

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 26 March 2020

COMMITTEE: People, Process and Performance Committee

CHAIR: Mr A Johnson, Non-Executive Director

DATE OF COMMITTEE MEETING: 27 February 2020

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

- None

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR CONSIDERATION/ RESOLUTION BY THE TRUST BOARD:

- Minute 19/20/1 - Streamlined Emergency Care Report, Month 10 (for noting), and
- Minute 24/20/2 – Cancer Performance Monthly report (for noting)

DATE OF NEXT COMMITTEE MEETING: To be confirmed

**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 27 FEBRUARY 2020 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
Ms R Brown – Chief Operating Officer (up to and including Minute 19/20/2)
Col. (Ret'd) I Crowe – Non-Executive Director (Chair for the joint session with members of QOC)
Ms C Fox – Chief Nurse
Mr A Furlong – Medical Director
Ms K Jenkins – Non-Executive Director
Mr S Lazarus – Interim Chief Financial Officer (up to and including Minute 23/20)
Mr B Patel – Non-Executive Director
Mr K Singh - Non-Executive Director (ex-officio member)
Mr M Traynor – Non-Executive Director
Ms H Wyton – Director of People and Organisational Development

In Attendance:

Mr P Aldwinckle – Patient Partner, QOC (from Minute 24/20)
Ms R Ballinger – Freedom to Speak Up Guardian (for Minute 12/20)
Dr D Barnes – Deputy Medical Director (for Minutes 13/20 and 19/20/4)
Mr M Caple – Patient Partner, QOC (from Minute 24/20)
Miss M Durbridge – Director of Safety and Risk (for Minute 12/20 and from Minute 24/20)
Ms B Kotecha – Deputy Director of Learning and Organisational Development (up to and including part-Minute 19/20/5)
Ms S Leak – Director of Operational Improvement (from Minute 24/20)
Ms F Lennon – Deputy Chief Operating Officer (up to and including Minute 23/20)
Ms D Mitchell – Deputy Chief Operating Officer
Mr C Moorhouse – Head of Quality Improvement (up to and including part Minute 19/20/2)
Ms B O'Brien – Deputy Director of Quality Assurance (from Minute 24/20)
Ms J Smith – Patient Partner, QOC (from Minute 24/20)
Ms J Tyler-Fantom – Deputy Director of Human Resources (up to and including Minute 23/20)
Ms C West – Director of Nursing and Quality, Leicester City CCG (from Minute 24/20)

RECOMMENDED ITEMS

12/20 FREEDOM TO SPEAK UP (QUARTER 3, 2019-20)

The Director of Safety and Risk and the Freedom to Speak Up Guardian attended the meeting for this item. Paper K, as presented by the Director of Safety and Risk, detailed data relating to concerns raised through various mechanisms for Freedom to Speak Up in quarter 3 of 2019/20, the contents of which were received and noted and recommended onto the Trust Board accordingly. In discussion, it was concluded that although national guidance was being followed, the service being offered to staff to raise concerns was not 'independent'. However, emphasis was made to the fact that the current service was an improvement to previous such mechanisms in place within the Trust. This report had been discussed extensively at the Executive People and Culture Board meeting held on 18 February 2020.

**PPPC
Chair**

Recommended – that the contents of this report be received and noted and recommended onto the Trust Board accordingly.

**PPPC
Chair**

13/20 PROPOSAL FOR UHL TO BECOME A PREFERRED PARTNER TO HOST MILITARY CONSULTANTS

The PPPC recommended the proposal for UHL to become a preferred partner to host Military Consultants (paper I2 refers) following completion of their Certificate of Completed Training for Trust Board approval.

PPPC
Chair

Recommended – that the contents of this report be received and noted and recommended onto the Trust Board accordingly.

PPPC
Chair

RESOLVED ITEMS

14/20 APOLOGIES

There were no apologies for absence received.

15/20 DECLARATIONS OF INTERESTS

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

Resolved – that the declarations of interest be noted.

16/20 MINUTES

Resolved – that the Minutes of the 30 January 2020 (paper A refers) be confirmed as a correct record.

17/20 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 – that the discussion on the matters arising log and any associated actions be noted and the PPPC Matters Arising Log be updated accordingly.

