

Cover report to the Trust Board meeting to be held on 6 May 2021

Trust Board paper I3	
Report Title:	People, Process and Performance Committee (PPPC) – Committee Chair’s Report
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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:	29 April 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 29 April 2021: - *(involving Col (Ret’d) Ian 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, Mr A Carruthers, Chief Information Officer and Ms F Lennon, Deputy Chief Operating Officer. Ms Bina Kotecha, Associate Director of Systems Leadership and OD, was in attendance for the discussion on the Staff Survey, Ms J Tyler-Fantom, Deputy Chief People Officer, was in attendance for the discussion on Supporting our Staff Carers.*

- **Minutes and Matters Arising** - the summary and Minutes of the previous PPPC meeting held on 25 March 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 12**
- **Performance briefing**

The PPPC, Non-Executive Director, Chair, asked for the reports to be considered together. The Quality and Performance Report, Month 12 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 noted three new measures for performance of the Emergency Department as: time to initial assessment; time to treatment and total time in Accident and Emergency. The target times had yet to be confirmed. For the ‘time to treatment’ measure UHL had recorded a mean of 213 minutes which was less than the previous target of 4 hours. However, in March 2021 there had been 285 patients having spent more than 12 hours in the Emergency Department. It was thought likely that the target would be zero. The performance for this target would be the biggest challenge. The Acting Chief Operating Officer reported that performance for ambulance handovers had improved. The targets for restoration of theatre lists were noted with 50% of theatre lists recovered for March 2021 and 75% on the day of the meeting. The number of COVID-19 patients had reduced by 75% in March 2021 and at the end of that month there were 57 inpatients and 18 on the day of the meeting. Clinical Management Groups were working through the backlog of patients caused by the pandemic with cancer and Priority 1 & 2 patients seen first. There was a considerable number of patients having waited more than 52 weeks and a further report would be made to PPPC in May or June 2021. The number of patients waiting over 6 weeks for diagnostic services was 1,400 lower than it was in January 2021 and slightly ahead of trajectory. The Operational Plan for

2021/22 which set out plans for restoration and recovery would be submitted to PPPC the following month. Mr B Patel, Non- Executive, PPPC Vice Chair, asked why such a high number of patients were waiting more than 12 hours in the Emergency Department. The Acting Chief Operating Officer replied by noting the biggest issues were around occupancy in the Emergency Department at peak times (4pm to 9pm) and the wait for a bed. The Acting Chief Operating Officer noted that a bid had been submitted to NHSE/I to become an 'accelerator organisation'. There was £20m available for early elective recovery and one Trust in the midlands would be put forward. Trusts needed to demonstrate innovative ways of working. The PPPC, Non-Executive Director, Chair, commented on the improved performance for patients seen within 2 weeks for cancer care and expressed concern about the number waiting more than 62 days for treatment. It was noted that it would take some time before an improvement in the figures for patients waiting the longest would be realised, as the patients most in need would be prioritised. The contents of the reports were received and noted.

