University Hospitals of Leicester NHS
NHS Trust

Cover report to the Trust Board meeting to be held on 28 January 2021

	Trust Board paper G3
Report Title:	**People, Process and Performance Committee – Committee Chair's Report**
Author:	Alison Moss – Corporate and Committee Services Officer

Reporting Committee:	**People, Process and Performance Committee (PPPC)**
Chaired by:	Mr Ballu Patel, PPPC Non-Executive Director Deputy Chair
Lead Executive Director(s):	Debra Mitchell – Acting Chief Operating Officer Hazel Wyton – Chief People Officer Andy Carruthers – Chief Information Officer
Date of last meeting:	28 January 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 28 January 2021:- *(involving Mr B Patel, PPPC Non-Executive Director Deputy Chair, Ms V Bailey, Non-Executive Director, Ms H Wyton, Chief People Officer, Ms D Mitchell, Acting Chief Operating Officer and Mr A Carruthers, Chief Information Officer. Ms F Lennon attended to present the reports on operational matters).*

- **Minutes and Matters Arising** - the summary and Minutes of the previous PPPC meeting held on 17 December 2020 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 9**
- **Performance Briefing**

  Mr B Patel, Non-Executive Director, PPPC Deputy Chair proposed that the two reports be taken together. This Quality and Performance Report, Month 9, 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 actions taken with respect to planning 2021/22; COVID-19; elective inpatient and day case surgery (focusing on 52 plus week waits); theatre utilisation; diagnostics; cancer; outpatients; emergency care; and long length of stay ambition. The Acting Chief Operating Officer noted the performance with respect of the Emergency Department. The target for a four hour wait was 95% and in December 2020 performance was 67% with the Year to Date (March- December 2020) at 75%. However, the Acting Chief Operating Officer noted that the performance was an improvement on that of December 2019 and the relative position of UHL to those of other acute Trusts had improved. Last year UHL was ranked 135th and now was in the top 100 of trusts. There had been seven breaches of the 12 hour trolley standard wait in the Emergency Department in the month in question and this performance was common across all acute trusts. The performance on 52 two week waiting for treatment was challenging. In December 2020 there had been 6,361 patients waiting over 52 weeks for treatment and this was expected to increase and possibly reach 10,000 by the end of March 2021. The plan had anticipated the number to be around 6,000 patients by the end of March 2021 with 15,000 patients anticipated as the worst-case scenario. The planning assumption had been that the level of COVID-19 activity would mirror the first peak of March-April 2020. However, the number of the patients treated was far higher in the second peak; in December 2020 there had been c320 patients, in January 2021, c500 patients and on the day of the meeting there were 440 COVID-19 in-patients. The Intensive Treatment Unit (ITU) was running at 155% capacity with 76 patients when the funding base was for 49 beds. In addition, the patients on ITU had a higher acuity and the 9 patients on ECMO required a staffing ratio of