CCSO

18/20 KEY ISSUES FOR DISCUSSION/DECISION

18/20/1 NHS Staff Survey 2019 Results

Paper C included a high-level summary of the results from the 2019 National NHS staff survey results undertaken by Quality Health during October and November 2019. UHL had a response rate of 35.4%, which was below the 47% average in relation to comparable Trusts. Previously there were 10 themes, however, in 2019, an additional theme had been included. Out of the eleven themes, eight of the themes had significantly improved in comparison to the 2018 results. In respect of the remaining 3 themes, there was an improvement in two and no movement in score for one. The latter theme was in relation to 'Safe environment – Violence', however, members were appraised that in this theme, UHL had scored higher than average (almost best performance) compared to benchmark Trusts. All five of the questions that had been highlighted as key areas for focus in the 2018 staff survey had improved, four of which had improved significantly.

In response to a number of queries from Non-Executive Directors, the Director of People and OD advised that the results of the survey would be integrated into the Becoming the Best Culture and Leadership work stream instead of having separate action plans. Members noted that a number of tactics had been implemented to improve staff experience of working at UHL, which had resulted in a positive shift in staff experience. The positive results of the 2019 NHS Staff Survey would be shared more widely across the Trust.

In response to a query regarding the themes arising from staff experiencing harassment, bullying or abuse, it was confirmed that a separate sub-group had been established to progress this work stream, which had Executive oversight. In response to a query from Mr B Patel, Non-Executive

Director, the Deputy Director of Learning and OD advised that the Equality, Diversity and Inclusion action plan would take forward any areas of improvement identified from the response to the Workforce Race Equality Standard (WRES) questions of the survey. A full summary (broken down by CMGs and staff groups) would be provided to the PPPC meeting, when it became available.

DPOD

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

(B) the Director of People and Organisational Development be requested to present the full summary (broken down by CMGs and staff groups) of the 2019 NHS Staff Survey Results to the PPPC meeting, when it became available.

DPOD

18/20/2 Becoming the Best Update (Culture, Leadership and Quality Improvement Elements) Update

The Deputy Director of Learning and Organisational Development and the Head of Quality Improvement presented an update (paper D refers) on progress within the cultural, leadership and Quality Improvement (QI) elements of the Trust's Quality Strategy – Becoming the Best. The Trust's overall approach continued to strongly align with the AQUA Maturity Matrix levels, which had been adopted for the QI culture road map. The QI dashboard would take considerable development time, although the discovery process had commenced to take stock of the data that already existed to feed into this. In respect of the QI capability building, members were advised that evaluation and analysis of the Advanced Practitioner and Medical Leaders cohorts were on going. The first event for UHL's Improvement Agents via the Community Practice named a 'Hive' had been scheduled on 4 March 2020.

In response to a query from PPPC Non-Executive Director Chair, the Head of QI advised that the illustration in the QI Culture Maturity slide in the report was his assessment/indicative view of the Trust's position of the following stages - adopting (level 1), implementing (level 2) and designing (level 3) as set out in the AQUA Maturity Matrix. A variety of views were expressed in respect of the need for a road map to track progress.

Ms V Bailey, Non-Executive Director reiterated the need for the report to describe the traction/progress made around this work, with more emphasis on defining outcomes and less emphasis on describing the processes to be employed. Further to a detailed discussion on this matter, it was agreed that Ms V Bailey and the Head of Quality Improvement would meet outwith the meeting to agree a way forward on the content of the QI dashboard.

NED
(VB)/ HoQI

The Director of People and OD highlighted that the Integrated Leadership Development programme (i.e. Mid-Leadership Development Programme) had made a significant impact, noting the correlation between this and the recently announced CQC overall "Good" rating and the improved staff survey results. In response to a query from the Chief Executive, it was noted that a new leadership team was in place in the Estates and Facilities Directorate and a targeted approach was being taken to engage with them prior to commencing a local reinvigoration of the QI process. The Chief Executive advised that reporting schedule for the Quality Strategy had recently been reviewed.

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

(B) Ms V Bailey, Non-Executive Director and the Head of Quality Improvement be requested to meet outwith the meeting to agree a way forward on the content of the QI dashboard.

NED
(VB)/ HoQI

18/20/3 People Strategy Update

The Deputy Director of HR provided an update on the UHL People Strategy, detailing progress made and next-steps (paper E refers). Members were advised that the deliverables within the People Strategy work programme had been reviewed and considerable progress had been made between March 2019 and January 2020. The granular detail of the work streams were separately available if required but had not been included within the report. The People Strategy would need to be reviewed once the National People Plan was published in March/early April 2020. Further to this, key deliverables for the next 12 months (April 2020 – March 2021) would need to be defined.

