlight the data relating to the University Hospitals of Leicester NHS Trust (currently this highlighted another Trust in error).

DOI

109/19/3 Quality and Performance Report - Month 5

Members received and noted the contents of the monthly Quality and Performance report (Joint Paper 3 refers), 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 (#NOF), which was being addressed at the CMG Performance Review meetings (PRMs). Should #NOF data relating to September 2019, when known, also be off trajectory, this 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 and of intended discussions, in this respect, with CCG colleagues in terms of agreeing whether the change in recording and reporting of pressure ulcers would be implemented halfway through the financial year or at the start of the next financial year. Should it be agreed to implement the change formally from the start of the next financial year, then shadow reporting of the new format would be implemented as soon as possible. The contents of this report were received and noted.

Resolved – that (A) the contents of Joint Paper 3 be received and noted, and

(B) should #NOF data relating to September 2019, when known, also be off trajectory, the Medical Director to ensure this issue be the focus of a report to a forthcoming meeting of the Executive Quality Board and thereafter the Quality Outcomes Committee.

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109/19/4 Process for ED Management of Patients with a Mental Health Diagnosis

Joint Paper 4, as presented by the Deputy Chief Operating Officer, 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, noting that there were not currently sufficient dedicated mental health staff and that demand for this service was not evenly distributed. The recently refreshed 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.

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

The meeting closed at 2.10pm.

Cumulative Record of Members' Attendance (2019-20 to date):

Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>A Johnson (Chair)</i>	6	5	83	<i>A Furlong</i>	6	4	67
<i>J Adler</i>	6	5	83	<i>K Jenkins</i>	6	3	50
<i>V Bailey</i>	6	6	100	<i>B Patel</i>	6	5	83
<i>P Baker</i>	6	4	67	<i>K Singh (ex-officio)</i>	6	5	83
<i>R Brown</i>	6	5	83	<i>M Traynor</i>	6	5	83
<i>I Crowe</i>	6	6	100	<i>P Traynor</i>	6	2	33
<i>C Fox</i>	6	4	67	<i>H Wyton</i>	6	6	100

Non-Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>C Benham</i>	6	5	83	<i>D Mitchell</i>	6	6	100
<i>A Carruthers*</i>	0	0	-	<i>B Shaw</i>	6	2	33
<i>B Kotecha</i>	6	5	83	<i>J Tyler-Fantom</i>	6	4	67
<i>S Leak</i>	6	5	83				

* for IT items only