University Hospitals of Leicester NHS
NHS Trust

Cover report to the Trust Board meeting to be held on 3 June 2021

	Trust Board paper J3
Report Title:	**People, Process and Performance Committee (PPPC) – Committee Chair's Report**
Author:	Alison Moss – Corporate and Committee Services Officer

Reporting Committee:	**People, Process and Performance Committee (PPPC)**
Chaired by:	Col (Ret'd) Ian Crowe – PPPC Chair and Non-Executive Director
Lead Executive Director(s):	Debra Mitchell – Acting Chief Operating Officer Hazel Wyton – Chief People Officer Andy Carruthers – Chief Information Officer
Date of last meeting:	27 May 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 27 May 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. Mr S Pizzey, Head of Strategy and Planning, was in attendance for the discussion on the LLR Operational Plan H1.*

- **Minutes and Matters Arising** - the summary and minutes of the previous PPPC meeting held on 29 April 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 1 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 that performance for fractured neck of femurs operated on between 0-35hrs of admission was below target of 72% at 51.9%. There were many reasons why performance had been impacted; these included constraints on theatre time owing to complex trauma cases taking priority and patients who were clinically unfit. Work was underway with the Clinical Management Groups to ensure a more sustained recovery position. Feedback would be provided in the performance briefings submitted to future meetings. With reference to strokes and TIA, the Acting Chief Operating Officer noted that there had been an increase in referrals and a number of patients reluctant to attend their first appointment. Work was being undertaken to provide assurance for patients and further reports would be made to the Executive.

  The Performance Briefing noted that activity levels had increased significantly. The performance for ambulance handovers had deteriorated in April 2021, although they were still better than **in the same period in** the previous year. With respect to planned care, the theatre **lists** had been reinstated to 100%. Overall the activity was above plan for April 2021 and the focus was on cancer and priority 2 patients. The trajectory for recovering elective activity was set out in the report. It was expected that the numbers

waiting more than 52 weeks for treatment would significantly reduce by the end of the financial year, although that would depend on the resources available for H2 (Months 6-12). The Independent Sector was contracted for elective activity, and it was hoped, subject to funding allocated in H2, that the arrangement would continue.

The risks to improved performance related to increases in COVID-19 patients, staffing levels, winter pressures, funding for the independent sector and an increase in cancer referrals.

It was noted that cancer referrals had significantly increased for dermatology, Max Fax and ENT and a high proportion of patients placed on the 2 week-wait pathways. This was being discussed with system partners. PPPC acknowledged that primary care was under considerable pressure and there had been an increase in the use of locum GPs. The Acting Chief Operating Officer noted that the increase in referrals to Max Fax was, in part, related to dentists opening their surgeries following the relaxation of the pandemic restrictions. The value of 'advice and guidance' and similar initiatives whereby GP sought clinical advice prior to referring patients to secondary care was acknowledged. It was noted that one hospital Trust had made it a requirement of accepting a referral.

The PPPC, Non-Executive Director, Chair noted that the number of COVID-19 inpatients was increasing, and the situation was challenging. He asked about the capacity in theatres. The Acting Chief Operating Officer noted that 100% of lists had been reinstated but the throughput had been impacted by the requirements for social distancing and infection prevention. The Theatre Board had established five criteria to improve throughput.

The PPPC, Non-Executive Director, Chair asked to be briefed on the issues and plans pertaining to urology.

- **LLR Operational Plan H1**

Mr S Pizzey, Head of Strategy and Planning, introduced the draft Operational Plan for the first six months of 2021/22 (H1). He noted that the approach to planning had changed considerably. The planning guidance had been very prescriptive with all providers required to deliver within a financial envelope defined by the level of expenditure for Quarter 3 of 2020/21 (plus inflation). The allocation was for the LLR system. The approach had created significant challenges and there was a need to understand the impact on delivery and the workforce. There was the potential to access an Elective Recovery Fund should the activity reach a specific threshold. The additional funding would be available to the LLR system. The Acting Chief Operating Officer stressed that the planning guidance meant there needed to be a cultural change. Previously funding had been based on Payment by Results and planning undertaking from a demand and capacity perspective. In addition, the Trust was now working with its partners in LLR to enact joint responsibility for finance, accountability and quality. The Chief People Officer noted the additional challenges faced by the Trust as it was in Financial Special Measures and the expectation to make on-going savings. The PPPC, Non-Executive Director, Chair observed that the allocation for H2 had yet to be confirmed which made planning difficult.

