

Cover report to the Trust Board meeting to be held on 7 January 2021

<b>Trust Board paper G2</b>	
<b>Report Title:</b>	<b>People, Process and Performance Committee – Committee Chair’s Report</b>
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<b>Reporting Committee:</b>	<b>People, Process and Performance Committee (PPPC)</b>
<b>Chaired by:</b>	Col (Ret’d) Ian Crowe – PPPC Chair and Non-Executive Director
<b>Lead Executive Director(s):</b>	Debra Mitchell – Acting Chief Operating Officer Hazel Wyton – Chief People Officer Andy Carruthers – Chief Information Officer
<b>Date of last meeting:</b>	17 December 2020

**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 17 December 2020:- *(involving Col (Ret’d) I Crowe, the PPPC Non-Executive Director Chair, 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 Ms P Dunnan, eHospital Programme Manager (deputising for Mr A Carruthers, Chief Information Officer)).*

- **Apologies** – an apology for absence was received from Mr A Carruthers, Chief Information Officer.
- **Declarations of interest** – none.
- **Minutes and Matters Arising** - the summary and Minutes of the previous PPPC meeting held on 26 November 2020 were accepted as accurate records and the PPPC Matters Arising Log was received and noted. New actions as arising from today’s discussions will feature in the next iteration of the PPPC MA Log to be presented at next month’s PPPC meeting.
- **Junior Doctors Guardian of Safe Working Report**  
In line with the requirements of the 2016 Contract; the Chief People Officer presented a quarterly update on exception reporting activity at the Trust. At UHL, all junior doctors (including Trust Grade Doctors) were encouraged to raise exception reports if there were concerns with their work patterns and / or education, therefore the report presented included exceptions raised by Junior Doctors in training and Trust Grade Doctors. From 1 September 2020 to 30 November 2020, 153 exception reports had been recorded, which was an increase of 72 from the previous quarter, due primarily to current operational pressures and COVID impact. 147 of the 153 exception reports related to Hours, Working Pattern and Service Support. 6 Education Exceptions had also been reported. In response to a query raised by the PPPC NED Chair, the Chief People Officer confirmed that the Director of Medical Education was aware of the Education Exceptions raised. Junior Doctors were required to raise Exception Reports within 14 days of the issue occurring. The response time to Junior Doctors for exceptions reported in the last quarter was detailed under Graph 3 of the report (against a target response time of 7 days). In order to improve response times, two training sessions had been held with Junior Doctor Administrators (JDAs), however response times remained challenging and would be reviewed in the New Year. Monitoring continued in order to ensure appropriate oversight and management was in place. The report also confirmed that implementation of the 2019 Junior Doctors Contract changes had re-started following a pause due to COVID-19.

The Committee received and noted the contents of the report and recommended it onto the Trust Board for approval.

- **Quality and Performance Report – Month 8**  
This report provided a high-level summary of the Trust’s performance against the key quality and performance metrics, together with a brief commentary where appropriate. This complemented the full Quality and Performance report and the exception reports which were triggered automatically when identified thresholds had been met. The exception reports contained the full detail of recovery actions and trajectories where applicable. In discussion on this report, particular note was made by the PPPC NED Chairman of continued concerns in relation to UHL ED 4 hour performance (68.5% for November 2020, with system performance - including LLR UCCs - at 77.6%) and Cancer 62 day treatment (70.4% in October 2020 against a target of 85%) and the need

for continued focus on these areas in the New Year. The contents of this report were received and noted.

