

Cover report to the Trust Board meeting to be held on 6 December 2018

Trust Board paper J	
Report Title:	People, Process and Performance Committee – Chair’s Report (formal Minutes will be presented to the next Trust Board meeting)
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Reporting Committee:	People, Process and Performance Committee
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
Date of last meeting:	29 November 2018

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 29 November 2018:-

(1) Performance

• **Urgent and Emergency Care Performance Report – Month 7**

The Deputy Chief Operating Officer presented a report which detailed the position within emergency and urgent care as at the end of October 2018. Progress against plan was being made, however the impact of this was not yet being observed, in terms of improvement in 4-hour performance, due to the growing number of attendances and the increasing proportion of (mainly frail) patients arriving by ambulance, which placed particular pressure on ambulance assessment and majors. Continued focused work was being undertaken to deliver the required improvements, including a particular focus on process flow. Ambulance handover performance throughout October 2018 continued to benchmark well regionally, despite the volume increase. Alongside UHL actions to improve non-admitted breaches, Primary Care remained a vital component and there had been some improvement in Primary Care 4 hour performance in October 2018. The Trust continued to work intensively with DHU to improve performance of the primary care stream. The report presented also noted a continuing reduction in stranded patients and included an update on the frailty work being undertaken.

Particular discussion took place regarding the following:-

- a recognition that patients with complex health needs were those most likely to breach the 4 hour performance target, given the need for investment in significant resource into their care and treatment. Specific discussion took place regarding the Trust’s on-going liaison with LPT in relation to the prompt handing over of patients with specific mental health needs and the apparent paucity of funding versus demand in this area;
- the positive impact being observed in terms of improvements to ambulance handover times, despite increased ambulance attendances;
- the need to continue to focus all efforts in non-admitted and other key areas in order to achieve the anticipated improvements and maintain strategic focus;
- work on-going in relation to stranded patients, which appeared to be achieving results, including a weekly review of relevant individual patients, many of whom were clinically unwell and required care in an acute setting;
- the positive progress being observed in relation to non-admitted breaches and injuries and the need for further improvement in terms of the primary care target within the ED setting, albeit improvements were starting to be observed from the work undertaken to-date. A number of additional initiatives were due to come into force on 5 December 2018, which were expected to assist further in this respect. A joint audit was planned with DHU to identify any other specific areas for focus;
- the intended focus on wider system issues, with a system-wide audit currently underway;
- the re-admission rate for frailty patients – it was noted that a re-admission work stream was currently reviewing this and frailty issues impacting upon ED would be included in the next monthly Urgent and Emergency Care Performance report to be submitted to the PPPC in December 2018, and
- the potential benefit to be gained by visiting other large acute NHS Trusts performing well in urgent and emergency care performance, with visits to such Trusts currently being actively planned.

In conclusion, whilst expressing concern at the fact that improvements were not yet being observed against the ED-related performance measures (albeit understanding the reasons behind this) the PPPC agreed the need to maintain strategic focus on this area and continue to rigorously implement and embed the agreed action plan (adding to this at a later stage, if appropriate, in order to incorporate ‘best practice’ ascertained through the

planned visits to other large acute NHS Trusts performing well in emergency and urgent care).

- **Cancer Performance – Month 7**

The Director of Operational Performance presented a report detailing the latest (Month 7) position in terms of the Trust's cancer performance, noting that cancer performance had 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; however the predicted recovery in performance appeared to be occurring. Particular discussion took place regarding the continuing decrease in the backlog, which was acknowledged and welcomed by the PPPC, and also regarding plans to address recruitment within particular specialties. Progress had been made such that over 104 days was now down to six patients. In concluding discussion on this item, the PPPC were assured that appropriate action was being taken and that resulting improvements were being observed as forecast.

- **UHL Winter Plan 2018/19**

The Director of Operational Improvement presented a report which described how the Trust was responding to increased surges and / or service demands during the 2018/19 winter period. The PPPC commended the style of this report, which they found to be informative and clear and the PPPC Chair noted that the Committee remained relatively assured regarding the Trust's winter plan. Specific discussion took place regarding ensuring that Red2Green was effective, in response to which the Director of Operational Improvement confirmed that a review was currently underway of key metrics, the detail of which would be included within the next monthly report to the PPPC. During discussion regarding Red2Green, it was noted that Red2Green was also being undertaken across the community and that the same principles should apply. The Chief Operating Officer undertook to raise this matter at the A & E Delivery Board. In further discussion, it was noted that the LLR-wide Winter Plan for 2018/19 had been received and was due to be scheduled for a forthcoming Trust Board meeting (potentially the 6 December 2018 Trust Board meeting).

(2) Process

- **CMG Accountability and Performance Framework**

The PPPC Chair sought an update on the timetable for driving accountability downwards through the CMGs, via the devolving of an Accountability and Performance Framework. In discussion, the Director of People and Organisational Development noted that this was addressed within the People Strategy, which in turn would be driven by the Quality Strategy, both of which were due to be submitted to the December 2018 PPPC meeting, following in-depth consideration of these at the Trust Board Thinking Day on 13 December 2018. The PPPC Chair noted his wish to retain a verbal progress update on this item at the next (and future) PPPC meetings for the purpose of offering continued assurance to Non-Executive Director members of the PPPC on the progression of this vital agenda.

(3) People

- **Workforce and Organisational Development Data Set**

The slide deck accompanying this report to the Committee captured key workforce datasets for Month 7 (October 2018), the contents of which were received and noted.

- **Minutes received for information**

- Executive Performance Board Meeting of 25 September 2018.
(The actions arising from the Executive Workforce Board meeting of 16 October 2018 had been received at the October 2018 PPPC meeting).

Joint PPPC and QOC session:

- **Quality and Performance Report – Month 7**

Joint paper 1 detailed performance against quality and performance indicators as at Month 7 (period ending October 2018), the contents of which were received and noted. Particular discussion took place regarding: (1) RTT performance (2) 52 week breaches (there had been no such breaches in October 2018 or November 2018) and the need for careful management of these through the winter period was recognised (3) diagnostics performance (4) an improvement in the mortality indicator (5) good performance in October 2018 in relation to fractured neck of femur (6) VTE risk assessment data (7) items for further discussion within the Quality and Outcomes Committee meeting to be held that afternoon (8) pressure ulcer data and a planned report to a forthcoming NET / EQB meeting (9) reasons behind any single sex breaches (these occurred where clinical priority needed to take precedence) and (10) two different work streams reviewing re-admissions within 30 days, one of which was being undertaken within acute medicine relating specifically to frailty and the other being undertaken within CHUGGS relating to non-specific abdominal pain.

• **CMG Performance Review Slides**

The Director of Performance and Information presented a report detailing the latest summary and rating data from the CMG Performance Review meetings, the contents of which were received and noted.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

None

Items highlighted to the Trust Board for information:

1. Urgent and Emergency Care Performance.

Matters referred to other Committees:

None.

Date of Next Meeting:

20 December 2018