

Trust Board paper S2

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD**

**DATE OF TRUST BOARD MEETING: 2 May 2019**

**COMMITTEE: PEOPLE, PROCESS AND PERFORMANCE COMMITTEE**

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

**DATE OF COMMITTEE MEETING: 28 March 2019**

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

- **Gender Pay Gap Report 2018-19 (Minute 27/19)**
- **Junior Doctors' Contract: Guardian of Safe Working Quarterly Update (Minute 28/19)**

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

- **Armed Forces Covenant Update (Minute 34/19/4)**

**DATE OF NEXT COMMITTEE MEETING: 25 April 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 MARCH 2019 AT 11.15AM IN THE BOARD ROOM, VICTORIA BUILDING,  
LEICESTER ROYAL INFIRMARY**

**Present:**

Mr A Johnson – Non-Executive Director (Chair)  
Professor P Baker – Non Executive Director  
Ms R Brown – Chief Operating Officer (for Minutes for Minutes 34/19/1 and 34/19/2)  
Col. (Ret'd) I Crowe – Non-Executive Director  
Ms C Fox – Chief Nurse  
Mr A Furlong – 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

**In Attendance:**

Mr M Caple – Patient Partner, QOC (for Minutes 39/19 and 40/19)  
Miss M Durbridge – Director of Safety and Risk (for Minutes 39/19 and 40/19)  
Mr M Hotson – Head of Business, Commercial and Contracts (for Minutes 39/19 and 40/19)  
Mrs S Hotson – Director of Clinical Quality (for Minutes 39/19 and 40/19)  
Ms B Kotecha – Deputy Director of Learning and Organisational Development  
Ms S Leak – Director of Operational Improvement  
Mr B Shaw – Director of Efficiency and CIP  
Ms H Stokes – Corporate and Committee Services Manager  
Ms J Tyler-Fantom – Deputy Director of Human Resources  
Ms R Vyas – Head of Strategic Development (for Minute 39/19/1)

**RECOMMENDED ITEMS**

**27/19 GENDER PAY GAP REPORT 2018-19**

PPPC reviewed UHL's report on gender pay gap information for 2018, required to be published by 31 March 2019 in line with the Equality Act 2010 [Gender Pay Gap Information] Regulations. At 28% and 15%, UHL's 2018 mean and median gender pay gap (respectively) had both decreased by 1% from 2017. Very detailed discussion had taken place on this report at the March 2019 Executive Performance Board, and PPPC was advised that the gender pay gap was driven primarily by the number of men as compared to women in the upper quartile pay groups, particularly medical and dental staff, and Very Senior Managers. In response to a query from the Audit Committee Non-Executive Director Chair, it was confirmed that there was no difference between pay rates for men and women in any of UHL's pay bands (equal pay was therefore in place). The Medical Director outlined the background of the historic higher numbers of men in the Consultant workforce, and advised that this would change over time to reflect the fact that there were now more women at medical school than men. In response to a query regarding Clinical Excellence Awards, the Medical Director outlined recent changes to the process and confirmed also that consideration was on an anonymous basis.

Mr B Patel Non-Executive Director suggested that there was an opportunity to expand the principles of the gender pay gap action plan beyond gender, and apply them to other issues such as diversity and disability. PPPC also queried how to help managers implement/progress flexible working in practice, and commented on the need to ensure that recruitment panels were themselves appropriately diverse. PPPC agreed that appropriate role modelling was key and recognised the need to avoid unconscious bias when considering the likely nature of flexible working requirements. HR representatives welcomed these points, and provided assurance that a more detailed action plan underpinned the overarching themes set out in the report. Ms K Jenkins Non-Executive Director, also noted the need for appropriate comms to accompany the publication of this report on UHL's external website, to provide appropriate context and briefing information.

**DPOD/  
DDL0D**

**DPOD/  
DDL0D**

Following the consideration above, UHL's gender pay gap report 2018-19 was endorsed (noting the suggested comments on the action plan), and recommended for Trust Board approval.

