

Trust Board paper L3

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 6 December 2018

COMMITTEE: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE

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

DATE OF COMMITTEE MEETING: 25 October 2018

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

- **Minute 95/18 – Performance Management and Accountability Framework, specifically the recommendation that the Trust Board approve the performance management and accountability framework 2018/19 (as subsequently appended to PPPC public summary of 25 October 2018, submitted to the public Trust Board meeting on 1 November 2018).**

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

- **Minute 100/18/3 – The Update on the Staff Flu Vaccination Campaign**

DATE OF NEXT COMMITTEE MEETING: 29 November 2018

**Mr A Johnson
Non-Executive Director and PPPC Chair**

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**MINUTES OF A MEETING OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE (PPPC)
HELD ON THURSDAY 25 OCTOBER 2018 AT 11.15AM IN THE BOARD ROOM, VICTORIA BUILDING,
LEICESTER ROYAL INFIRMARY**

Voting Members 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
Col (Ret'd) I Crowe – Non-Executive Director
Ms C Fox – Chief Nurse
Mr A Furlong – Medical Director
Mr B Patel – Non-Executive Director
Mr K Singh – Trust Chairman (*ex officio*)

In Attendance:

Mr C Benham – Director of Operational Finance
Dr C Goss – Consultant Occupational Health Physician (for Minute 100/18/3)
Mr D Kerr – Director of Estates and Facilities (for Minute 101/18/1)
Ms B Kotecha – Deputy Director, Learning and OD
Ms E Meldrum – Deputy Chief Nurse
Ms D Mitchell – Deputy Chief Operating Officer
Mr W Monaghan – Director of Performance and Information
Mr B Shaw – Director of Efficiency and CIP
Ms H Stokes – Corporate and Committee Services Manager
Ms S Tate – Patient Partner
Ms S Taylor – Head of Operations, Renal, Respiratory and Cardio Respiratory CMG
Mr M Traynor – Non-Executive Director
Mr P Traynor – Chief Financial Officer
Ms J Tyler-Fantom – Deputy Director of People and OD
Ms H Wyton – Director of People and OD

		<u>ACTION</u>
	<u>RECOMMENDED ITEMS</u>	
95/18	PERFORMANCE MANAGEMENT AND ACCOUNTABILITY FRAMEWORK	
	<p>The Chief Operating Officer presented the updated draft 'UHL Performance Management and Accountability Framework', now reflecting further work on the 4 areas requested at the September 2018 Executive Performance Board (as reported at the September 2018 PPPC). The Chief Operating Officer suggested that any further comments on the framework (eg, the suggested inclusion of more detail on what was required of Clinical Management Groups) would be incorporated into the next annual iteration for 2019-20, and it was agreed that the Chief Operating Officer would discuss with the PPPC Non-Executive Director Chair, outside the meeting, the intended frequency of updating PPPC on this framework.</p> <p>Notwithstanding this, the PPPC Non-Executive Chair felt that in order to assure the driving of accountability into CMGs, there would be a need for an operational CMG performance management and accountability framework to be drawn up and agreed with CMGs – he would discuss this separately with the Chief Operating Officer. In further discussion, PPPC noted the close links between the performance management and accountability framework and UHL's culture and leadership programme (which was also being discussed through the Trust Board thinking days).</p>	<p align="center">COO</p> <p align="center">PPPC CHAIR</p>
	<p><u>Recommended</u> – that (A) the UHL performance management and accountability framework be recommended for approval by the November 2018 Trust Board;</p> <p>(B) the intended nature and frequency of updates to PPPC on the performance</p>	<p align="center">PPPC CHAIR</p> <p align="center">COO</p>