two nurses per patient. With respect to diagnostic testing, the 6-week waiting time target was 15% and in December 2020 performance was 35.3% which meant that 8,000 patients were waiting over six weeks. This was likely to increase as referrals, especially for cancer diagnosis, were starting to increase. A trajectory for diagnostic services would be presented to the next People, Process and Performance Committee meeting. It was suggested that it could take 15 months to recover the position for diagnostic services unless additional capacity was secured, and every Trust was likely to be in the same positon. The Acting Chief Operating Officer considered that the performance on the number of fractured neck of femurs operated within 35 hours was disappointing; in December 2020 this had been at 68.15% against a target of 71%. This meant that 36 patients were not operated within 35 hours; of these 12 were not fit enough and nine delays were due to a lack of theatre capacity as staff had been redeployed to support ITU. Theatre capacity was under active review. However, until the level of COVID-19 activity abated, an improvement in performance was unlikely. Planning for 2021/22 was underway and despite a national pause, UHL was pressing ahead to plan restoration and recovery of services and financial recovery. The second iteration of the plan would be made at the beginning of February 2021. There would be a further report to the People, Process and Performance Committee in March 2021. The impact of COVID-19 activity was noted. Activity for priority patients P3 and P4 had been taken down in January 2021. The requirement had been to plan to surge to 200% for ITU and ECMO capacity. UHL had taken patients from London hospitals. As a consequence, Priority 2 patient activity had been taken down. This was being monitored daily by the UHL COVID-19 Tactical Group. The Deputy Chief Operating Officer reported on the COVID-19 position in the community. The local SAGE Group now had access to all the Pillar COVID-19 data and noted that during the first national lockdown infection rates had come down rapidly. However, this was not the case for the current lockdown. The rate of infection had dropped by 19% nationally but only by 4% in Leicestershire and had increased by 3% in Leicester City. Rates for Leicester City were well above the national average. There was evidence of rates dropping for people over 60 years of age. There were also national figures to suggest that only 20% were observing measures to social isolate post positive contact. It was thought that the local picture would impact on UHL performance. The Deputy Chief Operating Officer highlighted the difference between the first peak and the second peak of activity. At the peak in Spring 2020 there were 204 COVID-19 patients and at the peak in Winter there were 499 inpatients and the peak was experienced over a longer period. She added that another difference was the level of activity, for example, the number of requests under the Freedom of Information Act (FOI) had increased (when they had been paused in the first peak) and there was a higher demand for communication and national returns. Ms V Bailey, Non-Executive Director, wondered whether there could be more information published on the website to redirect the requests. The Deputy Chief Operating Officer that was being done, but that many of the FOI requests were specific and often reflected an individual's experience. Ms V Bailey, Non-Executive Director, acknowledging the impact of COVID-19 on staff added that it was important for the leaders in the organisation to seek support. The Deputy Chief Operating Officer noted the improved performance for the Length of Stay for patients staying over 21 days. UHL was now 11th in the Midlands for the metric This had been a result of considerable work to refine processes, identifying the next steps for every patient and streamlining emergency care. Ms V Bailey, Non-Executive Director, noted that the pandemic could change the patient profile. There were would be an impact on the economy, job losses, homelessness, increased health inequality and increased demand for mental health services. There was a need to factor this into the planning for 2021/22. Mr B Patel, Non-Executive Director, PPPC Deputy Chair, asked about the long-term impact of COVID-19 and what services would be needed, specifically staffing levels and outpatient reconfiguration. The Deputy Chief Operating Officer noted that a service, for 'Long-COVID-19' patients, had been established in conjunction with primary care at the Glenfield Hospital. This offered therapy and psychological support. Modelling was underway nationally for what services would be commissioned. Mr B Patel, Non-Executive Director, PPPC Deputy Chair, referred to the sickness absence report and asked about staff shielding who would be returning to work on 21 February 2021.He asked how they could be supported in returning to work. The Chief People Officer noted that the sickness levels were currently reported as 12% but that there was a need to verify the data as some managers had not yet completed the return-to-work paperwork and additional checks would be undertaken. For those staff shielding effort had been made to see what work could be undertaken at home or whether staff could be redeployed. The support was being offered through the HR Redeployment Hub. Mr B Patel, Non-Executive Director, PPPC Deputy Chair, asked whether there was sufficient resource for the Redeployment Hub to provide the support to staff shielding. The Chief People Officer commented that there was a problem with resources and capacity across the organisation. The

Hub was doing its best to maintain contact with staff. Mr B Patel, Non-Executive Director, PPPC Deputy Chair, asked about the exception report for urgent care and the missed opportunity audit. The Deputy Chief Operating Officer reported that this work was being led by NHSE/I and based on the premise that only patients who were extremely ill and should be treated in the Emergency Department. Other patients should be treated elsewhere. Work was being undertaken to understand how this could be implemented within Leicester, Leicestershire, and Rutland. When there was less pressure on staff in Emergency Department there would be opportunity to work with system partners to develop a project plan. A report would be presented to the People, Process and Performance Committee in a few months. The Acting Chief Operating Officer paid tribute to the staff who had helped during the pandemic, undertaking additional shifts, and being redeployed to new areas. She added that the staff were very tired and there was concern about how staff groups would recover before UHL embarked on the recovery and restoration of services. There was also concern about the medium and long-term effects of the pandemic and the planning would need to take account of that. The Chief People Officer reflected that the impact of COVID-19 was different for everyone taking account of home and personal circumstances and varied over time; there would be a great need for support. She added that the cooperation of staff and willingness to work in different areas was remarkable. The contents of these reports were received and noted.