**DPOD**

**Recommended – that (A) UHL's gender pay gap report 2018-19 and accompanying action plan (noting the comments on the latter) be endorsed, and recommended for Trust Board approval;**

**DPOD**

**(B) consideration be given to the scope to expand the principles of the gender pay gap action plan beyond gender, and apply them to issues such as diversity and disability, and** DPOD/ DDLOD

**(C) the Trust's Communications team be contacted to discuss the need for appropriate communications to accompany the publication of this report on UHL's external website, providing appropriate context and briefing information.** DPOD/ DDLOD

**28/19 JUNIOR DOCTORS' CONTRACT – GUARDIAN OF SAFE WORKING QUARTERLY REPORT**

The quarterly update advised that 117 exceptions had been recorded between 1 December 2018 and 28 February 2019 (112 of which were work pattern/hours related and 5 of which were education exceptions). This was a fall from the 189 recorded in the previous 3-month period. The Junior Doctors' Contract Guardian of Safe Working quarterly update was endorsed, and recommended for Trust Board approval. DPOD

**Recommended – that the Junior Doctors' Contract Guardian of Safe Working quarterly update (1 December 2018 – 28 February 2019) be endorsed, and recommended for Trust Board approval.** DPOD

**RESOLVED ITEMS** ACTION

**29/19 APOLOGIES AND ANNOUNCEMENTS**

Apologies for absence were received from Mr J Adler Chief Executive, Ms V Bailey Non-Executive Director, Mr C Benham Director of Operational Finance, Ms D Mitchell Deputy Chief Operating Officer, Mr M Wightman Director of Strategy and Communications and Ms H Wyton Director of People and OD.

The PPPC Chair notified the Committee that Mr B Patel Non-Executive Director, had been appointed as PPPC Deputy Chair at the Trust Board meeting held on 7 March 2019.

**30/19 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.**

**31/19 MINUTES**

**Resolved – that the Minutes of the 28 February 2019 PPPC be confirmed as a correct record.**

**32/19 MATTERS ARISING**

Paper B detailed the actions from previous meetings of the People, Process and Performance Committee (PPPC).

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

**33/19 KEY ISSUES FOR DISCUSSION/DECISION**

**33/19/1 National NHS Staff Survey 2018 Report**

Further to previous discussion in January 2019, PPPC now reviewed the expanded, finalised dataset from the 2018 national NHS staff survey results. Rather than 'key findings' as in 2017, for 2018 the 90-question survey aligned to 10 key themes which now also included staff morale. UHL's response rate to the survey was 37%, and PPPC was advised that UHL's results against those 10 key themes placed the Trust largely in the middle of the pack nationally. In broad terms, in 2018 UHL had improved its scores in terms of staff recognition, changes made in response to incidents, the number of staff satisfied with their pay, and in managers supporting staff to receive training, learning or development identified in appraisals. However, there were also areas in which scores had declined from 2017.

Within UHL, work was underway on a number of fronts by the Staff Engagement Team to analyse (and thus respond to) its 2018 national NHS staff survey results, noting the need to appropriately draw together the various different workstreams and sources of information, and to move forward in the context of the NHSI cultural and leadership programme. Chaired by the Chief Nurse, the Trust's Patient Involvement, Patient Experience and Equality Assurance Committee (PIPEAC) would also be involved, eg exploring any correlation between staff experience and patient experience. Staff were being encouraged to respond to a 'leadership behaviours' survey which was open until 17 April 2019, and 4 largescale focus events were also scheduled for June 2019.

Non-Executive Directors sought assurance on whether appropriately timely feedback was being provided to staff following the survey, and queried whether more immediate action was being taken ahead of those June 2019 larger-scale involvement events. The PPPC Chair echoed the need for timely feedback and suggested that it might be useful for the survey results to be discussed at the CMGs' service-level performance review meetings. In response, PPPC received assurance from HR representatives that information was being widely shared with staff, and that there was an appropriate focus on quick win areas in addition to the longer-term work outlined. Col (Ret'd) I Crowe Non-Executive Director commented that there were a number of recurring themes, relating to teamworking/leadership; governance/grip, and engagement/involvement which needed to be addressed as priorities.

In reviewing UHL's 2018 national staff survey results, PPPC also particularly discussed the internal benchmarking information re: staff engagement, showing the responses from different staff groups in terms of levels of perceived advocacy, involvement, and motivation. PPPC considered that there was a need for appropriate empowerment of staff so that they felt able to make improvements actually happen in their areas (which was scoring lower than the number of staff who felt able to suggest improvements). This was particularly in relation to the block graphic which showed where the hotspots could be found, for example "Involvement" in Estates and Facilities staff scored low across the board. PPPC was advised that targeted workshops were planned with staff in particularly low-scoring engagement areas, and members noted a suggestion that it might be helpful also to look at higher-scoring areas to learn any transferable lessons.