- **Urgent and Emergency Care Transformation Programme 2021/22**

The Deputy Chief Operating Officer presented the report, which outlined the key achievements of 2020/21 and areas of focus for 2021/22 with respect to Urgent and Emergency Care. The report sought support for the proposed Transformation Programme. One success had been '111 First' which had led to a 3-4% reduction in those attending the Emergency Department without an appointment or referral from a healthcare professional. Another success, driven by the activity to address COVID-19, was Same Day Emergency Care. A range of new pathways had been implemented within specialties to enable patients to be treated the same day. A process for EMAS to access advice pre-conveyance and support for patients at home had also reduced attendance at the Emergency Department. It was reported that UHL had been awarded £2m of Public Dividend Capital to invest in changes to Urgent and Emergency Care. At the Leicester Royal Infirmary Balmoral Level 1 would be refurbished to create a multi-speciality Same Day Emergency Care/ ambulatory centre. At Glenfield Hospital a corridor had been refurbished to create a cardio-respiratory speciality Same Day Emergency Care facility. With respect to outflow processes, considerable improvement had been affected by the Safe and Timely Group and key changes were set out in the report. The Programme for further transformation in 2021/22 was listed together with proposed governance arrangements. The Urgent and Emergency Care Board had been established which would meet monthly. The action plan was appended to the report and this had been underpinned by action plans for each Clinical Management Group. The Deputy Chief Operating Officer noted that the UHL Plan formed part of a LLR System-wide plan. At present actions focussed on UHL. A further report on LLR System governance and work streams would be presented to the next PPPC meeting. Ms V Bailey, Non-Executive Director PPPC, asked whether it was possible to distinguish which actions made the greatest impact, noting that some were long-standing particularly those relating to hospital discharge. The Deputy Chief Operating Officer noted that the impact would be monitored and that whilst some issues remained the focused had changed. For example, the issues relating to medicines to be taken home with patients had largely been resolved. The issues relating to processing and issues had been addressed. There remained a few delays when doctors waited until the end of the ward round to write the prescriptions. However, the actions were now focussed on the e-Meds Project. One of the issues under consideration was increasing the number of discharges before midday which would alleviate overcrowding in the Emergency Department in the afternoon and early evening. Mr B Patel, Non-Executive Director, PPPC Vice Chair, asked about the number of people walking into to the Emergency Department and what proportion of this cohort could have been seen in other settings. He asked about how the capacity of the Urgent Care Centres was monitored. The Deputy Chief Officer reflected that NHS 111 had made an impact, but they found that occasionally alternative pathways were not available and GPs / Urgent Care Centres unable to see patients. In addition, there were occasions when patients did not follow the advice given and felt they would be guaranteed to be seen if they attended the Emergency Department. The Deputy Chief Operating Officer referred to a more detailed report which provided greater analysis. It was noted that a trial had been initiated whereby ambulance crews would send patients to the GP Assessment Unit rather than the Emergency Department (unless the patient needed to be resuscitated). The PPPC, Non-Executive Director, Chair welcomed the report and noted the achievements and plan of action. He requested that PPPC be sighted on the further analysis of 'walk-in' patients for information and to receive the terms of reference for the Urgent and Emergency Care Board. The report was noted, and the Transformation Programme supported.

The Urgent and Emergency Care Transformation Programme 2021/22 is highlighted to the Trust Board for information.

- **Access Policy for Elective Care Patients 2021**

The Acting Chief Operating Officer presented the report, which updated PPPC on the revised Referral to Treatment (RTT) policy. In October 2020 it had come to light that the UHL RTT Policy (2015) did not align with the national policy. This specifically related to RTT clocks that had been re-set when a patient was suspended for 8 weeks or more due to social / domestic reasons. Work was undertaken to understand how many patients had had a clock suspension. Through the validation process it was identified that 624 patients required clinical validation. It was reported that 134 patients had been reviewed and no harm identified, and these patients were those who had waited the longest. The deadline for review of all patients was 30th April 2021. The RTT policy had been revised, which included a robust governance process, and agreed by the Policy and Guideline Committee. Ms V Bailey, Non-Executive Director, PPPC asked about what could be learnt from the situation and the processes in place to ensure that policies were reviewed and compliant. The Acting Chief Operating Officer described the process for updating policy and procedures in light of National Institute for Health and Care (NICE) Guidance and national directives. These processes involved the Informatics and Governance teams. All policies had a review date. It was not clear why UHL had deviated from the national policy for RTT in 2015. The Acting Chief Operating Officer agreed to consider what further actions might be undertaken to provide assurance that a similar issue would not arise again and review those policies which would have a significant impact. The Chief Information Officer noted that the replacement of the Patient Administration System (PAS) would have a big impact. At present, it did not support many policies and procedures which required manual systems by way of 'work-arounds'. The replacement of PAS would reinforce compliance with policy as the in-built rules would reflect policy requirements. It was noted that the system would need to be adaptable and revise business rules as and when policies changed. The contents of the report were 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. The Chief Information Officer reported with respect to the EPR, the e-Meds module would be rolled out across the wider Trust following a successful pilot. The 'go live' date of 11 May 2021 might be delayed slightly but it was imperative to roll out the module within the next two months. The EPR deliverables for 2021/22 were listed in the report. The work involved health care partners as the system would be rolled out to primary care and have a particular impact for imaging and pathology services. The Chief Information Officer noted that work was in train for the digital workplace programme which was being relaunched. An important part of the project would be to affect business change, so staff worked differently to exploit the functionality. He reported that the Infrastructure and Service Transformation Programmes were progressing well. There were initiatives planned to improve the user's experience including proactive face to face contact with clinical teams and a survey of regular users. A report on the latter would be provided to a future meeting. The contents of the report were received and noted.

