

Trust Board paper U2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 4 April 2019

COMMITTEE: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE

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

DATE OF COMMITTEE MEETING: 28 February 2019

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

- **UHL's People Strategy 2018-2023 (Minute 14/19 refers)**

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

- **None**

DATE OF NEXT COMMITTEE MEETING: 28 March 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, 28 FEBRUARY 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 J Jameson – Deputy Medical Director (on behalf of 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 (up to and including Minute 24/19)
Mr M Wightman – Director of Strategy and Communications (up to and including Minute 24/19)
Ms H Wyton – Director of People and Organisational Development (up to and including Minute 24/19)

In Attendance:

Mr C Benham – Director of Operational Finance (up to and including Minute 24/19)
Mr M Caple – Patient Partner (for Minutes 25/19 and 26/19)
Mr J Clarke – Chief Information Officer (for Minute 19/19/1)
Miss M Durbridge – Director of Safety and Risk (for Minutes 25/19 and 26/19)
Ms B Kotecha – Deputy Director of Learning and Organisational Development (up to and including Minute 24/19)
Ms S Leak – Director of Operational Improvement (for Minutes 20/19/3 and 20/19/4)
Mrs H Majeed – Corporate and Committee Services Officer
Mr B Shaw – Director of Efficiency and CIP (up to and including Minute 24/19)
Ms J Tyler-Fantom – Deputy Director of Human Resources (up to and including Minute 24/19)

RECOMMENDED ITEMS

14/19 UHL'S PEOPLE STRATEGY 2018-2023

Paper C outlined UHL's People Strategy 2018-2023 incorporating the Nursing & Midwifery workforce plan and the Medical workforce plan within this report. The People Strategy had been aligned with the Trust's Quality Strategy and was designed to identify how the workforce and organisational development priorities would achieve 'Becoming the Best' as an enabler to achieving outstanding service in the context of the care provided. The Strategy clearly articulated six priorities, which completely aligned with a range of national, regional and local drivers including those specified in the Quality Strategy. Each priority had defined deliverables, success measures and indicators. An iterative five year strategic workforce plan for the Trust had been developed which set out the critical actions in the immediate, medium and long term which could be flexed and adapted but was underpinned by the core principles of matching demand and supply and transforming the workforce to meet the changing needs of patients. The specific actions planned for 2019-20, under each priority were detailed within the report, however, the Director of People and OD advised that the actions might change further to the Trust's annual priorities being agreed in due course. The PPPC commended the style of this report, which they found very clear, positive and encouraging noting that team working was at the core of the strategy.

Mr M Traynor, Non-Executive Director commented on the future availability of the workforce and that other industries might be able to offer higher pay rates to attract workforce during shortages. He highlighted the need for urgent action to address and mitigate this risk.

Responding to a query, the Director of People and OD advised that the NHS Ten Year Plan particularly considered the need to focus on supply of workforce. The need to continue to develop new and enhanced system-wide roles to address changes in technologies and service delivery to meet gaps in workforce supply was noted in the Strategy. This was a priority for UHL, the Trust would be looking to develop new staff roles that could potentially provide a faster route to alleviating staffing issues, and offer career development opportunities that could also help improve retention.

The PPPC Chair drew members' attention to the indicative increase in numbers of EU nationals employed by the Trust which, contrary to initial fears after the EU Referendum, had grown significantly over the last three years.

Members were advised that the results of the staff survey formed a large part of the work being undertaken alongside the culture and leadership programme. There was a need to transform the workforce to deliver new models of care by having the right people in the right place at the right time, through appropriate attraction and retention initiatives being put in place. In terms of marketing, a good recruitment campaign needed to be in place. Retraining the existing workforce, empowering managers and providing opportunities were key measures that needed to be put in place to retain staff.

The CMG performance reviews would also be designed to measure the indicators differently based on the agreed annual priorities for the Trust. The 'People' priorities would continue to report to the Trust's Executive Workforce Board and the PPPC, for assurance.

The following suggestions were made:-

- (a) the Strategy provided more detail on the workforce plans for medical, nursing and midwifery staff groups. A further focus/reference should also be made to provide emphasis on other staff groups (i.e. AHPs, administrative/clerical/support staff) with plans in development;
- (b) an introductory focus on 'How we are as an employer' be included, and
- (c) in order to secure and retain the workforce it needs, the Trust needed to consider further ways to attract new staff coming out of education and training, and inventive ways to retain key skills.

DPOD

Responding to a query from Mr B Patel, Non-Executive Director, the Director of People and OD undertook to provide a report to a future PPPC on what actions the Trust was taking system-wide across LLR in respect of workforce planning and becoming an 'Employer of Choice'.