- I**ndependent Sector Contract**
  The Deputy Chief Operating Officer reported on the latest position regarding the contract with the Independent Sector. The national contract meant that approximately 11,000 patients had been treated by the Independent Sector between May and December 2020. The contract allowed for 75% of the capacity to be dedicated to NHS activity retaining 25% for private work from October 2020. The plan had been for the contract to terminate in December 2020 and revert to a framework which would enable the Independent Sector to determine what level of activity it would undertake on behalf of the NHS. This had represented a risk to UHL as The Spire had proposed to reduce the proportion of NHS work. However, in the event, NHSE/I had come to a different arrangement with the larger providers, announced on 17 December 2020. The changing position had been challenging for the Independent Sector. However, because of the good working relationship locally both The Spire and The Nuffield Hospital had agreed to treat 2,000 cancer/ clinically urgent patients in Q4. In addition, The Spire was now providing overnight medical cover which enabled them to treat cancer patients and obviate the need for UHL to provide such cover. It was noted that the Independent Sector was contracted until the end of March 2021. It was hoped that the contract would be extended but the uncertainty represented a risk for the system. It was noted that independent providers out of area had also engaged and cardiac patients had been treated at The Spire in Nottinghamshire. There were other, smaller, providers that were being engaged to deal with specific specialities. The focus was ensuring that the Independent Sector had the right lists to ensure that the capacity was used. Ms V Bailey, Non-Executive Director, acknowledged that good working relationships had been developed and recognised the hard work involved. However, she noted that the need for good governance around the management of waiting lists and asked for assurance to be provided to a future meeting regarding the review and tracking mechanisms for patients on waiting lists. The contents of the report were received and noted. The Committee took assurance from the reports on operational performance acknowledging the considerable pressures on the system and expressed its thanks for the hard work and resilience of staff.

- **IM&T Briefing**
  The Chief Information Officer presented a slide deck which highlighted the progress made relating to the Electronic Patient Record (EPR), the Digital Workplace, Project Portfolio progress, the Infrastructure Programme and the IM&T Transformation. With respect to EPR, the Chief Information Officer noted that, despite the operational pressures on clinical staff, good progress had been made. A pilot had been undertaken and changes identified which would be implemented. Work which did not require clinical input was being undertaken in the background; however, there would be a delay. There was a need to understand the nuances that related to specific specialities, primarily Children's and ITU, to get the right product. The plan was to issue the next release in April 2021. This would enable staff to access the GP Summary Care Record without the need to log into a separate system. Further work was being undertaken to remove paper systems from the Emergency Department although this had been delayed due to the operational pressures in the Department. National funding for 2020/21 had been confirmed in December. The late confirmation created a problem in identifying what could usefully be spent in a short space of time. With respect to the Digital Workplace planning and testing was underway for the email migration in April 2021. This would support staff accessing emails remotely. However, the challenge would be moving off the old system as staff would need to undertake housekeeping with respect to historical

emails. There was an initiative to Bring Your Own Device (BYOD) to work which would support medical staff, in particular, to access EPR. The challenge would be enabling these devices to access the right applications. There was a pilot project in train. With respect to the Project Portfolio, The Chief Information Officer highlighted the work on COVID-19 testing. The project to automate results obtained by LumiraDx testing and integrate with other systems had made a big difference. It had speeded up the decision-making process enabling patients to be streamed efficiently. With respect to Infrastructure there was considerable work in progress and planning for next year and developing a five-year capital plan. This would reflect the digital requirements for the Reconfiguration Programme and bring the Trust to digital maturity. The last slide reflected the work to restructure the IM&T Department and support a number of service transformation activities. A number of new initiatives to improve the service are planned, for example, through the provision of face-to-face support. Following the presentation, Mr B Patel, Non-Executive Director, PPPC Deputy Chair, referred to the Digital Workplace noting the plan to utilise Teams and Channels. He wondered if enthusiasm for the new technology could create additional demands on the staff who were hard pressed. The Chief Information Officer agreed and added that it would be important to ensure there were appropriate protocols and guidance for staff. The contents of the briefing were received and noted.

