

Trust Board paper H2

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

DATE OF TRUST BOARD MEETING: 1 April 2021

COMMITTEE: People, Process And Performance Committee (PPPC)

CHAIR: Col (Ret'd) I Crowe - PPPC Non-Executive Director Chair

DATE OF COMMITTEE MEETING: 25 February 2021

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

- Freedom to Speak Up Quarterly Report
- Bi Annual Report on Nursing and Midwifery Establishment

OTHER KEY ISSUES IDENTIFIED BY THE COMMITTEE FOR THE INFORMATION OF THE TRUST BOARD:

- Quality and Performance M10
- Mental Health and Wellbeing Hub

DATE OF NEXT COMMITTEE MEETING: 25 March 2021

Col (Ret'd) I Crowe - PPPC Non-Executive Director Chair

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE (PPPC)
MEETING HELD ON THURSDAY 25 FEBRUARY 2021 AT 11.30AM, VIRTUAL MEETING VIA
MICROSOFT TEAMS

Present:

Col (Ret'd) I Crowe - PPPC Non-Executive Director Chair
Mr B Patel - Non-Executive Director (in the Chair)
Ms V Bailey - Non-Executive Director
Mr A Carruthers - Chief Information Officer
Ms D Mitchell - Acting Chief Operating Officer
Ms H Wyton – Chief People Officer

In Attendance:

Ms F Lennon - Deputy Chief Operating Officer
Ms A Moss - Corporate and Committee Services Officer
Ms C Rudkin - Head of Patient Safety was in attendance (for Minute 10/21);
Ms E Medrum - Deputy Chief Nurse (for Minutes 11/21 and 16/21/8)
Ms B Kotecha - Associate Director of Systems Leadership and OD (for Minute 16/21/7)
Ms K Boyle - Clinical Lead for Health and Wellbeing (for Minute 16/21/7)

RECOMMENDED ITEMS

10/21 **Freedom to Speak up Report Quarter 3 2020/21**

Ms C Rudkin, Head of Patient Safety, presented paper J which provided the 2020/21 Quarter 3 report on activity relating to the various mechanisms for staff to express concerns.

It was noted that the number of concerns were on the high side due to COVID-19. A total of 47 concerns had been expressed to the Freedom to Speak Up Guardian in Quarter 3. The Freedom to Speak Up Guardian had delivered team building sessions for the staff and undertaken some work to support staff who felt isolated whilst shielding. The Freedom to Speak Up policy had been revised and subject to consultation. The National Guardians' Office had produced a three-tier e-learning module for all staff to complete. It was noted that many concerns related to how staff were redeployed during the pandemic and consideration was being given to a redeployment charter. In concluding her presentation, the Head of Patient Safety noted the themes of the concerns expressed were: anxieties around COVID-19 information and social distancing; increased number of bullying and harassment cases; staffing shortages; behaviours and culture; and staff mental wellbeing.

The Acting Chief Operating Officer reflected on the difficulties in addressing anonymous complaints. The Chief People Officer agreed and noted that the fact that staff felt unable to disclose further details reflected a poor culture. There was a need to change the culture and the People Plan included a work stream for compassionate leadership; part of which was the active bystander project to support staff challenge poor behaviours. The Chief People Officer observed that staff had been under considerable strain through the pandemic and that could lead to staff exhibiting poor behaviours.

Mr B Patel, Non-Executive Director, PPPC, noted that 'the 'Your Voice' tool for BAME colleagues had not been used to any great extent. It was agreed that further promotion was needed.

Recommended – that the Freedom To Speak Up Quarter 3 2020/21 report be endorsed, and recommended for approval by the Trust Board.

**PPPC
Chair**

11/21 **Biannual Report: Nursing and Midwifery Establishment**

Ms E Meldrum, Deputy, Chief Nurse, presented the report which provided an update on the UHL Nurse Establishment Review undertaken in September 2020. Nurse establishment reviews were undertaken twice a year and reported to Board in order to comply with the National Institute for

Clinical Excellence (NICE) safe staffing and National Quality Board (NQB) standards. The establishment review had not highlighted any significant concerns or gaps in nursing establishments by band; numbers of staff per shift, per band; skill mix ratios per shift (day and night) and nurse to patient ratios (day and night).

It was noted the COVID-19 pandemic had resulted in a very difficult 12 months for staffing. The expansion in the number of beds and increased capacity in critical care had diluted the registered nursing skill mix in adult wards and in critical care. Staff sickness absence had increased and there had been a reliance on temporary staff. This was being managed daily by the senior nursing team.