DPOD

The PPPC Chair suggested that future versions of the People Strategy include the individual workforce strategies as components rather than appendices. Following a comment from the PPPC Chair, the Chief Executive and the Director of People and OD undertook to have a discussion outwith the meeting regarding how the People Strategy should be marketed and communicated across the Trust, including making it available on the UHL Intranet.

**CE/
DPOD**

Recommended – that (A) subject to the comments above being incorporated in the final version, UHL's People Strategy 2018-2023 be endorsed and recommended for Trust Board approval on 7 March 2019;

Chair

(B) the Director of People and OD be requested to update UHL's People Strategy 2018-2023 in light of the suggestions made above;

DPOD

(C) the Director of People and OD be requested to provide a report to a future PPPC on what actions the Trust was taking system-wide across LLR in respect of workforce planning and becoming an 'Employer of Choice', and

DPOD

(D) the Chief Executive and the Director of People and OD be requested to have a discussion outwith the meeting regarding how the strategy should be marketed and communicated across the Trust, including universal availability of access.

**CE/
DPOD**

RESOLVED ITEMS

ACTION

15/19 APOLOGIES FOR ABSENCE

Apologies for absence were received from Professor P Baker, Non-Executive Director, Mr A Furlong, Medical Director and Ms D Mitchell, Deputy Chief Operating Officer.

16/19 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.

17/19 MINUTES

Resolved – that the Minutes of the PPPC meeting held on 31 January 2019 (papers A1 and A2 refer) be confirmed as a correct record.

18/19 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.

19/19 KEY ISSUES FOR DISCUSSION/DECISION

19/19/1 E-Hospital 2019-20 Plan

The Committee discussed the contents of paper D, which provided an update on the E-Hospital programme for 2019-20, confirming the high level schemes listed. The Chief Information Officer attended the meeting to present this report and provided a brief update on the workstreams delivered in 2018-19. Funding through NHS Digital in the form of Health Service Led Innovation would support the procurement and implementation of the schemes in 2019-20. Additional UHL capital was required to invest in the infrastructure, software, development and implementation of these systems as per the 5-year capital programme. The most significant change was a proposal to procure the Nerve Centre EPR. Brief discussion took place on the completion of EPMA rollout and integration with Optimed, plans in place to enable a paperless outpatient setting, digital dictation project and need for digital patient communication.

Responding to a query, the Chief Information Officer provided an update on the risks and issues in terms of the outpatient clinical correspondence project. The contract for this project had not been signed as the team were ensuring that it was fit for purpose to acknowledge test results so Clinical staff could validate the results against the patients' record online.

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

19/19/2 NHS Workforce Disability Equality Standard

The Deputy Director of Learning and Organisational Development introduced paper E, briefing members on the Workforce Disability Equality Standard (WDES) produced by NHS England, which comprised of 10 evidence based metrics, which would take effect from 1 April 2019. The implementation of the WDES would enable Trusts to better understand the experiences of their staff with disabilities. The use of the indicators required implementation from 1 August 2019. The Chief Executive would be launching UHL's first Staff Disability Network (UHL Differently Abled Voice Network) on 5 March 2019. Members noted the need for the Trust to particularly consider the development and training opportunities in order to address the national issue of staff with disabilities consistently reporting 'Less satisfaction with appraisal and career development opportunities'. Responding to a query, it was noted that clarity regarding the types of disabilities was awaited through the WDES Technical Guidance.

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

20/19 ITEMS FOR ASSURANCE

20/19/1 IR35 Off-Payroll Update

Paper F updated the Committee on the position with IR35, providing the national context, detailing the current position and process and providing assurance against compliance with IR35 regulations. The Committee noted the position and assurance provided on IR35. In presenting this report, the contents of which were received and noted, the Deputy Director of HR noted that it had been proposed that PwC would be undertaking an internal audit of off-payroll processes in quarter 1 of 2019-20, which would provide an additional level of assurance. In discussion on the national shortage for Sonographers and non-availability of local courses, it was suggested that discussion be held with University of Leicester colleagues in respect of offering Sonographer training courses.

CE

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

(B) the Chief Executive be requested to liaise with University of Leicester colleagues in respect of offering Sonographer training courses.