- **Cyber Security Review**

The Chief Information Officer presented the report, which updated PPPC on the Trust's progress against mandatory cyber security and information governance objectives and plans to improve the position. The Data Security and Protection Toolkit 2020-21 was released in November 2020 and baseline data was required in February 2021 with UHL's self-assessment of compliance final submission required in June 2021. The Trust's baseline position in February 2021 was submitted as 'standards met'. This would be reviewed by the Trust's Internal Auditors. Further work was required in relation to information asset ownership and ongoing improvements to cyber security technology. The Cyber Operational Readiness Remediation report was appended to the report. This work had been funded by NHS Digital to support UHL in progressing and improving its cyber security position. It described commendable progress' in the last 12 months. There was still work needed to provide assurance that patient and staff data was well protected and to minimise exposure to cyber security risks. The recommended next steps were built into a full action plan for 2021/22, progress against which would be monitored monthly at the IM&T Cyber Security Board and summaries presented to PPPC. Plans to identify and train staff across the Trust as information asset owners and administrators would continue in 2021/22. Information Asset Owners would be asked to sign a letter of delegation signifying acceptance of their responsibilities. A full action

plan was being tracked at the monthly IM&T Cyber Security Board. It was noted that the Trust had provisionally allocated £1.3m of capital investment to support critical cyber security infrastructure risks in 2021/22. Ms V Bailey, Non-Executive Director, PPC, considered that the Trust Board should be made aware of the report and be cognisant of the level of risk. The PPC Non-Executive Director, Chair, asked that further reports reference benchmarking of UHL's performance against other Trusts. Ms K Gillatt, Associate Non-Executive Director, PPC, sought assurance that the highest risks were understood and prioritised. The Chief Information Officer considered that the capital programme for the following 12 months included the right projects. He thought that the biggest challenge was legacy equipment and servers. Year on year different hardware ceased to be supported and to some extent the Trust was catching up. There was a need to co-ordinate planning and investment where the hardware was linked or embedded in medical equipment. The contents of the report were received and noted. It was agreed to request time at a Board Development Day to discuss cyber security.

The Cyber Security Review is highlighted to the Trust Board for information.

- **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 reported that the much of the last months' activity had been in developing the Workforce Plan. National Planning Guidance had been received at the end of March 2021. This created a financial envelope based on the run rate of Quarter 3 2020/21. However, the workforce had changed since that time and there was a need to review the number of posts recruited to and the commitments made, to develop a Workforce Plan for Quarters 1 and 2 of 2021/22 (H1). The draft submission would be made on 6 May with final submission on 4 June 2021. There was considerable work in train and a need to link with system partners as it needed to form part of the LLR Operational Plan. A further report would be made to the next PPC meeting. The contents of the report were received and noted.