The Trust Chairman noted the need for continued focus in relation to the BAF: - Principal Risk 5 (Failure to recruit, develop and retain a workforce of sufficient quantity and skills) noting that a discussion on this matter had taken place at the Audit Committee meeting in January 2020.

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

19/20 ITEMS FOR ASSURANCE

19/20/1 Streamlined Emergency Care Report – Month 10

The Deputy Chief Operating Officer presented paper F (the Streamlined Emergency Care report for Month 10) highlighting that that overall demand into the Emergency Department (ED) had reduced in January 2020, however, admissions continued to increase. Despite the pressures, the Trust's national ranking against the 4 hour ED target had shown week on week improvement. Ambulance handover remained a key priority for the Trust with actions continuing to be implemented to address this issue. There continued to be an imbalance between capacity and demand for Medicine within LRI, which was being addressed through the 'Increasing Effective Medical Bed Action Plan'. Progress was being made against plan and further actions were being developed. A system-wide approach had been escalated as agreed with the Trust's Regulators. Disappointingly, there had been a number of twelve-hour breaches, however, a review was completed for each breach, which indicated that there had been no significant harm identified to patients as a result of these bed waits in ED. A MADE event had taken place across 3 days in February 2020 whereby a number of actions had been taken to reduce discharge delays. Ms V Bailey, Non-Executive Director noted the need for the learning from such events to be appropriately captured, implemented and sustained.

The Medical Director advised that two meetings had taken place to discuss the metrics for the 'Safe and Timely Discharge' and 'Safe and Timely Assessment' work streams, noting that an update on the implementation of e-beds on to base wards would be provided to the Executive Performance Board and PPPC in March 2020. Specific discussion took place regarding the need to plan for such pressures during the next year (e.g. the anticipated twice-yearly 'spikes' in activity due to respiratory illness which were predictable). In response, the Chief Operating Officer undertook to include an update on 'Children's' and 'CDU' in future iterations of the report.

MD

COO

In response to a query from the Trust Chairman in respect of actions being taken to reduce admissions, the Chief Executive provided assurance that a number of initiatives were being taken at a system-level including Category 3 and 4 triage to determine the priority for treatment.

The Medical Director suggested that the weekly emergency admissions SPC chart included a vertical line when a new initiative had been put in place to reduce admissions so that it could be evaluated to identify the difference it had made. In response to a query from Col (Ret'd) I Crowe, Non-Executive Director in relation to the high number of CDU transport breaches, the Chief Operating Officer provided assurance that it was a rare/one-off situation due to localised process and capacity issues.

The PPPC Non-Executive Director Chair welcomed the progress made, the resilience demonstrated by the Trust's peer ranking and the revised measures being put in place, however, the Committee was not assured that the Trust was currently able to meet its targets for Urgent and Emergency Care performance.

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

(B) the Medical Director be requested to present an update on the implementation of e-beds on to base wards to the Executive Performance Board and PPPC in March 2020;

MD

(C) the Chief Operating Officer be requested to include an update on 'Children's' and 'CDU' in future iterations of the Streamlined Emergency Care Report.

COO

19/20/2 Bed Capacity and Bed Bridge

Paper G described the predicted bed gap; how this had been calculated and the efficiencies by CMG to manage the gap or decrease occupancy for 2019-20. This was an iterative process and schemes and numbers of beds released would be updated following each meeting with the CMGs. The Chief Executive advised that a Task and Finish Group had been established to focus on an integrated and completely different approach to the bed capacity plan and this work was expected to be completed in March 2020. All data over the winter elements would be triangulated to ensure that all actions that need to be continued and key developments for 2020-21 were appropriately captured. The Trust Board Thinking Day in March 2020 would include a discussion on the learning lessons/themes arising from previous winters and a focus on high-level activity plans for 2020-21

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

19/20/3 Improvements to People Processes – Consultant Recruitment Review

Paper H provided an update on the key improvements made to the Consultant Recruitment process, to make it robust and focussing on a value based recruitment approach. The Deputy Director of HR advised the proposed inclusion of focus groups to include wider stakeholder representation including Patient Partners. A trial of Occupational Personality Questionnaires was scheduled to be undertaken in March 2020 to evaluate whether it added real value. In response to a suggestion from Professor P Baker, Non-Executive Director, the Deputy Director of Human Resources undertook to liaise with appropriate colleagues at the University of Leicester to ensure there was effective communication to improve the timeliness of the approvals process.