DDL0D

Although welcoming the results as a rich source of data, Mr M Traynor Non-Executive Director commented on the relatively-low response rate (statistically). He further queried whether it was possible to cut the data in different ways (eg by respondent age), to gain a deeper understanding of the responses. In response, the Deputy Director of Learning and OD advised that this echoed the need for the other diagnostic work outlined above. The Chief Nurse noted a number of key national publications on the needs of different generational staff groups, and considered that UHL's Quality Strategy would play a key role in this issue.

In response to a query from the PPPC Chair, HR representatives confirmed that disability was a key focus area for the Trust's equality and diversity work (along with BAME, and gender pay issues) and advised (for example) that a 'UHL differently able voice' staff support network had recently been established.

**Resolved – that consideration be given to exploring transferable lessons from those UHL areas which had scored more highly on staff engagement within the national NHS staff survey 2018.**

DDL0D

33/19/2 LLR Local Workforce Action Group Update

PPPC received this update for information, noting UHL's very active role on these groups.

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

34/19 **ITEMS FOR ASSURANCE**

34/19/1 Urgent and Emergency Care Performance Report – Month 11

The Chief Operating Officer noted an improved position within emergency and urgent care as at the end of February 2019, with UHL performance at 71.6% despite a 10% rise in attendances compared to February 2018. Injuries, children's and primary care performance had remained stable, there had been no 12-hour trolley breaches, super-stranded patients were trending downwards, non-admitted breaches had stabilised and delayed transfers of care (DTocS) remained low compared to national benchmarks. The Chief Operating Officer considered that this indicated that more sustained control was in place. In discussion, the Trust Chairman noted the need to ensure that the individual measures created a broader, overarching change not only in process but culture/behaviour. The Chief Operating Officer

and the Medical Director endorsed this comment, and noted continued positive culture and behavioural changes in ED, in addition to increased clinical ownership.

The Chief Operating Officer reported that the system-wide, multi-agency MAAD event had been very useful; progress on the related action plan would continue be reported to PPPC as part of the standing monthly urgent and emergency care performance updates. Improving ambulance handover performance continued to be a priority, and LLR system-wide working was in place accordingly.

It was acknowledged, however, that March 2019 urgent and emergency care performance was proving more challenging than in February 2019, with a continued rise in attendances. The urgent and emergency care action plan was therefore being reviewed to gauge the impact of the current activity levels. The Chief Operating Officer also noted the likely impact of the (LPT-provided) Primary Care Coordinator (PCC) service ending in March 2019 as it was no longer being commissioned. Some mitigating measures would be in place via the Integrated Discharge Team. In response to PPPC queries, the Chief Operating Officer confirmed that the cessation of the PCC service had been communicated and she provided assurance that no adverse quality impact was expected as a result, although target performance might be affected. The Chief Operating Officer also advised PPPC that 1 escalation medical ward would be kept open all year at the LRI, while the escalation ward at the Glenfield Hospital would close as scheduled in May 2019 reflecting bed modelling work.

In response to a query from the PPPC Non-Executive Director Chair, the Chief Operating Officer advised that the new charging regime was not expected to impact on clinical delivery. The PPPC Non-Executive Director Chair also queried whether further discussion was planned on the replacement of the 4-hour ED target – in response, the Chief Operating Officer advised that UHL had volunteered to be a test site and – even if not selected – would shadow run any new indicator(s). PPPC would of course be kept informed of progress on this issue. In further discussion, Non-Executive Directors queried what intelligence was available on ED attendance hotspots, to inform discussions with CCGs about demand management. In response, it was noted that most walk-in patients were Leicester City patients.

COO

In conclusion, the PPPC welcomed the progress made but did not have assurance that the Trust was currently able to meet its targets for Urgent and Emergency Care performance.

**Resolved – that future monthly reports include updates (once available) on the new ED targets.**

COO

#### 34/19/2 CMG Performance and Accountability Framework Update

PPPC reviewed the proposed CMG performance management and accountability framework, which would be added to the existing overarching UHL performance management and accountability framework. The aim of this CMG-level framework was to provide a clear structure and ensure consistency in how CMGs held their services to account, which was welcomed by PPPC. PPPC also noted the need for an appropriately 'live' document, however, able to evolve and be responsive. In response to Non-Executive Director queries the Chief Operating Officer advised that it was intended to use the same format reporting pack as that currently in place for the CMGs' own monthly performance management review meetings with the Executive Team.