The establishment review had identified an issue relating to the establishment of 20 midwifery posts. The PPPC sought assurance that the funding had been consolidated into the base budget and requested a verbal update at the Trust Board. [Post Meeting Note: The Deputy Chief Nurse confirmed that this matter had been resolved].

The PPPC Non-Executive Chair suggested that it would be useful to reference other feedback mechanisms within the report, for example, staff and safety concerns and patient complaints. The Deputy Chief Nurse noted that the data was triangulated in the Safety Report submitted bi-monthly to the Quality and Outcomes Committee. She agreed it was important to consider the staff experience as, anticipating a degree of attrition following the pandemic, it could impact on the establishment review.

Recommended – that the Biannual Report: Nursing and Midwifery Establishment be endorsed, and recommended for approval by the Trust Board. **PPPC Chair**

RESOLVED ITEMS

12/21 APOLOGIES

An apology for absence was received from Ms K Gillatt, PPPC Associate Non-Executive Director.

Resolved – that this apology for absence be noted.

13/21 DECLARATIONS OF INTERESTS

Resolved – that it be noted that no declarations of interest were made at this meeting of the PPPC.

14/21 MINUTES & SUMMARIES

Resolved – that the Minutes and Summary of the 28 January 2021 PPPC Meeting (papers A1 and A2 inclusive) be confirmed as a correct record.

15/21 MATTERS ARISING

Paper B detailed progress against agreed actions from previous meetings of PPPC, the contents of which were received and noted.

Resolved – that the discussion on the matters arising log and any associated actions be noted and the PPPC Matters Arising log be updated accordingly.

CCSO

16/21 KEY ISSUES FOR ASSURANCE

16/21/1 Quality and Performance Report – Month 10 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 10, 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 thought the performance needed to be seen in context of the COVID-19 pandemic. During the second wave the number of inpatients with COVID-19 had peaked at 499 (on 25 January 2021) which was more than twice the number of patients at the peak of the first wave. The first wave had seen a total pause in elective activity which was not the case for the second wave and at the same time the Trust experienced winter pressures. At its peak, ITU was at 189% of capacity. On the day of the meeting, there were 40 COVID-19 patients on ITU and 240 inpatients (which was a higher number than at the peak of the first wave). The Trust had provided mutual aid to London Trusts for intensive care and as a centre for Extracorporeal Membrane Oxygenation (ECMO) had taken patients from out of area.

The pressures created by COVID-19 had impacted and continued to impact on elective activity. A number of lists had been cancelled and staff had been redeployed to support ITU. The ability to treat some Priority 2 patients had been compromised. Cancer performance, which had recovered well after the first wave, had been impacted in January 2021. The number of patients waiting over 52 weeks had increased with 8,424 breaches reported in January. The report included a trajectory for the recovery of diagnostic services which was still under development. Despite the national pause in planning for 2021/22, UHL had continued as it was imperative for the Trust given the challenges ahead with recovery. National Planning Guidance was not yet clear. The target for four-hour wait in for Emergency Department was to change; an alternative approach was being piloted and was under evaluation. The appendix to the report set out the response to the Regulator in respect to operational performance for urgent and emergency care. The response detailed what actions had been taken to improve performance whilst dealing with the complexity for urgent and emergency care during the pandemic. The Acting Chief Operating Officer noted that there was still a lot of work to do however there had been some improvement from the previous year.

**Resolved – that (A) the contents of this report be received and noted, and
(B) a report on Restoration and Recovery of Diagnostic Services be presented to PPPC
(C) a report on Urgent and Emergency Care presented to PPPC.**

**ACOO
ACOO**

16/21/2 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 particularly in relation to recording outcomes of waiting list reviews. The limitations of the patient administration system were noted in this respect. An action plan would be reported to the March meeting of PPPC to address the findings of the Internal Audit Report.

ACOO

**Resolved – that (A) the contents of the report be received and noted, and
(B) to receive a report on the action plan management of waiting lists.**

ACOO

16/21/3 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; Digital Workplace; Project portfolio progress; Infrastructure and IM&T service transitions.