	<p>management and accountability framework be discussed with the PPPC Non-Executive Director Chair outside the meeting, and</p> <p>(C) the PPPC Non-Executive Director Chair's views on the need for an operational CMG performance management and accountability framework, be discussed with the Chief Operating Officer outside the meeting.</p>	PPPC CHAIR
	<u>RESOLVED ITEMS</u>	
96/18	APOLOGIES FOR ABSENCE	
	Apologies for absence were received from Mr R Moore, Non-Executive Director.	
97/18	MINUTES	
	Resolved – that the Minutes of the meeting held on 27 September 2018 be confirmed as a correct record.	
98/18	MATTERS ARISING	
	Resolved – that the matters arising log at paper B be noted.	
99/18	PERFORMANCE	
99/18/1	<u>Urgent and Emergency Care Performance Report – Month 6</u>	
	<p>Updating PPPC on the current position within emergency and urgent care, the report from the Deputy Chief Operating Officer highlighted improved performance of 79.5% in September 2018 (compared to August 2018) despite higher than predicted attendances. Overnight performance had also improved. However, the impact of the CRO outbreak continued to be felt in terms of flow and clinical staffing demands. Further work was needed re: patients breaching the target while awaiting transport to other sites, and (due to staffing constraints) the availability of medical beds continued to be an issue – plans were in hand on both of these elements. PPPC agreed that the key focus issue remained non-admitted breaches, and requested an update in the next monthly report on why the rate of improvement was not as fast as had been hoped and what actions were being put in place as a consequence. That update should also cover any barriers to improving primary care 4-hour performance (ED front door), noting a range of discussions planned on that issue. PPPC noted a need for further information on the nature of any fill rate issues. The Chief Operating Officer also noted that CCGs had agreed to look further at the specific issue now mentioned by the Trust Chairman.</p> <p>PPPC also noted the GIRFT (Getting it Right First Time) in Emergency Care update attached to the urgent and emergency care performance report and requested an appropriate update on the actions identified (particularly concerning incorporating a prescribing Pharmacist within ED) in future reports. It was noted that the GIRFT action plan was being reviewed through the next Urgent Care Board meeting. PPPC welcomed a further GIRFT visit planned for December 2018, and suggested that it would be helpful at that time for the GIRFT team to look at how clinicians were addressing issues of qualitative variation (update to be provided accordingly to PPPC). In response to a further query from Col (Ret'd) I Crowe Non-Executive Director, the Deputy Chief Operating Officer considered that the rise in eye casualty breaches was linked largely to demand, although further work was needed to understand all of the factors involved (including a review of the staffing profile, which was underway by the Musculoskeletal and Specialist Surgery CMG).</p> <p>PPPC agreed with the Chief Operating Officer's view that the correct actions were currently being pursued to improve urgent and emergency care performance, and that those actions should remain the focus for attention. It was noted that future updates would also include performance against the internal ED trajectory.</p>	<p>COO/ DEP COO</p> <p>COO</p>
	Resolved – that (A) the monthly update to the November 2018 PPPC also include	COO/

	<p>information on:-</p> <p>(1) why the rate of improvement on non-admitted breaches was not as fast as had been hoped, and</p> <p>(2) any barriers to improving the primary care 4-hour performance (ED front door issues), and</p> <p>(B) once available, an update from the December 2018 GIRFT visit to ED be included in a future PPPC report.</p>	<p>DEP COO</p> <p>COO</p>
99/18/2	<u>Cancer Performance (August 2018)</u>	
	This update was discussed as part of the month 6 quality and performance session held jointly with QOC members, at Minute 107/18 below. In that discussion, members welcomed the encouraging signs of improvement through August 2018 (cancer performance reported 1 month in arrears), noting that a robust action plan was in place. Support was required from primary care, however, to manage referrals, and the 62-day cancer standard remained the Trust's main cancer challenge.	
	<u>Resolved</u> – that the update on August 2018 cancer performance be noted.	
99/18/2	<u>UHL Winter Plan 2018-19</u>	
	An update on the UHL winter plan for 2018-19 would be presented to each PPPC meeting – the Trust's plan was felt to be robust, and had been widely shared with LLR partners. The PPPC Non-Executive Director Chair noted the assurance provided to him by the level of detail in the report and the relevance of the actions identified (provided these were implemented successfully on plan). Although UHL had invested significantly in winter capacity, there was still a recognised residual gap. The Medical Director outlined the other mitigation plans in place for this, including the whole hospital response and escalation plans. Although based on the national steer of 85% occupancy, this was recognised as challenging due to the resulting bed gap, and UHL had also done some internal modelling on a 90% occupancy level. The Chief Operating Officer hoped that an appropriately-robust LLR-wide winter plan would be available for review at the A&E Delivery Board – that plan would then subsequently be discussed at PPPC. Given the need for appropriate assurance on partner plans (and to understand any residual system-wide risks and related actions needed), the Trust Chairman suggested that the December 2018 Trust Board also discuss the 2018-19 LLR winter plan. In discussion, the Chief Operating Officer noted the regional 'Exercise Blue Peter', feedback from which would be provided to PPPC once received.	<p>COO</p> <p>COO</p> <p>COO</p>
	<u>Resolved</u> – that (A) the LLR winter plan be presented to the November 2018 PPPC and the December 2018 Trust Board, and	COO
	(B) feedback from the (regional) Exercise Blue Peter be provided to PPPC once available.	COO
100/18	PROCESS	
100/18/1	<u>Report from the Chief Operating Officer</u>	
	<u>Resolved</u> – that this Minute be classed as confidential and taken in private accordingly.	
100/18/2	<u>Report from the Deputy Director of People and OD</u>	
	<u>Resolved</u> – that this Minute be classed as confidential and taken in private accordingly.	
100/18/3	<u>Staff Flu Vaccination Campaign 2018-19</u>	
	Dr C Goss, Consultant Occupational Health Physician attended to brief PPPC on the 2018-19 staff flu vaccination campaign, aiming to both protect staff from contracting flu and prevent them from spreading flu to patients or colleagues/family. The uptake of flu vaccine in frontline healthcare staff was subject to a CQUIN target, which in 2018-19 was for at least 75% of	