Following discussion at the March 2019 Executive Performance Board on the arrangements within paper H, it was now proposed to refer to "at least bi-monthly" service/specialty performance review meetings by the CMG rather than "monthly" ones, as it was not feasible for CMGs housing multiple specialties to review them all each month. The Audit Committee Non-Executive Director Chair sought assurance on where risk was captured in those reviews – in response the Medical Director confirmed that discussion of all risk (including, eg, financial) sat within the 'quality' domain of the performance pack. PPPC requested that this be made explicit, and the Chief Operating Officer agreed to amend both this CMG-level framework and the overarching UHL performance and accountability framework accordingly at the annual review stage (October 2019) – the updated overarching document would be re-presented to PPPC at that point.

COO

COO

**Resolved – that both the CMG-level performance and accountability framework – and the overarching UHL performance and accountability framework of which it was part – be amended at the annual review stage (October 2019), to reflect that discussion of risk sat within the quality domain of the performance pack: updated iteration to be presented to PPPC thereafter.**

COO

#### 34/19/3 Report from the Deputy Director of HR

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

34/19/4 Armed Forces Covenant Update

Col (Ret'd) I Crowe, Non-Executive Director and Armed Forces Champion for UHL presented an update on the Trust's support of the Armed Forces Covenant during the past 18 months. UHL had signed the Armed Forces Covenant in November 2015, pledging the support of Leicester's Hospitals to the armed forces. Considerable progress had been made, and UHL had achieved a 'Gold Award' in the 2018 Defence Employer Recognition Scheme.

Although significant efforts were already in hand, Col (Ret'd) I Crowe Non-Executive Director also outlined his plans to meet with the Deputy Director of Learning and OD to discuss training aspects, and noted more long-term plans to explore a future, more intuitive patient administration IT system to flag when patients were Armed Forces veterans (in light of potential related discharge/treatment needs). PPPC thanked Col (Ret'd) I Crowe for his commitment and work on the Armed Forces Covenant, and he in turn voiced his appreciation for the support he had received from HR colleagues.

PPPC supported the work of the Armed Forces Covenant and agreed to highlight this issue to the Trust Board.

**PPPC  
CHAIR**

**Resolved – that the Trust's work on the Armed Forces Covenant be highlighted and commended to the Trust Board.**

**PPPC  
CHAIR**

34/19/5 UHL Annual Operational Plan (AOP) – Workforce Plan

The Workforce Development Manager provided a verbal update on this issue, noting that the AOP itself was being discussed in the joint session with QOC members. The workforce plan this year was focusing on supply (including retention, as a key element of supply) rather than demand, which was welcomed by PPPC. The PPPC Non-Executive Director Chair noted the need to understand UHL's workforce competitors in order to be able to attract candidates to come to the Trust. PPPC also discussed changing workforce requirements, and reiterated the importance of the 'team around the patient' initiative. PPPC received a brief update on the position re: Nursing Associates and Physician Associates, and welcomed the very positive work being done on nurse training through the recently-opened centre at UHL.

**Resolved – that the position be noted.**

**35/19 ITEMS FOR NOTING**

35/19/1 Workforce and Organisational Development Set

The slide deck accompanying this report to the Committee captured key workforce datasets for February 2019. Non-Executive Directors queried the position re: sickness absence, and were advised that Facilities staff would be migrating on to the SMART absence management system used by the rest of UHL (date for that migration to be confirmed outside the meeting). Non-Executive Directors also sought (and received) assurance that appropriate sickness absence management action was taken where required, and that where plans were in place the level of sickness absence would be expected to reduce. PPPC noted that UHL performed well regionally in respect of sickness absence levels.

**DDHR**

**Resolved – that the timescale for the SMART absence management system to be expanded to cover Estates and Facilities staff, be confirmed outside the meeting.**

**DDHR**

35/19/2 Executive Performance Board (EPB)

**Resolved – that the 26 February 2019 EPB action notes be received and noted.**

35/19/3 Executive Workforce Board (EWB)

**Resolved – that the 16 April 2019 EWB action notes be presented to the PPPC once available.**

**CCSO**

**36/19 ANY OTHER BUSINESS**

**Resolved – that there were no additional items of business.**

**37/19 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD**

**Resolved** – that the following issues be highlighted to the 4 April 2019 Trust Board:-

- (1) UHL gender pay gap report 2018-19 (recommended item at Minute 27/19);
- (2) Junior doctors' contract Guardian of Safe Working quarterly report December 2018 – February 2019 (recommended item at Minute 28/19), and
- (3) progress on the Armed Forces Covenant (Minute 34/19/4).