Ms V Bailey, Non-Executive Director PPPC, commenting on the challenges considered that there needed to be a greater emphasis on where clinical activity took place and developing new working relationships across the system. The Head of Strategy and Planning observed that the Integrated Care System was embryonic in LLR compared to other systems. There was a need to rapidly develop the system and work in design groups to review pathways. He would be actively engaged in helping Clinical Management Groups understand the new planning constraints and development of the Integrated Care System. Work was needed to map capacity and consider how to address the unmet demand. PPPC considered that there needed to be further conversations at all levels to ensure clarity about what could be provided and to manage expectations.

- **Diagnostic Recovery Plan**

The Acting Chief Operating Officer presented the report, which updated PPPC on the plan to recover diagnostic services following the disruption caused by the COVID-19 pandemic. The report noted that the diagnostic operational standard stated that less than 1% of patients should wait 6 weeks or more for a diagnostic test. The performance for April 2021 was 38.2%. Before the pandemic the standard had been met routinely. The report set out the actions taken by Clinical Management Groups to recover the waiting times and the latest recovery plan for each diagnostic test. A Diagnostic Board had been formed which met monthly to oversee the recovery. A bid had been submitted for a diagnostic hub and the

outcome was awaited. The Acting Chief Operating Officer noted the spike in cancer referrals in April and May 2021 presented a risk.

Ms V Bailey, Non-Executive Director PPPC, asked whether the independent sector was being used to support diagnostic activity. The Deputy Chief Operating Officer noted that the sector was limited in its capacity to do so. Further discussions were being held to ensure that patients were put on the right pathway as the Trust was seeing a different cohort of patients than previously.

Mr B Patel, Non-Executive Director, PPPC Vice Chair, asked whether there was a risk to the workforce regarding increased activity placed in the independent sector. The Deputy Chief Operating Officer acknowledged that the risk of staff leaving was a general one.

The PPPC, Non-Executive Director, Chair asked for a further report on the recovery of diagnostic services. The Acting Chief Operating Officer noted that an update would be provided in the monthly Performance Briefing and agreed to provide a separate report in August or September 2021. This would include an analysis of the numbers removed from the waiting list and the numbers added. The PPPC, Non-Executive Director, Chair asked what planning was undertaken for the longer-term provision of diagnostic services to ensure that there was the right equipment and workforce. The Acting Chief Operating Officer noted that it linked to the plans for reconfiguration and the workforce element was considered by the People Board. There was work underway with system partners to review pathways and there was the opportunity for diagnostic services to be located elsewhere. The Chief People Officer advised PPPC that there was much work being undertaken within the system looking at the transformation agenda, including where care was received. The Chief People Officer thought it might be helpful for the PPPC to understand what work was happening across the system and suggested that a further report could be made either at a future PPPC or a Trust Board Development Day. Ms V Bailey, Non-Executive Director PPPC, stressed the need for uniform clinical criteria for referrals. There had been a change in behaviour manifested by the changes in referral patterns and the system could not afford to continue with the existing processes.

- **LLR UEC Governance and Planning**
  The Deputy Chief Operating Officer presented the report, which updated PPPC on the updated governance arrangements for urgent and emergency care. The report noted that the LLR Urgent and Emergency Care Board had established an Urgent Treatment Working Group which would focus on those actions which would make a difference. The report highlighted the interdependencies with other project groups. There would be a pop-up Urgent Treatment Centre and an Unscheduled Care Coordination Hub. The membership of the Primary Care Collaborative Group had been reviewed and UHL representatives invited.