The Chief Information Officer noted that there had been some delay with respect to the Electronic Patient Record as it had been difficult to get clinical engagement in light of the operational pressures. However, work in the background had progressed and the module for electronic prescribing had been upgraded which had a number of new features. It was noted that £2.5m Digital Aspirant funding and £1.4m Health System led Investment had been confirmed. The Chief Information Officer reported that a huge number of requests for new equipment had been received to facilitate staff working remotely. The majority of these would be met and accommodated in the capital plan. Work was progressing on the IM&T infrastructure; a key element of that related to telephony. By moving staff mobile phones onto a 4G contract there would be significant savings and a number of benefits. Investment would be made to 4G signal boosters in April 2021. This would help on those parts of the estate where

reception was poor and support clinicians as referrals were being sent to mobile devices. The programme to refresh equipment was 98% complete. The cyber security protection aspects were being monitored centrally by NHS Digital and the Trust could be seen to be in a strong position relative to peer organisations. There were a few computers, linked to medical devices that needed to be upgraded and in many cases this created problems with software compatibility. The Chief Information Officer concluded the presentation by noting the IM&T service transformation activities were progressing well in line with plans. The PPC Non-Executive Director Chair proposed that the Managed Business Partner attended a Board Development session when they returned to face to face meetings.

The PPC Non-Executive Director Chair and Chief Information Officer agreed to review the presentation of IM&T reports to future meetings.

PPPC
Chair &
CIO

The PPC Non-Executive Director Chair noted that the existing electronic patient administration system had limited functionality for the management of waiting lists. The Chief Information Officer agreed and noted that this depended on the proposals for the NerveCentre. The intention was to create an intuitive system that would streamline processes and remove the need for paper systems and workarounds. It was noted that that progress would be reported to a future report to a future meeting of PPC.

CIO

Resolved – that (A) the contents of the report be received and noted, and (B) to receive a report on the patient administration system at a future meeting.

CIO

16/21/4 Workforce Briefing

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 a number of key activities. Since the time of writing the report the proportion of UHL staff vaccinated had gone up from 77% to over 80% and the programme was going well. The Chief People Officer noted that further work was being undertaken to refine workforce planning and refining financial predictions with closer working during the planning process with finance and the workforce planning team to ensure issues were taken into consideration, for example, lead in time for recruitment. In previous times the planning had not accounted for the difficulties or lead in time for recruitment. Whilst the organization was showing that it was improving its financial position, there was a need to make more accurate plans.

Mr B Patel, Non-Executive Director, PPC, acknowledging the significant work being undertaken by the People's Services Directorate asked if there was sufficient resource to enact the workforce efficiency plan and the People Plan. The Chief People Officer agreed that the demands were high and, in particular, the work stream for Premium Pay and Workforce Efficiency was extremely challenging and the efficiencies would not be achieved without significant investment in resource over the next 6 to 12 months. The temporary staffing function was being moved to the People Service's Directorate and a consultant had been commissioned to review the function and what would be needed to deliver the agenda. This identified the need for additional investment in resourcing to streamline processes and improve the function and achieve efficiencies. The investment would be considered by the Executive Board and final sign off would be at the Financial Recovery Board over the coming weeks. The Chief People Officer noted that the workload and resource pressures were being felt across the organisation.

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

16/21/5 Premium Pay and Workforce Efficiency Update

The Chief People Officer presented paper H, which provided an update on the delivery of the Premium Pay and Workforce Efficiency Workforce Programme which was part of the wider Trust's Cost Improvement Programme (CIP).

The report noted there were numerous different applicable pay rates and a reliance on paper systems. The remit of the Premium Spend and Workforce Efficiency Senior Oversight Group was

twofold, i) to track progress of improvement to processes and, to reduce expenditure and strengthen pay governance, and ii) to provide a first level of approval to any changes to premium associated pay rates accompanied by a robust business case and risk assessment. Final decisions would be made by the Financial Recovery Board.

The Premium Spend and Workforce Efficiency Senior Oversight Group would consider the following themes: rates and local allowances review; process improvement; temporary staffing review; supporting management information; and monitoring and establishments reviews 2021/22. Highlight reports would be presented to PPPC and a template report was presented at Appendix 1 of the report. Principles for premium pay had been agreed by the Financial Recovery Board which would determine allowances and rates. The process for approving local rates was set out at appendix 2. The timetable for reviewing the many rates was set out in the paper and any scheme, which had not been approved by the 30 September 2021, would cease.

With respect to overtime the intention was to reduce overtime and for it to cease altogether by 1 August 2021. Staff were being encouraged to register with the bank for additional shifts. The process for claiming additional hours would go live on 1 August 2021 (excepting Estates and Facilities which required further support to migrate to roster systems). The Chief People Officer noted there was a long lead in time for the plan and detailed, careful engagement and communication would be necessary.

The risks and mitigations for the proposals were set out in the report. It was noted that despite the mitigations there was a residual risk, but the drive was to reduce costs and ensure equity.