DDHR

In discussion on a comment from the Trust Chairman, the Chief Executive undertook to review the process for deciding whether a replacement post was actually required or whether it could be reconfigured in a different way.

CE/MD

Due to the Trust's financial constraints, the Chief Executive did not support the additional administrative resource required to take forward the proposed improvements to the Consultant Recruitment process unless other equivalent financial savings could be made. In response, the Director of People and OD undertook to review the team's workload and subsume this work within the current resource.

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

(B) the Deputy Director of Human Resources be requested to liaise with appropriate colleagues at the University of Leicester to ensure there was effective communication to improve the timeliness of the approvals process, and

DDHR

(C) the Chief Executive and the Medical Director to review the process for deciding whether a replacement post was actually required or whether it could be reconfigured in a different way.

CE/MD

19/20/4 Building Medical Workforce Supply – Medical Workforce Recruitment and Retention

The Deputy Medical Director presented paper I1, setting out proposals that had been developed to respond to shortages in the supply of junior medical staff and reduce the on-going reliance on temporary staffing. He proposed the following:-

- (a) development of a Memorandum of Understanding with the Royal Wolverhampton (RW) NHS Trust to facilitate partnership working;
- (b) implementation of a two year locally employed doctor rotation at FY/CT level with their first rotation being in ESM and RRCV CMGs due to the current shortages in these areas;
- (c) development of a service level agreement with RW NHS Trust to recruit on behalf of UHL, where needed, and
- (d) development of a Clinical Fellowship Programme for junior medical staff.

In discussion, Ms V Bailey, Non-Executive Director noted the need for the report to also include proposals to support new Consultants.

DMD

In response to a comment from Professor P Baker, Non-Executive Director and Dean of the Medical School, University of Leicester, the Medical Director and Deputy Medical Director undertook to liaise with Dr K Harris, Associate Dean for Clinical Affairs and review the Leicestershire Academic Health Partnership document previously developed by UHL to ensure a joined-up approach was taken.

MD/DMD

Responding to a query, members were advised that UHL would aim to learn and build on the RW NHS Trust expertise in refining the central recruitment approach and making cost savings in junior doctor agency and bank locum spend.

In response to a query from the PPPC Non-Executive Director Chair concerning the resource requirements for this initiative, the Director of People and OD was requested to support this work stream within the current administrative resource within the HR team and advised that additional resource would not be required but other tasks within the People Strategy work stream would need to stop to accommodate this.

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

(B) the Medical Director and Deputy Medical Director be requested to liaise with Dr K Harris, Associate Dean for Clinical Affairs and review the Leicestershire Academic Health Partnership document previously developed by UHL to ensure a joined-up approach was taken;

MD/DMD

(C) the Deputy Medical Director be requested to ensure the above report also included proposals to support new Consultants.

DMD

19/20/5 Report from the Deputy Director of HR

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

20/20 ITEMS FOR NOTING

20/20/1 Workforce and Organisational Development Data Set

The Director of People and OD highlighted the increase in sickness absence particularly in the Women's and Children's CMG but provided assurance that appropriate actions had been put in place to resolve this matter.

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

20/20/2 IR35 Off Payroll Quarterly Update

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

20/20/3 BAF Principal Risk (PR) 5 (Failure to recruit, develop and retain a workforce of sufficient quantity and skills)

In response to a query from Col (Ret'd) I Crowe, Non-Executive Director, the Director of People and OD advised that a review of the HR team resource would be undertaken to analyse which work streams could be temporarily paused in order that a number of new work streams (discussed above) could be taken forward. An update on this review, when completed, would be provided to PPPC. The Director of People and OD also undertook to update the BAF PR5 to include wording in respect of this review.

DPOD

Resolved – that (A) the contents of paper N be received and noted, and

(B) the Director of People and OD be requested to update the BAF PR5 to include wording in respect of the review of the HR team resource to analyse which work streams could be temporarily paused in order that a number of new work streams could be taken forward.

DPOD

20/20/4 Report from the Director of People and OD

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

20/20/4 Executive Performance Board

Resolved – that the action notes from the Executive Performance Board meeting held on 28 January 2020 (paper P refers) be received and noted.