- **UHL Emergency Department Audit (Adult and Paediatric Front Door)**
  The Deputy Chief Operating Officer began the presentation by noting that the previous Monday the Emergency Department saw 792 attendances which was the sixth highest daily attendance ever for UHL. The increase was largely due to the number of patients who were self-presenting.

  It was noted that an audit of patients self-presenting at the Emergency Department had been undertaken. A questionnaire had been completed by 937 adults and 216 children in March and April 2021. The report set out the results from the audit, patient outcomes and next steps to reduce attendance. It was noted that many patients attended the Emergency Department because they found it difficult to get a GP appointment. In many instances they were the 'worried well' who were seeking reassurance about the next steps. In some instances, schools had advised that children should be taken to the Emergency Department. The number of patients registered with Leicester City general practices who were self-presenting was proportionally much higher than patients registered with county practices. It was noted that there were three Urgent Care Centres in the County which was why a pop-up centre in the city was planned. There was a plan to increase testing at the Merlyn Vaz Centre and the Willows Health Centre.

  Work would be undertaken within the Urgent and Emergency cell to provide communication to patients, ahead of the national communications scheduled for September 2021.

  Mr B Patel, Non-Executive Director PPPC Vice-Chair, noted that the findings replicated those from an audit ten years ago. He thought the ambulance service had been innovative in its approach, but

questioned whether there were sufficient actions to change patients' behaviour and address the issues with specific GP practices.

Ms V Bailey, Non-Executive Director PPPC, noted the need to understand which patients had been referred by a clinician and which patients were genuinely self-presenting. The Deputy Chief Operating Officer noted that the number of patients referred by a clinician was captured in the data for the bed bureau and that this audit had focussed on the patients' perceptions.

The Deputy Chief Operating Officer commented that the Urgent and Emergency Care Board had an interface with numerous design groups and as such was quite unique. Colleagues from NHSEI were supporting the work and identifying good practice from other systems. The Chief People Officer noted that the issues faced by UHL would be replicated elsewhere and that pressure should be brought to bear to bring forward the national campaign for NHS 111.

The PPPC, Non-Executive Director, Chair, in concluding the conversation, noted the need for repeated audits to evidence the changes in behaviour, and for evidence to be used to influence the system.

- **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 that with respect to the Electronic Patient Record Programme the e-Meds functionality would be implemented across the Trust. The first site to go-live was the Leicester General Hospital on 8 June followed by Glenfield Hospital on 22 June and 6 and 8 July 2021 for Leicester Royal Infirmary. The development of the diagnostic requesting function had been completed and was moving on the testing and pilot phase. There would be alignment of the EPR and LLR Shared Care Record plans in June 2021.

  The Chief information Officer updated PPPC on the Infrastructure Programme which included upgrades of equipment, telephony, servers and introduction of a managed print service. Progress on the Digital Workplace programme was noted together with plans for IM&T Service Transformation.

- **Digital Innovation Agenda**
  The Chief Information Officer presented the report which noted that the Directorate was working with its Managed Business Partner to pursue a number of innovative projects which were in addition to the core modernisation programme. These were typically small -focussed projects introducing novel approaches and technologies to UHL. Several were being carried out in partnership with the University of Leicester and NTT which included research and operationally oriented projects.

  The Chief Information Officer highlighted two particular projects: TeleDoc which would enable high quality remote consultations and Operation Columbus which would provide a mapping service for the hospitals.

  Ms V Bailey, Non-Executive Director PPPC asked how the Directorate worked with the Clinical Management Groups and were there differences in the way they responded. The Chief Information Officer noted that it had been difficult, understandably, to engage with the clinical teams during the pandemic. The roll out of the e-Meds projects was the first time, in a long time, that they were working closely. He considered that there was a greater understanding that requests for support needed to be clear about the benefits that would accrue and achieve financial efficiencies.