- **Performance Briefing**

The Acting Chief Operating Officer presented the monthly Performance Briefing, which provided updates and assurances on actions taken in relation to the following areas: (1) Phase 3 Restoration and Recovery (2) UHL COVID-19 (3) Winter Planning (4) Elective Inpatient and Daycase Surgery, focusing on 52 plus week waits (5) Theatre Utilisation (6) Diagnostics (7) Cancer (8) Outpatients (9) Emergency Care and (10) Long Length of Stay Ambition. The report specifically focused on the impact upon performance, progress from the previous month, key actions, lessons learned and actions for the next 30 days. Significant progress had been made in relation to winter planning particularly in relation to opening additional capacity. Robust processes had been put in place to monitor and track the waiting list specifically in relation to 52 week waits. The Trust continued to face significant challenges in relation to the impact of COVID-19 on its urgent and routine activity within November 2020 due to Wave 2 of the COVID-19 pandemic and the Acting Chief Operating Officer reported verbally to confirm the latest figures, noting that there were currently 285 patients receiving treatment for COVID-19 within the Trust, 29 of whom were being cared for on ITU. Due to sustained pressure in the system as a consequence of patient flow, the Trust and the wider LLR system had now moved to a higher level of alert which encompassed consequent actions, most of which were as detailed within the escalation process, which would now be enacted to create some headroom for the Trust in treating emergency patients. Further additional actions had been agreed and included pausing elective work at the Trust's sites, although use of the Independent Sector would be made in this respect and also undertaking a process to identify the most appropriate specialty to transfer to the LGH site to create additional space at the LRI. The overall aim of these actions was to create additional capacity and facilitate the reduction of the COVID-19 alert level. The Trust continued to care for patients with cancer and those requiring urgent care and continued to provide a level of restoration and recovery work above that which had been possible during the first wave. The Acting Chief Operating Officer noted how proud she was of the Trust's staff and Clinical Management Groups for the way in which they continued to respond to the challenges. Specific discussion took place regarding the redeployment of staff to support the ITU units and the Glenfield Hospital, albeit acknowledging the wish for this temporary pausing of elective activity at the Trust's sites to be for the minimum possible time period. Note was also made of the extension of the Independent Sector contract until the end of March 2021. Mr Patel, Non-Executive Director, acknowledged the need to take down some services as part of the COVID-19 Level 5 response, but expressed concern at the likely further pressure which would be placed on the Trust's Emergency Department and the hospital's staff due to the fact that many GP surgeries would likely close over the Christmas period and he queried the pathways to treatment, other than ED, which would be available to patients and how this would be communicated. In response, the Acting Chief Operating Officer noted that a range of communications were planned as part of a communication campaign which was being implemented as a priority action within the community and that the 111 Service would signpost patients to the most appropriate place to receive treatment. In discussion, note was also made of the same pressures being faced by other NHS Trusts within nearby towns and cities. Specific discussion took place regarding the establishment of a COVID-19 vaccine hub at the Leicester General Hospital which had become operational on Saturday 12 December 2020 and would provide the COVID-19 vaccine for patients and LLR NHS staff, with priority given to the most vulnerable first. Attendance would be by invitation to ensure that people were seen in priority order and it was expected that approximately 500 vaccines would be administered each day (approximately 300 vaccines per day were currently being administered within the first week of opening). The Committee expressed their thanks to all UHL staff who had worked extremely hard to make the hub operational within a short space of time. The Committee acknowledged the continuing challenges during COVID-19 in the delivery of key targets, acknowledged the significant impact upon the Trust's performance and services, noted the mechanisms in place to monitor and track performance and noted the progress in recovery through innovation and support from the wider system.

- **LLR NHS 111 First Programme Update**

The Acting Chief Operating Officer presented a report which described the LLR journey in the implementation of NHS 111 First since its commencement on 28 September 2020. LLR were the pilot site for the East Midlands in the implementation of this national initiative to reduce 20% of ED unheralded activity via the 111 First Service. There existed a high level of positive collaboration between providers which supported the success of the programme, with the number of unheralded patients reducing and work would continue to further improve upon this. Communication to the public was key to the success of this initiative, with local communication commencing on 2 November 2020 and national communication commencing on 1 December 2020. The next stages would be to increase the direct booking to Same Day Emergency Care (SDEC) and hot clinics. In response to a query raised by the PPPC NED Chair, the Acting Chief Operating Officer confirmed that this initiative would bring benefits which would be sustainable as it offered real opportunities to develop as a system, albeit she cautioned of the challenges currently in being able to progress this at speed against the backdrop of the COVID-19 pandemic. Further work was required in the New Year and then, at speed, once the COVID-19 pandemic was over. In discussion, Mr Patel, Non-Executive Director, noted that it would be useful to identify any 'hot spot' areas from which patients more frequently attended ED (perhaps as an alternative to attending local GP practices if the locality of ED was nearer to their home, for example) – the Acting Chief Operating Officer undertook to raise this point with those leading the initiative. Noting that waiting times for the Trust's different services would have been adversely affected by the COVID-19 pandemic, Ms Bailey, Non-Executive Director,