- **Staff Survey**

The Associate Director of Systems Leadership and OD presented the report, which summarised the findings from the NHS National Staff Survey 2020, carried out during October and November 2020. This was a national annual survey and for this year included additional questions relating to COVID-19. The response rate had been 33% which was down 5% from the previous year and in line with the national trend. It was noted that a higher proportion of respondents for UHL were working on COVID-19 wards, working remotely, shielding and/or residents of Leicester City which had experienced an extended lockdown. Trusts in Leicester and Birmingham had been chosen to pilot Well-being Hubs. Whilst there had been an increase in the number of staff reporting feeling unwell and experiencing work-related stress, the scores relating to support for health and wellbeing were the highest for five years. In the main, the scores for UHL were in line with national averages. There were no significant changes to the Theme scores compared to last year, with the exception of 'Team Working' which was felt to reflect the disruption experienced by the pandemic. The scores for staff engagement had improved in three areas. PPC expressed its disappointment that results for Workforce Race Equality Standard and Workforce Disability Equality Standard had declined. The Associate Director of Systems Leadership and OD noted considerable work undertaken to support staff and work with the different networks. The Chief People Officer noted that the results meant there was more to do on equality, diversity and inclusion. The Acting Chief Operating Officer considered that it could reflect on the underlying culture and perceptions which were difficult to address and would take time. The Chief People Officer noted that the scores for 'safe environment - bullying and harassment' and 'safe environment - violence' were higher than average. The response to the questions for the staff family and friends test had scored higher than previous years. The Associate Director of System Leadership and OD outlined the roadmap for 2021 which was set out in the report. The free text comments relating to working through COVID-19 would be received by the end of the month. The actions would form part of the People Plan and work undertaken to encourage a higher response rate for future surveys. The Chief People Officer highlighted the comparisons with similar Trusts set out in the report. The Chief People Officer thought that it was more valuable to compare to Trusts of similar complexity and size. Whilst UHL was in the middle of the range, the ambition was to do better. The PPC, Non-Executive Director, Chair, asked for the full report, providing further analysis by Clinical Management Group and Directorate, to be circulated.

The Staff Survey is highlighted to the Trust Board for information.

- **Supporting our Staff Carers**

The Deputy Chief People Officer presented the report which provided details of provisions in place for UHL staff who were carers. The intention was to review these provisions and make appropriate recommendations to support staff who were carers in line with the commitments in the Carers' Charter and NHS People Plan. The Deputy Chief People Officer outlined the next steps which included establishing a Carers' Advisory Group; identifying which UHL staff were carers; implementing of a carer's passport; agreeing an action plan; nominating a Non-Executive Director and an Executive Director as sponsors; and providing an annual report to the Trust Board. There followed discussion about the focus on UHL staff as carers as a separate and distinct piece of work to the overall piece required for the Carers' Charter. The Corporate Nursing Team, under the remit of the Patient Experience Team, had undertaken considerable work in relation to carers for patients and it was agreed this was a separate piece of work. The Chief People Officer considered the work proposed as a discrete piece of work to support the NHS People Plan relating to UHL staff and to ensure a work life balance for UHL staff. It was agreed that there should be further discussion on the recommendation to align the work within the LLR system on staff carers. The contents of the report were received and noted.

The following reports were noted: -

- **Phase 2 Restoration and Recovery**
- **Update on Progress of 111 First Programme**
- **Workforce and OD Data Set**
- **SAS Contract Implementation**
The PPPC Chair asked to be notified should any issues arise with the implementation of the contract.
- **Armed Forces Covenant Annual Report**
The Report is highlighted to the Trust Board for information.
- **Deployment of RE:ACT Volunteers – Lessons Learnt**
- **Executive Information Management and Technology Board Action Notes 29 March 2021**
- **Executive Finance and Performance Board Action Notes 25 March 2021**

- **Any Other Business: -**
There was no other business.

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**:

- Paper E - Urgent and Emergency Care Transformation Programme 2021/22
- Paper H - Cyber Security Review
- Paper J - Staff Survey
- Paper P - Armed Forces Covenant Annual Report

Matters referred to other Committees:

None.

Date of Next Virtual PPPC Meeting:	Thursday 27 May 2021 at 11.30am via MS Teams
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