CE

20/19/2 Urgent and Emergency Care Performance Report – Month 10

The Chief Operating Officer presented paper G, which detailed the position within emergency and urgent care as at the end of January 2019. Progress against plan was being made. A key focus was currently on the Trust's ambulance handover performance. There has been a sustained reduction in non-admitted breaches. A number of changes had been put in place to improve 4-hour performance. A Standard Operating Procedure (SOP) encompassing arrangements in the Children's Hospital and Paediatric Emergency Department (ED), SOP for use of the Balmoral x-ray Bay for patients waiting for inpatients beds from the Emergency Floor and escalation plans for both ED and the whole hospital to generate flow and create capacity had been put in place. There had been improvement in Primary Care 4-hour performance in January 2019 and further improvement was being targeted. The Trust was compliant with 52+ week wait standard. The Chief Executive particularly highlighted that the Acute Medical Working Group had agreed changes to job plans from April 2019 to ensure acute medical doctors exclusively staffed AMU, this would be a significant change from the current rota, which was staffed by multiple medical specialities. Members noted the key findings from the LLR Multi-Agency Admission Avoidance (MAAD) Days held from 29-31 January 2019. The Chief Operating Officer undertook to circulate a report detailing actions from the Task and Finish Group following the MAAD Days.

COO

In conclusion, the PPPC received and noted the contents of this report, acknowledging the significant volume of activity and the encouraging underlying continuing improvement in performance.

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

(B) the Chief Operating Officer be requested to circulate a report to PPPC detailing actions from the Task and Finish Group following the Multi-Agency Admission Avoidance (MAAD) Days held from 29-31 January 2019.

COO

20/19/3 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. In comparison to 2017-18 winter period, the Trust had seen a reduction in cancellations of electives in 2018-19. The report also provided details of the activity planning/bed modelling for 2019-20. A winter debrief would be undertaken in April/May 2019 to ensure that changes were made over the summer months to put the Trust in an even better position for the 2019-20 winter period. Responding to a query, the Chief Operating Officer and Chief Nurse confirmed that all data over the winter elements would be triangulated to ensure that all actions that need to be continued and key developments for 2019-20 were appropriately captured. Particular discussion took place regarding the children's hospital nurse staffing and members were advised that active recruitment continued and mitigations were being put in place in the meantime. Staffing challenges were slowly improving and the team were ensuring that all nursing rosters were robust and effective rostering was in place.

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

20/19/4 Cancer Performance

The Director of Operational Improvement presented paper I, detailing the latest (Month 10) 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 performance was 82.3%, although the target was not achieved, it was the best performance achieved since 2017. In respect of patients waiting 104+ days, each patient was being managed by the CMGs to ensure that next steps were booked for these patients and a focused effort was being made to decrease this cohort of patients. The new faster diagnosis standard compliance had shown significant improvement across all tumour sites. The breast 2-week wait performance had seen an improvement in January 2019 and full recovery was expected in February 2019. It was proposed, in discussion, that the Cancer performance report is scheduled, in future, within the Joint PPPC / QOC session given that the quarterly cancer performance reports in respect of 62 Day breach thematic findings and 104 day harm reviews were also being discussed at the joint session. In response to a suggestion from Ms K Jenkins, Non-Executive Director regarding the drivers behind the breast 2 week wait backlog and a graphical representation of the performance in future reports, the Director of Operational Improvement undertook to discuss this with Ms K Jenkins outwith the meeting.

**DOI/
CCSO**

DOI

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

(B) Cancer Performance reports be scheduled, in future, within the Joint PPPC / QOC session, and

**DOI/
CCSO**

(C) the Director of Operational Improvement be requested to liaise with Ms K Jenkins, Non-Executive Director outwith the meeting to discuss the suggestions on including further information in future Cancer Performance reports to the PPPC.

DOI

21/19 ITEMS FOR NOTING

21/19/1 Workforce and Organisational Development Set

The slide deck accompanying this report (paper J) to the Committee captured key workforce datasets for Month (January 2019), the contents of which were received and noted.

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

21/19/2 Executive Performance Board

Resolved – that the contents of the Executive Performance Board action notes from the meeting held on 29 January 2019 (paper K refers) be received and noted.

21/19/3 Executive Workforce Board

Resolved – that the contents of the Executive Workforce Board action notes from the meeting held on 22 January 2019 (paper L refers) be received and noted.

22/19 ANY OTHER BUSINESS

Resolved – that there were no additional items of business.

23/19 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.