suggested that it would be helpful for GP clinics and patients to know the new likely waiting times for Trust services, such that queries could be raised if patients had not been called for treatment within the expected timeframe. In order to ensure that patients were not 'missed' from the system, discussion also took place on how new technology could improve tracking, noting that this was currently a manual process, and Ms Dunnan, eHospital Programme Manager noted that e-referrals would be taken forward through the progression of Nerve Centre, with the next steps involving roll out of Consultant to Consultant referrals. The contents of this report were received and noted, and it was agreed to receive an update on progress at an appropriate point in the New Year (to be identified by the Acting Chief Operating Officer and PPPC NED Chair during their planned discussion on the w/c 4<sup>th</sup> January 2021 – please see AOB item (1) below).

- **Workforce Briefing**

The Chief People Officer presented the monthly workforce briefing which reflected 'People Services' activity within the slide set against each key work stream. All People Services 'business as usual' activities had been aligned to meet operational and strategic needs for both the Trust and wider system in response to changing demands during the COVID-19 response periods. Activity continued to be prioritised around the COVID-19 response, including: mobilisation for a Hospital Hub for COVID-19 vaccine administration at the LGH site, Workforce operational planning and the Workforce Efficiency / Premium Spend agenda. Additionally, emphasis had been maintained on Health and Well-Being support and activities and EDI in light of disproportional impact on BAME groups. In response to a query raised by the PPPC NED Chair, the Chief People Officer confirmed that 72.2% of all UHL staff had currently received the flu vaccine, with this continuing to be provided for staff at clinics within Occupational Health or by Peer Vaccinators; the latter of whom were now also involved in COVID-19 vaccination delivery too. Mr Patel, Non-Executive Director, made note of the ongoing demands on staff due to management of the COVID-19 pandemic and queried any modelling which took place in respect of staff fatigue etc, in order to determine the support that could be provided. In response, the Chief People Officer noted that the Trust had a Health and Well-Being Hub and was an exemplar for its work and expertise in this area. Plans were also underway for a Physician to provide some time to the team to help lead in this work, particularly in terms of medical engagement, both internally and system-wide. The Trust was also currently running a Winter Warmers Event to help support staff morale, and this had been widely appreciated. Mr Patel, Non-Executive Director, also queried the existence of a corporate approach to staff wishing to take annual leave at a time when elective work was brought back on-line and the demands of the pandemic were receding – in response, the Chief People Officer noted that a local, rather than corporate, approach would be adopted since plans would be dependent upon service needs, however annual leave would need to be allocated in a fair and flexible way and the HR Business Partners would assist in this process. The Chief People Officer confirmed that work was progressing in relation to the governance arrangements for the workforce efficiencies / premium spend workstream. She also confirmed that the Temporary Staffing function would be moving to the People Directorate and preparatory work in this respect was underway. Highlight reports on progress would be submitted to the Executive People and Culture Board and also to PPPC. The Chief People Officer noted that there would be a different workforce model to deliver from April 2021 and a Management of Change process was being launched accordingly. In discussion on this item, Ms Bailey, Non-Executive Director noted that it would be helpful to understand how the impact of an issue such as workforce (which had relevance for the People, Process and Performance Committee, the Finance and Investment Committee and the Quality Outcomes Committee) would be triangulated across the relevant forums. It was also agreed to discuss specific workforce matters at a future private Trust Board meeting. Ms Bailey, Non-Executive Director, queried progress in developing the next generation of leaders within the Trust, in response to which the Chief People Officer confirmed that work continued in this respect, with 50% of the role of Deputy Director of Learning and Organisational Development now devoted to wider system work. The Chief People Officer undertook to highlight continued developments in this area within future Workforce Briefings to the Committee so that progress in this area was easily identifiable. The contents of this report were received and noted and the PPPC NED Chair made particular note of the volume of work which continued to be undertaken by staff within the People Directorate.

