University Hospitals of Leicester NHS
NHS Trust

Cover report to the Trust Board meeting to be held on 1 April 2021

	Trust Board paper F3
Report Title:	**People, Process and Performance Committee (PPPC) – Committee Chair's Report**
Author:	Alison Moss – Corporate and Committee Services Officer

Reporting Committee:	**People, Process and Performance Committee (PPPC)**
Chaired by:	Col (Ret'd) Ian Crowe – PPPC Chair and Non-Executive Director
Lead Executive Director(s):	Debra Mitchell – Acting Chief Operating Officer Hazel Wyton – Chief People Officer Andy Carruthers – Chief Information Officer
Date of last meeting:	25 March 2021

Summary of key public matters considered:

This report provides a summary of the following key public issues considered at the People, Process and Performance Committee virtual meeting held on 25 March 2021: - *(involving Col (Ret'd) I Crowe, PPPC Chair and Non-Executive Director, Mr B Patel, PPPC Deputy Chair and Non-Executive Director, Ms V Bailey, Non-Executive Director, Ms K Gillatt, PPPC Associate Non-Executive Director, Ms H Wyton, Chief People Officer, Ms D Mitchell, Acting Chief Operating Officer and Mr A Carruthers, Chief Information Officer. Ms J Scott, Hospital Inspector, CQC, was in attendance as an observer. Mr B Collins, EPRR Manager, was in in attendance for the discussion on the Emergency Preparedness Resilience and Response Update and the impact of UK negotiations with the EU on UHL.*

- **Minutes and Matters Arising** - the summary and Minutes of the previous PPPC meeting held on 25 February 2021 were accepted as accurate records and the PPPC Matters Arising Log was received and noted. New actions as arising from the discussion would feature in the next iteration of the PPPC Matters Arising Log to be presented at next month's PPPC meeting.

- **Quality and Performance Report – Month 11**
- **Performance briefing**

  The PPPC, Non-Executive Director Chair, asked for the reports (papers C&D) to be considered together. The Quality and Performance Report, Month 11, provided a high-level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary where appropriate. The exception reports were triggered automatically when identified thresholds had been met. The exception reports contained the full detail of recovery actions and trajectories where applicable. The Performance Briefing provided assurances and noted actions taken with respect to planning 2021/22; COVID-19; elective inpatient and day case surgery; theatre utilisation; diagnostics; cancer; outpatients; emergency care; and long length of stay ambition.

  The Acting Chief Operating Officer highlighted the improvement in performance against specific standards. There had been no '12-hour trolley wait' breaches; fractured neck of femurs operated between 0-35hrs was above target at 73%; Venous thromboembolism (VTE) compliance was at 98.6% in February 2021 and cancer two week wait performance was 93.2% in January 2021 against a target of 93%.

  There remained challenges for the Emergency Department. The performance for the 'four-hour waits' was at 68.7% for February 2021 and the LLR System performance (which included the Urgent Care Centres) was at 77.8%. The number of attendances at the Emergency Department was starting to increase. There were challenges in separating out COVID-19 and non-COVID-19 patients and ensuring social distancing. However, the Acting Chief Operating Officer noted that performance had improved on that of the previous year. A report on Urgent and Emergency Care would be presented to the next PPPC

meeting.

With respect of the cancer performance there was concern about the backlog created as a result of the COVID-19 pandemic. When the Trust had resumed elective activity in Autumn 2020 good progress had been made in reducing the backlog. However, the second wave of the pandemic saw increased numbers of patients and was longer in duration. The current focus was on restoring activity and treating priority 1 and priority 2 patients.

The Acting Chief Operating Officer noted the performance for diagnostic services was 39.3% against a target of 1%. There was a backlog of cases and a report on the restoration of services would be made to PPPC in April or May 2021.

It was noted that the performance for Transient Ischaemic Attack (TIA) (high risk patients) was below target at 53.8% as reported in February 2021. It was noted that a high number of patients had presented in February 2021 and because of the snow, some patients had delayed their appointment.