PPPC  
CHAIR

**38/19 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**

**39/19 ITEMS FOR ASSURANCE**

**39/19/1 Annual Operational Plan 2019-20 – Final Draft**

Joint paper 1 comprised the latest iteration of the Trust's AOP for 2019-20, reflecting feedback from NHS England/NHS Improvement (no material changes). The AOP had also been discussed at UHL's March 2019 Executive Performance Board and Finance and Investment Committee. The updated version of the LLR system-level plan was not yet available. In discussion on the draft UHL AOP 2019-20, PPPC and QOC noted comments from the QOC Patient Partner re: reliance on primary and social care partners in reducing longstay patients in hospital; a perceived lack of detail on either the role of Patient Partners or wider patient and public involvement in the document (in response, it was advised that the format of the AOP was predicated by NHS England/NHS Improvement), and a query on the meaning of 'superstranded' and 'stranded' patients. These terms were now explained, but the Trust Chairman echoed the need to avoid jargon – in response, it was confirmed that a user-friendly patient/public version of the plan was required to be developed, for publication in July 2019.

In response to comments from Non-Executive Directors, it was acknowledged that the AOP did not include a longer-term (eg 5-10 years) view, although that would be referenced in the system plan. the Chief Financial Officer noted that 2019-20 was a transitional year, and he advised that work on the 2021 plan would begin in Autumn 2019 and would be on a more system-wide basis.

PPPC noted that the finalised version of the UHL AOP 2019-20 would be presented to the April 2019 Trust Board for approval.

**Resolved** – that the latest iteration of the UHL Annual Operational Plan 2019-20 be noted.

**39/19/2 Quality and Performance Report - Month 11**

Joint paper 2 detailed performance against quality and performance indicators as at Month 11 (period ending 28 February 2019), using a new, more visual format (eg greater use of SPC charts). The Medical Director noted a significant improvement in VTE assessment performance, linked to the new medchart system (a VTE risk assessment module would be added to NerveCentre for use at the LGH site). Stroke performance was variable, but previously-reported service changes were about to embed and stabilisation was expected to occur. The Chief Nurse drew attention to an improvement on falls performance, and to a deterioration in Hospital Acquired Pressure Ulcers (grade 2) which were now flagging as red; no particular trends had been identified on that indicator. The Chief Nurse also expected that the 1 MRSA case in February 2019 would be classed as a 3rd party attributed case.

Detailed discussion took place on the deterioration of the cleaning metrics, as also discussed at the March 2019 EPB and Infection Prevention and Assurance Committee (IPAC) meetings and now highlighted to QOC and PPPC by the Medical Director. Although confident that an Estates plan was in place, the Chief Nurse noted the need for appropriate interim measures to address any immediate issues. The Head of Business, Commercial and Contracts outlined the planned cleaning audits, and described that a further 6-week schedule of assessment and analysis was being undertaken to determine where additional cleaning was needed. He also commented on the staffing constraints currently in place. Non-Executive Directors voiced concern over the deterioration in the cleaning metrics, and it was agreed that a formal assurance report was needed at the next joint PPPC/QOC session on this issue, covering:-

DEF

- (1) what constraints had been in place contributing to the current standard of cleaning performance;
- (2) what are the baseline cleaning requirements for both clinical and access areas;
- (3) what interim/short-term remedial actions were proposed/in place, and
- (4) the timeline, milestones and KPIs for any longer-term plan.

The PPPC Non-Executive Director Chair sought assurance that the measures planned would achieve the necessary cleaning standards in a timely manner. The Head of Business, Commercial and Contracts confirmed that national cleaning standards were currently met, and the Chief Nurse noted her understanding that cleaning issues related more to corridors/stairwells & access areas than to clinical areas; she also advised that Infection Prevention outcomes had not worsened. It was recognised that differing national cleaning standards applied to areas depending on their risk classification. However it was reported that Place Reviews had deteriorated in certain areas reflecting the actual position.