	<p>workers to be vaccinated. Approximately 43% of UHL frontline staff had been vaccinated in 2018-19 to date. PPPC was advised that the late publication (in September 2018) of the annual 'flu letter' for healthcare workers contained a new ambition for 100% of healthcare workers with direct patient contact to be vaccinated – this would be very challenging, and the report set out the Trust's updated plans in response to that flu letter. A new steering group had also been set up in UHL, to further improve engagement with CMGs. PPPC emphasised the need for the data collected by UHL also to include staff who had been vaccinated elsewhere, and received assurance that this was being actioned. PPPC also noted that a 'declination form' was proposed to be circulated with November 2018 payslips, allowing staff anonymously to indicate any reasons for not having the flu vaccine - those forms would then be returned to Occupational Health. In response to further queries, PPPC received assurance that UHL had sufficient stocks of vaccine. PPPC welcomed this update, which would be highlighted to the November 2018 PPPC via the usual public summary.</p> <p>In further discussion, the Chief Nurse supported the intention to target areas of low uptake (particularly those where there was also a clinical risk), and she advised that flu updates would also be discussed at the Trust's Infection Prevention and Assurance Committee and at the CMG Performance Review Meetings.</p>	
	Resolved – that the update on the 2018-19 staff flu vaccination campaign be noted.	
101/18	PEOPLE	
101/18/1	<u>Report from the Director of Estates and Facilities</u>	
	Resolved – that this Minute be classed as confidential and taken in private accordingly.	
101/18/2	<u>Development of the People Strategy/Medical Workforce Strategy/Nursing and Midwifery Strategy</u>	
	The Director of People and OD confirmed that following further work to align UHL's People, Workforce, and Leadership and Culture Strategies, the People Strategy (incorporating the medical workforce strategy and the nursing and midwifery strategy) would be presented to the November 2018 PPPC.	
	Resolved – that the People Strategy (incorporating the medical workforce strategy and the nursing and midwifery strategy) be presented to the November 2018 PPPC.	DPOD
101/18/3	<u>Cultural and Leadership Programme</u>	
	The report set out UHL's involvement in the NHS Improvement evidence-based Culture and Leadership Programme, which had been adopted nationally by 40 Trusts. Delivered in conjunction with the national leadership academy, the programme comprised 3 stages (discover, design, and deliver) – UHL was currently in the 'discover' phase, covering 6 diagnostics (culture and outcomes dashboard; Board interviews; leadership behaviour surveys; culture focus groups; leadership workforce analysis, and patient experience). In response to a query, the Deputy Director of Learning and OD confirmed that the Board elements diagnostic would be progressed through (rather than duplicating) the current Board review exercise. Updates on the culture and leadership programme were scheduled for the November and December 2018 Trust Board thinking days, which would inform the date of the next required update to PPPC. The Director of People and Organisational Development also noted ongoing discussion on how to implement 'bottom-up' change.	DPOD
	Resolved – that consideration be given to the most appropriate timing of the next update to PPPC (informed by discussions planned at the November and December 2018 Trust Board thinking days).	DPOD
102/18	REPORTS FOR INFORMATION	