It was noted that there had been a national pause in planning for 2021/22 in light of the operational pressures caused by the pandemic. Planning guidance and confirmation of the budget for Q1&2 of 2021/22 was awaited. However, it had been considered important for UHL to continue with its planning processes to address the savings target, restoration and recovery and reconfiguration. The second iteration of UHL's activity plan for 2021/22 had been drafted along with workforce, finance and cost improvement programme.

With respect to COVID-19, the Acting Chief Operating Officer reported that the number of inpatients continued to fall. At the peak the number was 499 (in January) and by the end of February 2021 this was 244. The number of inpatients on the day of the PPPC was 88. ITU had only just dropped to below 100% of occupancy. It was noted that the occupancy of ITU was key to the restoration and recovery of elective activity.

The Acting Chief Operating Officer offered to circulate the 6–8-week plan for restoration and recovery. The plan had been initiated when the occupancy of ITU fell below 100% and allowed two weeks respite for ITU before increasing elective activity. The two weeks would enable staff to have study days and access peer support and health and wellbeing services. The target was to increase theatre lists to 50% by 29 March: 75% by 9 April and to be at 100% by 10 May 2021.

The focus for April and May 2021 would be on cancer patients and priority 1 and priority 2 patients. A further report on theatre working would be made to a future PPPC meeting.

The Acting Chief Operating Officer expressed concern about the number of patients waiting over 52 weeks; in February 2021 the number had reached 11,000 and was likely to increase in the next quarter. By focussing on the urgent cases, it was unlikely the number of patients waiting a long time for routine treatment would reduce in the next couple of months. It was noted that patients on the waiting list were being clinically reviewed as per the national process. The independent sector was being used where possible to treat UHL patients.

Ms V Bailey, Non-Executive Director, PPPC, asked about Urology which was a speciality that was challenged prior to COVID-19 and wondered what support could be provided by other hospitals. The Acting Chief Operating Officer noted that all were in the same position with respect to backlogs. NHS England was looking to even out the demand across the region. Work was in hand to review the categorisation of Urology patients to ensure consistency with other Units. In addition to using the Alliance and independent sector, patients were being referred to the regional cancer hub.

Mr B Patel, Non-Executive Director, PPPC, noted the increased attendance at the Emergency Department and wondered whether the Urgent Care Centres, which had not seen the same increase, could see more patients. He suggested a review of the NHS 111 referral process. The Acting Chief Operating Officer noted that an internal audit was being undertaken in the Emergency Department to see

if patients could be treated in other settings. The issues were being addressed within the LLR action plan with health economy partners. The Acting Chief Operating Officer noted that the East Midlands Ambulance Service had a good non-conveyance rate and was exploring different pathways with some patients going direct to speciality departments rather than the Emergency Department.

The Acting Chief Operating Officer reported that work was underway, led by the Infection Prevention Team, with each Clinical Management Group to reassess the risk for COVID-19. Whilst patients would still be segregated, PPE used and social distancing in place, there was a need to consider the risks of potential patient harm of reduced capacity against the risks for COVID-19.

The PPPC, Non-Executive Director, Chair thanked the Acting Chief Operating Officer for her report and requested a further report, in the form of a dashboard, for restoration and recovery. He felt it was important for PPPC to understand what the target was and how the Trust was performing. The Acting Chief Operating Officer agreed to do so and to discuss the format and timing with the PPPC Non-Executive Director, Chair outside the meeting. She noted that for some elements, such as the '52-week wait', the Trust needed to know the planning assumptions and budget for 2021/22.

The PPPC Non-Executive Director, Chair, noting that a further report on Urgent and Emergency Care would be made the following month, asked that the Trust continued to measure performance against the existing targets whilst shadowing the new standards. He said that it would help the PPPC to benchmark performance. The Acting Chief Operating Officer agreed and considered it important to run the systems in parallel for a period of time to allow for comparison.