The PPPC Non-Executive Director Chair reiterated his concern over the reduction in cleaning standards attained and how/by whom these were audited. He also queried the position in respect of potential increases to wte establishment/hours worked in the new financial year as the resource provision was recovered. In response to comments, the Head of Business, Commercial and Contracts clarified that the cleaning audits were not performed solely by cleaning staff but were done jointly with senior nursing staff in each area. The Medical Director also commented that the current issues had been flagged through that audit process. PPPC was thus assured that cleaning audits were appropriately independent and achieving their purpose, however an appropriate response to ensure corrective action did not appear to be consistently applied which was a concern.

COO

In further discussion on the month 11 quality and performance report, Non-Executive Directors sought (and received) assurance that there was appropriate visibility on patients who experienced multiple hospital cancellations. It was also agreed that future iterations of the report would include figures for patient cancellations. Noting concerns voiced re: outpatient clinics, the QOC Non-Executive Director Chair suggested (and this was agreed) that the existing outpatient transformation dashboard be amended to include detail on (i) outpatient appointment cancellations and (ii) outpatient clinic waiting times. The QOC Patient Partner advised that cancelled operations were a key concern for the public and patients and this was recognised by PPPC/QOC.

COO

**Resolved – that (A) a further assurance report on cleaning performance be provided to the April 2019 joint PPPC/QOC session, covering the issues set out in (1) – (4) above;**

DEF

**(B) with regard to cancelled operations, figures for patient cancellations be included in future iterations of quality and performance report, and**

COO

**(C) the existing outpatient transformation dashboard be amended to include detail on:-**

COO

- (i) outpatient appointment cancellations, and
- (ii) outpatient clinic waiting times.

39/19/3 Cancer Performance – Month 10

The Director of Operational Improvement highlighted a difficult month re: cancer performance, noting that (as predicted) 2 of the 9 standards had been achieved in January 2019. Although the 62-day cancer target remained the most challenging indicator for UHL, PPPC/QOC also noted the impact of a significant (13.4%) increase in 2-week wait referrals compared to January 2018. Late tertiary referrals were also being targeted. Performance against the cancer standards was expected to improve in February 2019, and PPPC/QOC noted that an intensive internal support team was now in place in Urology. In response to a query from the PPPC Non-Executive Director Chair, the Director of Operational Improvement confirmed her confidence that all cancer standards would be met by the end of 2019-20. In response to Non-Executive Director queries, she also outlined the reduced staffing vacancies in oncology, and noted plans to develop an appropriate business case to rebalance staffing across the tumour sites. Further discussion also took place on the potential scope for charitable fundraising for an additional robot for the Urology department in Leicester, as Derby had been very successful in a similar project.

**Resolved – that the position be noted.**

40/19 **ITEMS FOR NOTING**

40/19/1 CMG Performance Review Slides: February 2019

**Resolved** – that the position be noted for information.

The meeting closed at 2.30pm.

Helen Stokes - Corporate and Committee Services Manager

**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>	12	11	92	<i>K Jenkins (from December 2018)</i>	4	4	100
<i>J Adler</i>	12	8	67	<i>B Kotecha / J Tyler-Fantom (Apr 18 – 31 July 2018)</i>	4	4	100
<i>V Bailey</i>	12	11	92	<i>E Meldrum (Apr 18 – Sept 18)</i>	6	4	67
<i>P Baker</i>	12	7	58	<i>R Moore (up to end of November 2018)</i>	8	2	25
<i>R Brown (from June 2018)</i>	10	9	90	<i>B Patel</i>	12	11	92
<i>I Crowe</i>	12	12	100	<i>K Singh (ex-officio)</i>	12	10	83
<i>E Doyle (until May 2018)</i>	2	2	100	<i>M Traynor</i>	12	12	100
<i>C Fox</i>	6	6	100	<i>P Traynor</i>	12	10	83
<i>A Furlong</i>	12	9	75	<i>H Wyton (August 2018+)</i>	8	7	88

*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>	12	8	67	<i>W Monaghan (until December 2018)</i>	9	8	88
<i>J Clarke/ A Carruthers</i>	12	4 *	33	<i>C Ribbins</i>	8	4	50
<i>S Leak</i>	12	10	83	<i>B Shaw</i>	12	7	58
<i>D Mitchell</i>	9	6	67	<i>S Tate (Apr – Oct 2018)</i>	7	7	100

\* for IT items only