21/20 ANY OTHER BUSINESS

21/20/1 Chair of the PPPC

The Director of People and OD thanked Mr A Johnson, Non-Executive Director for his contribution as the Chair of the PPPC noting that he would now be assuming the Chair of the Finance and Investment Committee.

Resolved – that the above update be noted.

22/20 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:-

- Minute 19/20/1 – Streamlined Emergency Care Report – Month 10 (for noting), and
- Minute 24/20/2 – Cancer Performance Monthly report (for noting).

23/20 DATE OF THE NEXT MEETING

Resolved – that the next meeting of the People, Process and Performance Committee be held on Thursday 26 March 2020 from 11.15am in the Board Room, Victoria Building, Leicester Royal Infirmary.

JOINT SESSION WITH MEMBERS OF QOC

24/20 ITEMS FOR ASSURANCE

24/20/1 Minutes and Matters Arising Log from Joint PPPC / QOC session held on 19 December 2019

The Committee considered the Minutes of the Joint PPPC / QOC session held on 30 January 2020 (Joint Paper 1 refers) and the associated Matters Arising Log (Joint Paper 1a refers). In respect of action 134/19/4 of 19 December 2019 (Joint Paper 1a refers) , it was noted that the Chief Operating Officer, Medical Director and Chief Nurse were to review the content, nature and reporting of CMG Performance Review Meetings in the near future and an update would be provided to the joint PPPC/QOC session in April 2020.

CCSO

Resolved – that (A) the Minutes from the Joint PPPC/QOC session held on 30 January 2020 (Joint Paper 1 refers) be confirmed as a correct record,

(B) the contents of the Matters Arising Log from the Joint PPPC/QOC session held on 30 January 2020 (Joint Paper 1a refers) be received and noted, and

(C) the discussion on the matters arising log and any associated actions be noted and the PPPC Matters Arising Log be updated accordingly.

CCSO

24/20/2 Cancer Performance Monthly Report

The Director of Operational Improvement presented Joint paper 2 highlighting that in December 2019, the Trust achieved 6 standards against the national targets and 6 standards against UHL's trajectory (or where the national target was achieved). The 62-day standard remained the Trust's most significant challenge. The report presented detailed a breakdown of performance against all targets and performance by tumour site for the 62-day target. A detailed action plan was also included, which showed the actions being undertaken by CMGs in order to improve performance.

The Director of Operational Improvement, when presenting this report, also notified members that the team had been shortlisted for a number of awards. The 2019-20 quarter 2 review of patients

who waited over 104 days from referral to first definitive treatment identified no patient harm. The deterioration in radiotherapy performance was due to vacancy and sickness in the breast radiotherapy team. A number of recovery actions had been put in place to recover the backlog position. A Urology Task and Finish Group had been established to address administrative and internal process issues. A user friendly and cost effective IT system for the Cancer Centre had recently been procured and data migration from the current system to the new system was expected to be completed by end of March 2020. In discussion on this matter, the Chief Executive noted the need for an appropriate critical system data migration plan to be in place. In response, the Director of Operational Improvement undertook to liaise with the Acting Chief Information Officer regarding this. The contents of this report were received and noted.

DOI

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

(B) the Director of Operational Improvement be requested to liaise with the Acting Chief Information Officer regarding the need for an appropriate critical system data migration plan in respect of the new Cancer Information Management System.

DOI

24/20/3 Quality and Performance Report Month 10

Members received and noted the contents of the monthly Quality and Performance report (Joint Paper 3 refers). The report provided a high-level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary. In presenting this report, the Deputy Chief Operating Officer advised that, despite the challenges reported due to volume of activity, the Trust had maintained performance against its 52-week target for 19 consecutive months. The 6-week diagnostic waits standard had not been achieved due to a number of issues in radiology including recurrent machine breakdown, however, members were advised that actions had been put in place to resolve the issues. A brief update on the overall waiting list size was provided. The Medical Director also noted that quality was being maintained as evidenced by the quality metrics. The performance of a number of CMGs had deteriorated recently in terms of their statutory and mandatory training and this was being addressed with them through the Performance Review meetings (PRMs). Performance had deteriorated against the agreed standards for operating on patients with fractured neck of femurs within 36 hours of presentation, the Medical Director advised that January 2020 had been a very challenging month due to the amount of emergency demand. He suggested that the MSS CMG be given until March 2020 to recover its position and a report be presented to QOC in April 2020, if this was not the case.