The PPPC Non-Executive Director, Chair, thanked the Acting Chief Operating Officer for her work in managing the latest wave of the pandemic and asked that all operational managers were also thanked. He also specially asked for the managers involved in the establishment and operation of the Hospital Vaccination Hubs received the thanks of PPPC.

The content of the reports were received and noted.

- **Internal Audit Review on Waiting List Management**

The Acting Chief Operating Officer presented the Internal Auditor's report on its review of waiting list management (paper E refers). The Acting Chief Operating Officer reported that UHL had commissioned the report to check consistency of waiting list management across the Trust during restoration and recovery. Whilst the report had identified areas of good practice, there were also areas that required action. The Internal Audit final report was received in January 2021 and presented to PPPC in February 2021. The report had identified three key issues: i) inconsistent approach to the governance around waiting lists and lack of evidence of the process, ii) evidence of clinical review of long waiting patients; iii) triangulation of waiting lists with patient safety and complaints data. The action plan to address the recommendations was presented to PPPC to note.

The Acting Chief Operating Officer noted that a revised Referral to Treatment policy had been agreed by the Policy and Guidelines Committee and this would address issues relating to governance and lack of evidence of processes undertaken. Work had commenced on triangulating waiting lists with patient safety and complaints data. Feedback would be provided by the Clinical Management Groups. It was noted that as waiting lists grew the process for clinical review would become more important in ensuring patient safety and this was a challenge for all NHS Trusts.

Mr B Patel, Non-Executive Director, PPPC, referring to the triangulation of data wondered whether there were other metrics that could be useful. For example, assessing the number of patients on the waiting list who presented at the Emergency Department or their GP. The Acting Chief Operating Officer agreed to consider how this could be achieved and noted that there was a process for GPs to escalate referrals when they were aware of patients having deteriorated. Ms V Bailey, Non-Executive Director, PPPC, requested further reports to monitor progress and to ensure that the processes were embedded. It was agreed to report to PPPC in May 2021 and thereafter bi-monthly.

The PPPC, Non-Executive Director, Chair expressed his thanks to the operational leads for their work on waiting list management. He also undertook to write to the Acting Chief Operating Officer regarding waiting list management best practice. The content of the report was received and noted.

- **IM&T Briefing**

The Chief Information Officer presented a slide deck which highlighted the progress made with respect of the following key work areas: Electronic Patient Records (EPR); Digital Workplace; Project Portfolio Progress; Infrastructure and IM&T Service Transition.

With respect to the EPR, the Chief Information Officer reported that the eMeds pilot was underway and the full roll-out would be in April 2021. This had been delayed by the operational pressures caused by the pandemic and was now progressing well. The testing and development for electronic ordering was underway. This would replace an existing IT solution but would be fully integrated into the EPR and streamline processes. The planned upgrade to the NerveCentre had taken place the previous night and provided fixes to the prescribing tool and increased functionality. A positive step was the ability to access primary care records through EPR which obviated the need to access separate systems. Planning was underway to ensure paperless processes for the Emergency Department and provide support to clinical teams to implement new ways of working. The key risk to progress was the support needed from clinical teams and the requirement for clinicians to work additional shifts to transition data. A priority for IM&T would be the development of outpatient capacity within EPR; with the increase in virtual out-patients' appointments there was a need to provide appropriate IM&T support.

Ms V Bailey, Non-Executive Director, PPPC, noted that, in light of the Ockenden report and the increased focus on maternity services, it was likely there would be pressure to expedite work on digital maternity services. The Chief Information Officer noted that the plan was to consider requirements for maternity in Spring 2022 and that it would link to the new maternity hospital. It was suggested that the Trust might be mandated to introduce changes sooner rather than later. The Chief Information Officer agreed to report back in April or May 2021 following a meeting with the Women's and Children's Clinical Management Group.