- **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 particular work streams. It was noted that a look back on the workforce planning was being undertaken following the Phase 3 system-wide workforce plan. It was noted that UHL was very focused on filling Healthcare Support Worker vacancies and that there was a national drive, with funding to assist with this. The plan was to recruit 200 by the end of March 2020. The Chief People Officer praised the work of Ms Vidya Patel in the Redeployment Hub who had helped with the process to redeploy medical staff across the organisation and within the system which had made a difference to assist with the ongoing demand, which included specific support to ITAPs, Medicine and Respiratory wards. The Chief People Officer undertook to report to the next meeting on workforce efficiency and the premium pay gap. The Chief People Officer reported on the support provided to staff with respect to health and wellbeing services; a new LLR Mental Health and Wellbeing hub had been established and system funding received. A further report would be made to a future meeting. For UHL staff, a Health and Wellbeing festival would be held on 29th January with a variety of sessions recorded for staff to access at any time. The Chief People Officer advised the Committee of the establishment of the LGBTQ+ network which held its first meeting on 15 December 2020. Positive feedback had been received. Also that the Active Bystander Programme was being launched across UHL. This would be a UHL priority, a system priority and UHL had been asked to roll out nationally, in line with the Civility and Respect National Programme. The Chief People Officer highlighted the work of the Occupational Health Team. The COVID-19 Vaccination Programme had seen circa 62% of UHL staff vaccinated for COVID-19 to date and 75% for 'flu. The first priority had been those working in high-risk areas. The offer had now been made to all UHL staff. There was concern that proportionally BAME staff were not taking up the offer and this was also the case in the community hubs. An audit of how the vaccine was being rolled out and initiatives to encourage take up were underway. Ms V Bailey, Non-Executive Director, asked about the Vaccination Programme and how spare slots were allocated to avoid waste. The Chief People Officer confirmed that daily meetings were held with CCG and LPT partners, to manage activity across the system. It was noted the service was reliant on the supply which was subject to change. Mr B Patel, Non-Executive Director, PPPC Deputy Chair, noted that it was important to involve the BAME community in discussion regarding take up of the vaccine. The Chief People Officer noted that it would be discussed at the BAME network and system EDI Taskforce in promoting the benefits of the vaccine and dispelling myths. The Chief People Officer gave an update on 'compassionate' leadership following the launch at the Leadership Conference. There would be a proposal to create a corporate objective for staff appraisals to evidence compassionate leadership. This was part of the People Plan. Ms V Bailey, Non-Executive Director, observed that new leaders would have emerged during the pandemic and a need to consider succession planning. The Chief People Officer reported that this was one of the system priorities, in line with the National and System People Plan. Mr B Patel, Non-Executive Director, PPPC Deputy Chair, expressed the Committee's thanks for all the hard work reflected in the report. The contents of the report were received and noted.

- **BAF Principal Risk PR3**

  The Chief People Officer presented the Board Assurance Framework Principal Risk 3 which concerned

workforce sustainability noting that it would be updated for consideration by the Trust Board the following week. The updated risk would address the vaccination programme. It was anticipated that the risk score would remain at 20 in March 2021.

Items for Information

The following reports were noted:-

- Workforce and Organisational Development Data Set
- Executive Finance and Performance Board (EFPB) action notes from the meeting held on 15 December 2020
- Executive People and Culture Board) action notes from the meeting held on 22 December 2020
- Note was made that the action notes of the EIM&T Board held on 19 January 2021 would be presented to the next meeting.

- **Any Other Business:-**

Review of HR and OD

The Chief People Officer reported that there was to be a national review of HR services across the UK. UHL was one of the 49 organisations in the pilot. The review was assessing where services were at currently and what they should look like by 2030. There would be a further report to the Committee in due course.

Matters requiring Trust Board consideration and/or approval:	
Recommendations for approval:- • None ***Items highlighted to the Trust Board for information***: The following issue was highlighted to Board members ***for information only***: - • None	
Matters referred to other Committees:	
None.	
Date of Next Virtual PPPC Meeting:	Thursday 25 February 2021 at 11.30am via MS Teams