- **IM&T Briefing**

Ms P Dunnan, eHospital Programme Manager, deputising for the Chief Information Officer, presented a briefing which detailed key actions undertaken and included progress made relating to the Electronic Patient Record (EPR), the Digital Workplace, Project Portfolio progress, the Infrastructure programme and the Trust's Strategic IT partner. In presenting this report, the eHospital Programme Manager highlighted the work devoted in the past couple of months to supporting the 111 Project and supporting the creation of the COVID-19 vaccine hub. Exciting developments were in progress for the forthcoming year, albeit the potential difficulties in achieving clinical engagement in the early part of next year were acknowledged due to the demands placed on clinical staff currently as a result of the on-going pandemic. Particular discussion took place regarding work mobile phones following a specific issue faced by the Women's and Children's Clinical Management Group, with the eHospital Programme Manager noting the desire for these to be managed centrally at a future point in time to overcome particular issues experienced when these were managed on a more local basis. The contents of this report were received and noted and the PPPC NED Chair offered his thanks to all involved in the work discussed at today's meeting.

## Items for Information

The following reports were noted:-

- Winter Plan 20/21 and Bed Modelling Update
- Workforce and Organisational Development Data Set
- Executive Finance and Performance Board (EFPB) action notes from the meeting held on 24 November 2020
- Note was made that the next meeting of the Executive People and Culture Board would be held on 22 December 2020, and
- Note was made that the next meeting of the EIM&T Board would be held on 19 January 2021.

### • **Any Other Business:-**

#### **(1) 1-to-1 Meetings with PPPC Chair**

The PPPC NED Chair requested that the Chief People Officer, Acting Chief Operating Officer and Chief Information Officer met with him individually (i.e. virtually via MS Teams) in the week commencing 4<sup>th</sup> January 2021 to discuss the agenda for the PPPC meetings going forward. Accordingly, they were requested to send an e-invite to the PPPC NED Chair at a time convenient to them during the w/c 4.1.21.

#### **(2) Thank You**

The PPPC NED Chair wished Committee members a Merry Christmas and a Happy New Year and requested that they passed his thanks on to all of their teams for all of their hard work over the past year. The Chief People Officer thanked PPPC Non-Executive Director colleagues for all their support during this particularly challenging year.

## **Matters requiring Trust Board consideration and/or approval:**

### ***Recommendations for approval:-***

- Junior Doctors Guardian of Safe Working Report (available [here](#))

### ***Items highlighted to the Trust Board for information:***

The following issue was highlighted to Board members ***for information only***:-

- discussions around the move to COVID-19 Alert Level 5, the impact of COVID-19 and the actions being taken in response. Congratulations were expressed to all those staff members involved in the quick and effective establishment of the COVID-19 vaccine hub, particularly to Mr M Archer, Head of Operations, CSI and Dr C Marshall, Deputy Medical Director (the Performance Briefing bullet point above refers).

## **Matters referred to other Committees:**

None.

### **Date of Next Virtual PPPC Meeting & Future PPPC Meetings in 2021:**

Thursday 28 January 2021 at 11.30am via MS Teams

The meeting dates of the PPPC from April 2021 – March 2022 inclusive were approved by the Committee, as follows (with note made that the dates for January 2021 to March 2021 – as also listed below – had previously been agreed by the Committee):-

- Thursday 28 January 2021;
- Thursday 25 February 2021;
- Thursday 25 March 2021;
- Thursday 29 April 2021;
- Thursday 27 May 2021;
- Thursday 24 June 2021;
- Thursday 29 July 2021;
- Thursday 26 August 2021;
- Thursday 30 September 2021;
- Thursday 28 October 2021;
- Thursday 25 November 2021;
- Thursday 23 December 2021;
- Thursday 27 January 2022;
- Thursday 24 February 2022, and
- Thursday 31 March 2022.