With respect to the Digital Workplace, the Chief Information Officer reported on the initiatives to migrate emails to a new platform and access UHL systems from staff members' own personal devices. This would enable agile working.

The Chief Information Officer gave an overview of progress on the Project Portfolio including the project to enable bookings made by NHS 111 to be visible to clinical staff in the Emergency Department. There were several upgrades to existing systems planned and support required for the move of the East Midlands Congenital Heart Centre.

The Chief Information Officer presented highlighting key aspects of the Infrastructure Programme and IM&T Service Transition. Two of the key improvements would be the ease of reporting faulty equipment and the proactive support from IM&T in making regular visits to departments.

Mr B Patel, Non-Executive Director, PPPC, welcomed the planned upgrade for phase 2 Wi-Fi and noted there were many areas at Glenfield Hospital where it was not possible to get a signal. The Chief Information Officer reported that Glenfield Hospital had a particular issue. The signal in the area was poor and in addition the building construction, with its steel frame, created a barrier. Work would be undertaken, with BT and EE, to boost the mobile signal and upgrade Wi-Fi from 3G to 4G. PPPC noted how important it was, when visitors were not permitted, for patients to make calls and video-call their relatives and friends. It was noted that the increased bandwidth whilst benefiting the patient experience and enabling them to access television channels had to be balanced against clinical need and for the staff to access clinical systems without hindrance.

The PPPC, Non-Executive Director, Chair asked the Chief Information Officer to review the presentation of the work on the IM&T Service Transition for future PPPC meetings. The content of the presentation was received and noted.

- **Workforce Briefing – Response to COVID-19**

The Chief People Officer presented the monthly workforce briefing which reflected People Services activity. The slide deck presented each work stream noting its aim and the progress since the last

meeting (changes were denoted in red text). Key learning and next steps were identified for each work stream.

The Chief People Officer highlighted key activities including restoration and recovery of services, planning for 2021/22 and ensuring that activity reverted to business as usual. There was continued focus on health and wellbeing services and equality, diversity, and inclusion, and the Workforce Pay and Efficiency Programme. With respect to the latter, it was noted that the Financial Recovery Board had revised the saving target from £15m to £13.7m for 2021/22 (in light of the budget setting rules, which changed the figures).

The Chief People Officer reported on progress in recruiting a significant number of healthcare support workers. It was noted that many recruits would be new to health care and needed support and training. However, the recruitment and planning were going well.

A workforce sharing agreement had facilitated 89 staff being shared across LLR health care providers during the pandemic.

The Mental Health Well-Being Hub had been launched and funding for the next financial year confirmed. It was noted staff were using the service which provided clinical, employee and managerial support.

The Vaccination Programme was progressing well; there was considerable work being undertaken to manage the appointments given the periods where supplies were limited. Work was being undertaken with the Clinical Commissioning Groups to look at health inequalities and in particular issues around vaccination confidence and hesitancy. The Chief People Officer reported that 75% of all UHL staff including Bank staff, honorary contracts, etc.. The percentage was 83% for substantive UHL staff vaccinated. As the rates had slowed there was a need to tackle vaccine hesitancy. Many second doses were now being administered.

There had been support for staff who were shielding including those staff recently advised to do so when the criteria were revised. Staff who had been shielding were due to return on 1 April 2021 and support was available to help staff return to the workplace.

The majority of junior doctors had been repatriated to their normal work area with a few junior doctors still redeployed in ITAPS (Critical Care, Theatres, Anaesthetics, Pain and Sleep) Medicine and Respiratory Care.

The Chief People Officer reported that a report on staff side relations would be presented to the Trust Board in May 2021 (and not April 2021 as stated in the matter arising log).

The previous PPPC meeting had received a report on Workforce Pay and Efficiency Programme. The Chief People Officer reported that the Financial Recovery Board had approved the bid for resources to oversee the Workforce Pay and Efficiency Programme. There would be a number of fixed term contracts to front load the work and transfer data. Work had commenced on the Programme, with a particular emphasis on the Estate and Facilities Directorate.