The Chief People Officer noted that, whilst she was the Senior Responsible Officer for the work stream, it was down to everyone in the organisation to progress the agenda and reduce costs in the system. She welcomed senior clinical leadership on the Oversight Group.

The PPPC Non-Executive Directors welcomed the report and agreed that it was imperative to reduce pay costs in order to achieve financial sustainability. Given that some staff would see a detriment in their pay there were risks to the organisation. There might be a reduction in additional shifts worked or problems with recruitment and retention. The Acting Chief Operating Officer considered that work needed to be done in conjunction with the Clinical Management Groups to mitigate the risks.

PPPC considered that communications and engagement was critical and that the Trust needed to show leadership in order to achieve greater equity and efficiencies. It was noted that the PPPC would be fully apprised of progress and the risks. The PPPC Non-Executive Director Chair asked for regular updates on the financial savings. The Chief People Officer noted that it would be the Autumn before savings were realised to any degree as systems for claiming overtime and rate changes would not take effect until late Summer.

CPO

Resolved – that (A) the contents of this report be received and noted, and (B) To receive update reports on workforce efficiency and the premium pay gap.

CPO

16/21/6 Payroll Stabilisation and Transformation Update

The Chief People Officer presented paper I, which provided an update on the management of the payroll contract. The contract had started in 2017 and UHL had had a poor experience. The Chief People Officer noted that payroll accuracy had achieved 99% in December 2020 and progress had been made in addressing the historical caseload queries. The key performance indicators were shown at Appendix A. Progress was being monitored weekly at an Operational Group and a monthly Performance Board.

The Payroll and Pensions Service (HR Solutions) owned by Equiniti Group plc had been sold to Civica HR Solutions in December 2020. The staff working at Equiniti remained and would be transferred to the new company.

Mr B Patel, Non-Executive Director, PPPC, asked whether electronic payslips were being introduced, The Chief People Officer replied by stating that the intention was to stop issuing payslips in paper form which would save c£50k per annum. At present 68% staff had the ability to access electronic payslips. Work was underway to enable all staff to have the facility. The Chief Information Officer

offered support and it was noted that support from IM&T needed to be factored into the request for investment for workforce efficiency which would be considered by the Executive Board. CPO

It was agreed that performance had improved the reports should be presented annually rather than every six months. CPO

Resolved – that the contents of this report be received and noted, and (B) to receive a further report in 12 month’s time, and (C) to include reference to IM&T support in the investment bid for additional resources. CPO
CPO

16/21/7 Mental Health Well-being Hub
Schwartz Rounds

The Chair asked for both papers to be taken together. Ms B Kotcha, Associate Director of Systems Leadership and OD, together with Ms K Boyle, Consultant Surgeon/Clinical Lead for Health & Wellbeing and Schwartz Rounds, presented papers K and L.

It was noted that the People Plan had a comprehensive health and well-being programme and the development of the Mental Health Well-Being Hub built upon this foundation. NHSE/I had commissioned a number of pilot sites to develop a Mental Health and Wellbeing Hub in response to the pandemic. LLR had been identified as one of the pilots and the report set out the progress made. The Hub provided proactive outreach and assessment services, giving staff rapid access to specialist mental health and wellbeing support. The following initiatives were being developed: a website detailing resources available; a helpline for staff; and a helpline for care homes. National funding had been secured which would continue for 2021/22. The initiative had been well received.

‘Schwartz Rounds’, had been introduced in UHL in November 2019 and were a forum for staff, clinical and non-clinical, to come together regularly to discuss the emotional and social aspects of working in healthcare. They were licensed by the Point of Care Foundation. The funding for UHL’s licence had been provided by a generous donation from the Leicester Hospitals Charity.

The Non-Executive Directors praised the initiatives. Ms V Bailey, Non-Executive Director, PPPC, believed that the cross disciplinary and system working contributed to a better understanding of need and built relationships. Mr B Patel, Non-Executive Director, PPPC, asked about those staff groups who were unlikely to seek help, noting that traditionally men did not self-refer to services. Ms Boyle acknowledged the point and thought it was important that specific needs were understood, and services designed around them with targeted outreach. The Chief People Officer noted that the experience of system partners had been invaluable. She wished to thank Ms Boyle and Ms K Nunn for their contribution, noting that by having clinical leads there was greater engagement with clinical colleagues.

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

16/21/8 Biannual Report: Nursing and Midwifery Establishment

Ms E Meldrum, Deputy, Chief Nurse, presented the report which provided an update on the UHL Nurse Establishment Review undertaken in September 2020. Nurse establishment reviews were undertaken twice a year and reported to Board in order to comply with the National Institute for Clinical Excellence (NICE) safe staffing and National Quality Board (NQB) standards. The establishment review had not highlighted any significant concerns or gaps in nursing establishments by band; numbers of staff per shift, per band; skill mix ratios per shift (day and night) and nurse to patient ratios (day and night).