	PPPC received a suite of reports for information, particularly welcoming the report on new starter support at UHL, given the importance of staff retention. Given recent comments from the Chair of NHS Improvement on WRES indicators, the Trust Chairman also noted the need to think innovatively on that issue.	
	Resolved – that the following be noted for information, at papers M – T respectively:- (1) Workforce and OD Plan update; (2) New Starter Support at UHL; (3) Recruitment Update (time to hire, equality and diversity); (4) Agenda for Change update – band 1 closure/transition; (5) Clinical Excellence Awards 2018; (6) HR Employee Relations Team update; (7) Nursing and Midwifery Education and Practice Development update, and (8) Apprenticeships – Public Duty of Care Target.	
103/18	MINUTES FOR INFORMATION	
	Resolved – that the following be received for information, at papers U and V respectively:- (1) Executive Performance Board action notes 25 September 2018, and (2) Executive Workforce Board actions 16 October 2018.	
104/18	ANY OTHER BUSINESS	
	There were no items of any other business.	
105/18	IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD	
	Resolved – that the following issues be highlighted to the public November 2018 Trust Board via the public summary of this PPC meeting:- (1) the recommendation that the Trust Board approve the performance management and accountability framework 2018-19 (Minute 95/18), and (2) the update on the staff flu vaccination campaign (Minute 100/18/3).	PPPC CHAIR
106/18	DATE OF NEXT MEETING	
	Resolved – that the next meeting of the People, Process and Performance Committee be held on Thursday 29 November 2018 from 11.15am until 1.45pm in the Board Room, Victoria Building, Leicester Royal Infirmary.	
107/18	JOINT SESSION WITH MEMBERS OF QOC	
107/18/1	<u>Quality and Performance Report – Month 6 (September 2018)</u>	
	Joint paper 1 detailed performance against quality and performance indicators as at September 2018, noting encouraging progress on standard elective access targets including RTT performance, zero 52-week breaches, and achievement of both the diagnostics and cancelled operations targets in September 2018. In response to a query, the Director of Performance and Information advised that the primary risks to elective performance would be the impact of winter (and related bed availability) and related emergency activity levels. UHL's modelling suggested that – given the planning actions taken – elective activity might largely be able to be delivered despite winter pressures, but that patient waits were likely to vary between specialties. Members also discussed whether elective activity could be increased if winter was milder, or less busy, than expected, and commented on the need to maintain an appropriate focus on elective performance improvements through the winter period. The QOC Non-Executive Director Chair queried the dip in Stroke TIA clinic performance – in response, the Medical Director advised that this was being explored further, with a detailed report to come to the Executive Quality Board and QOC in November 2018.	

	<u>Resolved</u> – that	
107/18/2	<u>CMG Performance Slides</u>	
	<u>Resolved</u> – that the CMG performance slides be received and noted for information.	

The meeting closed at 1.45pm

Helen Stokes – Corporate and Committee Services Manager

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

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
A Johnson (Chair)	7	6	86	A Furlong	7	6	86
J Adler	7	5	100	B Kotecha / J Tyler-Fantom (Apr 18 – 31 July 2018)	4	4	100
V Bailey	7	7	100	E Meldrum (Apr 18 – Sept 18)	6	4	67
P Baker	7	4	57	R Moore	7	2	28
R Brown (from June 2018)	7	4	57	B Patel	7	6	86
I Crowe	7	7	100	K Singh (ex-officio)	7	5	71
E Doyle (until May 2018)	2	2	100	M Traynor	7	7	100
C Fox	1	1	100	P Traynor	7	6	86

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
C Benham	7	6	86	C Ribbins	7	4	57
J Clarke	7	3 *	43	B Shaw	7	3	43
S Leak	7	5	71	S Tate	7	7	100
W Monaghan	7	7	100				

* for IT items only