The temporary staffing function was to move to the People Services Directorate in April 2021 and there would be work undertaken to improve processes and move away from paper systems.

It was reported that the Financial Recovery Board had agreed that all staff would have a corporate objective relating to finance which would be included as part of the appraisal process.

The LLR People Board had met the preceding week and considered workforce planning for 2021/22, health inequalities, equality, diversity and inclusion and health and well-being. The Chief People Officer noted the need to revisit the ambitions of the plan agreed pre COVID-19 and review from a new perspective.

Ms V Bailey, Non-Executive Director, PPPC, noted the difficulty in supporting staff with their health and wellbeing at the same time as implementing the Workforce Pay and Efficiency Programme as some staff would see a reduction in pay as a result. The Chief People Officer acknowledged the point and thought that communication was critical. Meetings were being held with Clinical Management Groups to review

staff pay and staff were aware of the planned cessation of overtime. There was a need to encourage staff to register for the Bank to enable them to work additional shifts through the Bank rather than overtime.

Mr B Patel, Non-Executive Director, PPPC, commenting on the focus on health inequalities, considered that it should not focus exclusively on ethnicity but also consider disability noting the impact of COVID-19 for those with underlying health conditions and the impact of Long COVID.

The PPPC Non-Executive Director, Chair, thanked the Chief People Officer and remarked on the continuing hard work of Workforce staff.

The contents of the report were received and noted.

- **Junior Doctors Guardian of Safe Working Report**
  The Chief People Officer presented the quarterly report of the Guardian of Safe Working which was required by the 2016 Junior Doctors Contract. The report updated PPPC on the management of exception reporting; work pattern penalties; data on junior doctor rota gaps; details of unresolved serious issues which had been escalated by the Guardian.

  All junior doctors (including Trust Grade Doctors) were encouraged to raise exception reports if they had concerns with their work patterns and/or education. From December 2020 to February 2021, 72 exception reports had been recorded, 70 of which related to hours, working pattern and service support. This was significantly lower than normal which reflected the response to the COVID-19 pandemic. There were two exception reports relating to education during this period.

  The PPPC, Non-Executive Director, Chair asked whether the five immediate safety concerns had been resolved. He asked that, for future reports, more detail was provided to assure the issues had been addressed. The Chief People Officer agreed and reported that of the five concerns, three had been assessed and not considered safety concerns. The remaining two issues had been resolved. The Chief People Officer gave an example of a safety concern to provide some of the detail behind the type of concerns raised.

  The Chief People Officer noted that the results of the staff survey would be presented to PPPC in April 2021. The PPPC, Non-Executive Director, Chair asked that a full narrative be provided with the results.

  The contents of the Junior Doctors Guardian of Safe Working Report were noted and would be referred to the Trust Board for information.

- **Emergency Preparedness, Resilience and Response (EPRR) update**
  Mr B Collins, EPRR Manager, attended to present the report on UHL's Emergency Preparedness, Resilience and Response (paper I refers). This updated PPPC on the work undertaken via the COVID-19 Incident Co-ordination Centre and the EPRR work programme.

  The Trust's Emergency Planning Team had supported the Incident Co-ordination Centre for COVID-19 which had operated 12 hours a day seven days a week. It had administered key letters and directives from national and regional teams, co-ordinated the assurance returns; daily Situation Reports (SitReps), submitted data on COVID-19 deaths, responded to Freedom of Information requests, supported the development of Standard Operating Procedures and an escalation framework.

  The operational pressures created by the COVID-19 pandemic meant that the target dates for planned work had been delayed. During the last quarter progress had been made with respect to the EPPR work programme. This included the update of the Bomb Threat, Suspect Package and Lockdown Plan, implementation of the severe weather plan in January 2021 and continued work of the Relatives' Reception Centre Plan. The report highlighted the key projects and timelines to achieve compliance against NHS core standards. It was anticipated that the Trust would be required to complete the self-assessment for the EPRR standards in the summer of 2021.