  Mr B Patel, Non-Executive Director, PPPC Vice Chair, asked about the functionality for Operation Columbus and whether it would be accessible for people with disabilities. He noted that Nottingham University was seeking to support organisations translating their ideas into commercial products. The Chief Information Officer noted that it had been useful working with the Managed Business Partner (NTT) and the University in accessing different funding streams and expertise in bid writing. The Chief People Officer noted the opportunities for automation and augmentation to replace jobs and redirect resources. The Acting Chief Operating Officer asked whether the Trust had achieved the right balance in supporting its core IM&T business and the more innovative projects. The Chief Information Officer noted that projects listed were not funded by UHL unless they were for process automation. The TeleDoc had been

funded from the Digital Aspirant Fund.

- **Workforce Briefing**
  The Chief People Officer presented the monthly workforce briefing which reflected People Services activity. The slide deck presented each workstream 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 workstream. The Chief People Officer highlighted a number of key issues.

  The Workforce System Plan had been submitted. However, there was a need to improve the management information to ensure effective monitoring. Discussions were underway with system partners about sharing the business intelligence function.

  It was noted that as part of the Workforce Premium Pay initiative, overtime payments would cease in August 2021. Some Clinical Management Groups had already made progress in this area.

  Feedback from the Equality Diversity and Inclusion (EDI) internal audit had recently been received at Audit Committee. One of the actions was to have a single EDI plan going forward including consideration of wider health inequalities. This was receiving focus and would be discussed at the EDI Board in June 2021.

  The roll-out of the COVID-19 vaccinations continued to go well and 84% of substantive staff had received their first dose with targeted actions in place around non take up.

  From a staff health and wellbeing perspective, the Trust had recently introduced support sessions for staff with family in India, which had been well received.

  The management of change process for the People Services Directorate had been completed and a refresh of the People Strategy and governance was in progress.

  To supplement the annual NHS staff survey, NHSE/I were introducing quarterly 'People Pulse' surveys from July 2021. One of these quarters would be the full National Staff Survey.

  Events had been held as part of 'learning week' which had been well attended. Work had been undertaken to support workforce development through work experience. Initiatives were in train with respect to the Prince's Trust, traineeships and Kickstart.

  Ms V Bailey, Non-Executive Director PPPC, asked how PPPC could be assured that no overtime payments would be paid noting that this had not been stopped following previous directives. The Chief People Officer noted that, whilst there had been restrictions in the past; there was now improved governance and oversight. The Workforce and Premium Pay and Workforce Efficiency Group was overseeing the changes and all payments outside of the Agenda for Change framework would cease unless they had explicit approval from the Group. The Acting Chief Operating Officer noted that the change would impact on morale. Consequently, it was likely that there would be a dip in performance, but she anticipated it would only be temporary.

  The contents of the report were received and noted.

  The following reports were noted: -
  - **Workforce and OD Data Set**
  - **Executive People and Culture Board (EPCB) Action Notes 20 April 2021.**
  - **Executive Finance and Performance Board (EFPB) Action Notes 27 April 2021.**

- **Any Other Business: -**

- <u>Workforce Efficiency Programme – DBS Checking</u>
  The Chief People Officer updated PPPC on the Premium Pay and Workforce Efficiency initiative noting the plan to cease overtime payments and encourage staff to offer additional shifts via the Bank. She reported that it was a considerable amount of work to encourage the 3,370 people who had provided overtime in the past year to register with the Bank. The Chief People Officer described the process that needed to take place and the funding in order to support this, which included DBS checks. Risk

assessments would be undertaken for individuals whilst awaiting the DBS. Ms V Bailey, Non-Executive Director PPPC asked whether all staff had an up-to-date DBS check. The Chief People Officer noted there had been an audit two years ago and all the actions had been completed or responded to. Ms K Gillatt, Associate Non-Executive Director PPPC, asked whether there had been any incidents because of the policy and the Chief People Officer confirmed there had not. She noted that it was a contractual requirement for staff to inform the Trust if they were subject to any cautions or convictions which would be declared on a DBS check. The PPPC was assured that the risk had been mitigated.	
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 24 June 2021 at 11.30am via MS Teams