24/19 DATE OF THE NEXT MEETING

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

JOINT SESSION WITH MEMBERS OF QOC

25/19 ITEMS FOR ASSURANCE

25/19/1 Quality and Performance Report - Month 10

Joint paper 1 detailed performance against quality and performance indicators as at Month 10 (period ending January 2019), the contents of which were received and noted. Particular discussion took place regarding:

- (1) Diagnostic 6 week wait – standard achieved for 5 consecutive months;
- (2) 52 week breaches (there had been no such breaches for 7 consecutive months);
- (3) Referral to treatment – although performance was below national standard, the NHSI trajectory had been achieved;
- (4) Delayed transfers of care – remained within the tolerance;
- (5) 12 hour trolley wait – none;
- (6) Cancer 31 day treatment – achieved;
- (7) Annual Appraisal rate at 91.9% was on a rising trend;
- (8) #NOF performance remained above target;
- (9) UHL ED 4-hour performance was 70.7% and LLR performance was 79.1%;
- (10) Ambulance handover times had deteriorated – performance at 13%;
- (11) Single sex accommodation breaches – 9 reported in Discharge Lounge. The Chief Nurse advised that there was disparity between the national guidance and local Commissioners agreement regarding the guidance for same sex breaches relating to patients in the Discharge Lounge. Therefore, discussion was underway with Commissioners regarding this;
- (12) FFT performance achieved the Quality Commitment of 97%;
- (13) CDiff – year to date 52 cases against a threshold of 61;
- (14) Ward 33 – patients carrying Carbapenem-Resistant Organisms (CRO) were appropriately managed;
- (15) Falls per 1000 bed stays for patients >65 years was 7.0 against a threshold of 5.5, further work was being undertaken across the Trust to resolve issues, and
- (16) Mortality – the latest published SHMI (period July 2017 to June 2018) at 96 and “below expected”.

In discussion on the use of SPC Charts, the Chief Nurse and Director of Safety and Risk provided an explanation confirming how the mean was calculated and tracked on these Charts. A dynamic, rather than static, mean was being utilised.

Mr M Caple, Patient Partner provided a brief update on the work undertaken by the Emergency and Specialist Medicine Patient Partner in respect of patient falls and other issues in the Emergency Department. In discussion on the need to ensure that feedback received from the Trust's Patient Partners was converted into action, the Chief Executive suggested that this be included within the triangulation work undertaken by the Chief Nurse, which identified patient areas where quality and safety improvements were required.

Responding to a query regarding the 'red' RAG rating of the 'statutory and mandatory training' indicator and the timescales for the target to be achieved, the Chief Executive advised that there were a combination of issues and a further discussion on this matter would take place at an Executive Planning meeting and an update would be provided to PPPC in due course.

CE

Responding to another query, the Chief Operating Officer advised that the reasons for the increase in cancellations relating to the ENT clinic were multi-factorial and targeted work was being undertaken to reduce this. Members were also advised that the Outpatient Transformation Programme was being reviewed.

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

(B) the Chief Executive be requested to discuss at an Executive Planning meeting the issues causing the 'statutory and mandatory training' indicator to be RAG rated 'red' and the timescales for the target to be achieved and provided an update to PPPC in due course.

CE

26/19 ITEMS FOR NOTING

26/19/1 CMG Performance Review Slides

A report detailing the latest summary and rating data from the CMG Performance Review Meetings (PRMs) was received and noted. The Chief Operating Officer commented that the PRMs were successful and improvement in CMG performance was starting to be observed. The Chief Operating Officer advised that the Leadership Programme had been launched and an initial update on the next level of the accountability framework would be provided to PPPC in March 2019 with a further update in April 2019.

COO

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

(B) an initial update on the next level of the accountability framework be provided to PPPC in March 2019 with a further update in April 2019.

COO

The meeting closed at 2:00pm.

Hina Majeed
Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2018-19 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>	11	10	91	<i>K Jenkins (from December 2018)</i>	3	3	100
<i>J Adler</i>	11	8	73	<i>B Kotecha / J Tyler-Fantom (Apr 18 – 31 July 2018)</i>	4	4	100
<i>V Bailey</i>	11	11	100	<i>E Meldrum (Apr 18)</i>	6	4	67

				– Sept 18)			
<i>P Baker</i>	11	6	54.5	<i>R Moore</i>	8	2	25
<i>R Brown (from June 2018)</i>	9	8	89	<i>B Patel</i>	11	10	91
<i>I Crowe</i>	11	11	100	<i>K Singh (ex-officio)</i>	11	9	82
<i>E Doyle (until May 2018)</i>	2	2	100	<i>M Traynor</i>	11	11	100
<i>C Fox</i>	5	5	100	<i>P Traynor</i>	11	9	82
<i>A Furlong</i>	11	8	73				

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>	11	8	73	<i>W Monaghan (until December 2018)</i>	9	8	88
<i>J Clarke</i>	11	4 *	36	<i>C Ribbins</i>	8	4	50
<i>S Leak</i>	11	9	82	<i>B Shaw</i>	11	6	54.5
<i>D Mitchell</i>	8	6	75	<i>S Tate (Apr – Oct 2018)</i>	7	7	100

* for IT items only