  Ms V Bailey, Non-Executive Director, PPPC, asked whether there would be a report on lessons learned from the COVID-19 pandemic. Mr B Collins confirmed that was the case and noted that it would be driven nationally, and guidance was awaited. The PPPC, Non-Executive Director Chair, suggested that

the work be started sooner rather than later whilst the experience was contemporary.

The PPPC expressed its appreciation for the work undertaken by the Emergency Planning Team, and the Acting Chief Operating Officer commended the consistent and thorough approach. She noted that a report had previously recorded lessons learned and it was important to consider whether those lessons had translated into practice during the second wave of the pandemic.

The contents of the report were received and noted.

- **Impact of UK Negotiations with the EU on UHL**
  Mr B Collins, EPPR Manager, attended to present the report on the impact of UK negotiations with the EU on UHL (paper J refers). It was reported that the Trust had prepared for a range of scenarios over the past two years in preparation for a no-deal EU Exit. This work had been led by the EU Exit Planning Group which focussed on a reasonable worst-case scenario of there being no agreed deal. To date, the Trust had encountered only minor impacts arising from EU Exit and these had been quickly resolved. The potential for further impacts over the coming months and years was noted. However, the EU Exit Planning Group had ensured robust contingency plans were in place to minimise any impacts.

  Ms V Bailey, Non-Executive Director, PPPC, noted that there had been problems with the supply of medicines prior to the UK's exit from the EU and there was a need to be proportionate in assessing the impact of the UK's departure from the EU. Mr B Collins agreed and noted that it was hard to attribute the reasons for supply problems. It was agreed to report back to PPPC on an exceptional basis.

  The following reports were noted: -

  - **Workforce and OD Data Set**
    The Chief People Officer highlighted the staff sickness rates. The report noted the sickness rate of 8.65% for January 2021. The Chief People Officer reported that this had fallen below 8% in February 2021. The sickness rate for COVID-19 was now under 3%.

  - **BAF Principal Risk – PR5**

  - **Army Deployment – Lessons Learnt**
    The Acting Chief Operating Officer commended the support provided from the army during the pandemic. She considered that those deployed had worked hard and were very professional.

  - **Executive Finance and Performance Board (EFPB) action notes** from the meeting held on 23 February 2021.

- **Any Other Business: -**

  Vacancies and Financial Forecasting
  Ms K Gillatt, Associate Non-Executive Director, PPPC, referring to the discussion earlier in the day at the Finance and Investment Committee, asked about staff recruitment. Noting that there was a need to improve financial forecasting for staff costs she asked about the process to monitor time taken to recruit. The Chief People Officer noted that the considerable work had been undertaken to improve forecasting and that reporting on vacancies was quite complex. There had been a lack of systems and data sharing. There were issues relating to the availability of staff as well as internal processes. It was agreed to take the discussion outside of the meeting.

  CQC Attendance
  Ms J Scott, CQC, thanked PPPC for the opportunity to observe proceedings which she found helpful.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval: -

- Junior Doctors Guardian of Safe Working Report

Items highlighted to the Trust Board for information:

The following issues were highlighted to Board members ***for information only***: - • Junior Doctors Guardian of Safe Working Report (as required by the Junior Doctors' contract 2016) • Army Deployment – Lessons Learned (to commend the hard work and professionalism of the British Army personnel deployed) • Impact of UK Negotiations with the EU on UHL (to note the considerable work undertaken over a three-year period to plan for the UK's exit from the EU and that only minor issues had transpired. Future reporting would only take place on an exceptional basis on this subject)	
Matters referred to other Committees:	
None.	
Date of Next Virtual PPPC Meeting:	Thursday 29 April 2021 at 11.30am via MS Teams