MD

The Chief Nurse also noted that the nursing indicators did not reveal any specific issues of concern. She highlighted that there had been 88 year to date Clostridium difficile cases against the trajectory of 108. The Infection Prevention and Assurance Committee would undertake an aggregated review of C Difficile and MRSA cases to review any lessons learned and this would be fed into the Health Care Associated Infection action plan. A change in recording and reporting of pressure ulcers with an emphasis being more on 'themes' rather than 'where it was developed' would be implemented from April 2020.

In response to a query from Mr M Traynor, Non-Executive Director regarding the processes in place to support the management of any local outbreak of 2019 Novel Coronavirus (COVID-19), the Chief Nurse provided a detailed update and advised that plans were being developed in close coordination with CCGs, NHSI/E and Public Health England (PHE). In discussion, it was agreed that an update on this matter would be included within the Chief Executive's briefing for the Trust Board in March 2020. In response to a query, the Medical Director advised that UHL was one of the eight Trusts who would be undertaking monitoring testing and as per PHE guidance, patients in intensive care with severe respiratory infections would be tested for the virus. In response to a query from the PPPC Non-Executive Director Chair, the Chief Nurse undertook to liaise with the Interim Chief Financial Officer regarding the financial arrangements in place nationally for COVID-19 testing. The contents of this report were received and noted.

CE

CN

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

(B) the MSS CMG be given until March 2020 to recover its #NOF position and a report be presented to QOC in April 2020, if this was not the case;

MD

(C) an update on the processes in place to support the management of any local outbreak of 2019 Novel Coronavirus (COVID-19) be included within the Chief Executive’s briefing for the Trust Board in March 2020, and

CE

(D) the Chief Nurse be requested to liaise with the Interim Chief Financial Officer regarding the financial arrangements in place nationally for COVID-19 testing.

CN

24/20/4 CMG Performance Review Data

Joint Paper 3a summarised the outputs from the January 2020 performance review meetings (PRMs) with CMGs, the contents of which were received and noted. Responding to queries from Patient Partners, the Chief Nurse advised that a review of a year’s worth of CMG PRM data would be undertaken. Mr A Johnson, Non-Executive Director suggested that plotting trends (i.e. SPC Charts) on the ‘Finance’ and ‘CIP’ slides would prove beneficial. In discussion, it was noted that the Chief Operating Officer, Medical Director and Chief Nurse were to review the content, nature and reporting of PRMs in the near future.

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

24/20/5 CQC Update

The Chief Nurse advised verbally that her team were working on the findings from the CQC inspection report following their unannounced inspections in September 2019 and their Well-led Review in November 2019. She highlighted that existing governance processes would be used to embed any learning. The CCG Representative commended the Trust’s efforts in achieving a good rating. A report on the unannounced inspection of UHL’s Emergency Department in January 2020 by the CQC would be provided to a future meeting of the QOC, when agreement was reached on the report’s findings and actions.

CN

Resolved – that (A) the verbal update be received and noted, and

(B) the Chief Nurse be requested to present a report on the unannounced inspection of UHL’s Emergency Department in January 2020 by the CQC be provided to a future meeting of the QOC, when agreement was reached on the report’s findings and actions.

CN

The meeting closed at 2.32pm.

Hina Majeed - Corporate and Committee Services Officer

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

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Johnson (Chair)	11	10	91	K Jenkins	11	7	64
J Adler	11	9	82	S Lazarus (from December 2019)	3	3	100
V Bailey	11	11	100	B Patel	11	10	91
P Baker	11	8	73	K Singh (ex-officio)	11	10	91
R Brown	11	9	82	M Traynor	11	9	82
I Crowe	11	11	100	P Traynor (up to end Oct 2019)	7	2	29
C Fox	11	8	73	H Wyton	11	10	91
A Furlong	11	9	82				

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
C Benham (up to end Dec 2019)	9	6	67	F Lennon	2	2	100
A Carruthers*	1	1	100	D Mitchell	11	9	82

<i>B Kotecha</i>	11	10	91	<i>B Shaw</i>	11	5	45
<i>S Leak</i>	11	10	91	<i>J Tyler-Fantom</i>	11	9	82

* for IT items only