It was noted the COVID-19 pandemic had resulted in a very difficult 12 months for staffing. The expansion in the number of beds and increased capacity in critical care had diluted the registered nursing skill mix in adult wards and in critical care. Staff sickness absence had increased and there had been a reliance on temporary staff. This was being managed daily by the senior nursing team.

The establishment review had identified an issue relating to the establishment of 20 midwifery posts. The PPPC sought assurance that the funding had been consolidated into the base budget and requested a verbal update at the Trust Board. [Post Meeting Note: The Deputy Chief Nurse confirmed

resolved].

The PPPC Non-Executive Chair suggested that it would be useful to reference other feedback mechanisms within the report, for example, staff and safety concerns and patient complaints. The Deputy Chief Nurse noted that the data was triangulated in the Safety Report submitted bi-monthly to the Quality and Outcomes Committee. She agreed it was important to consider the staff experience as, anticipating a degree of attrition following the pandemic, it could impact on the establishment review.

Recommended – that the Biannual Report: Nursing and Midwifery Establishment be endorsed, and recommended for approval by the Trust Board.

17/21 ITEMS FOR NOTING

17/21/1 National HR/OD Programme

Resolved – that the contents of paper N, which note the proposals for a national review of HR and OD and consultation process.

17/21/2 Workforce and Organisational Development Data Set

Resolved – that the contents of paper O, which detailed the latest monthly iteration of the Workforce and OD Data Set, be received and noted.

17/21/3 IR35 Off-Payroll Quarterly Update

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

17/21/4 Board Assurance Framework Principal Risk PR3 – Workforce Sustainability

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

17/21/5 Medical Practice Information Transfer Form Process

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

17/21/6 EU Exit Employment Changes

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

17/21/7 Executive Information Management and Technology Board (EIM&T)

Resolved – that it be noted that the notes of the EIM&T meeting held on 19 January 2021 (paper T refers) be received and noted.

17/21/8 Executive Finance and Performance Board (EFPB)

Resolved – that it be noted that the notes of the EFPB meeting held on 26 January 2021 (paper U refers) be received and noted.

17/21/8 Executive People and Culture Board (EPCB)

It was noted that the Notes of the EPCB meeting held on 16 February 2021 would be received at the next meeting.

18/21 ANY OTHER BUSINESS

18/21/1 The PPPC Chair noted that Mr B Patel, Non-Executive Director, PPPC, had been designated as the Trust's Non-Executive Director Wellbeing Guardian.

08/21 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that (A) the Freedom to Speak Up Quarterly Report be recommended onto the Trust Board for formal approval (via the PPC Summary) at its meeting on 4 March 2021, and

(B) the Bi Annual Report on Nursing and Midwifery Establishment be recommended onto the Trust Board for formal approval (via the PPC Summary) at its meeting on 4 March 2021, and

(C) The following item be brought to the attention of the Trust Board for the purpose of information only:-

- Quality and Performance M10 – (specifically to note the impact of the COVID-19 on performance)
- Mental Health and Wellbeing Hub (to note the excellent initiative)

09/21 DATE OF THE NEXT MEETING AND FUTURE PPC MEETING DATES

Resolved – that (A) the next meeting of the People, Process and Performance Committee be held on Thursday 25 March 2021 from 11.30am until 1.30pm (virtual meeting via MS Teams).

The meeting closed at 1.00pm.

Alison Moss - Corporate and Committee Services Officer

Cumulative Record of Members’ Attendance (2020-21 to date):-

Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
I Crowe (Chair)	11	10	91	K Jenkins	0	0	N/A
V Bailey	6	6	100	S Lazarus (from December 2019)	0	0	N/A
P Baker	0	0	N/A	D Mitchell	11	11	100
R Brown	0	0	N/A	B Patel	11	10	91
Mr A Carruthers	11	8	73	K Singh (ex-officio)	0	0	N/A
K Gillatt	1	0	0				
C Fox	0	0	N/A	M Traynor	0	0	N/A
A Furlong	0	0	N/A	H Wyton	11	11	100

Non-Voting Members

Name	Possible	Actual	% attendance	Name	Possible	Actual	% attendance
B Kotecha	1	1	N/A	B Shaw	0	0	N/A
S Leak	0	0	N/A	J Tyler-Fantom	0	0	N/A
F Lennon	6	5	83				