

Cover report to the Trust Board meeting to be held on 4 March 2021

Trust Board paper H2	
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:	25 February 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 25 February 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 H Wyton, Chief People Officer, D Mitchell, Acting Chief Operating Officer and Mr A Carruthers, Chief Information Officer. Ms C Rudkin, Head of Patient Safety was in attendance for the discussion on the Freedom to Speak Up report; Ms B Kotecha, Associate Director of Systems Leadership and OD and Mr K Boyle, Clinical Lead for Health and Wellbeing were in attendance for the discussion of Mental Health and Well-being Hub and Schwartz Rounds, Ms E Meldrum, Deputy Chief Nurse, was in attendance for the discussion of the Bi-annual Nursing Midwifery Establishment.)*

- **Minutes and Matters Arising** - the summary and Minutes of the previous PPPC meeting held on 28 January 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 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 we had seen some improvement from the previous year.

The contents of the reports were received and noted. Further reports on Restoration and Recovery of Diagnostic Services and Urgent and Emergency Care would be presented to PPPC.

- **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.

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; 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 PPPC Non-Executive Director Chair proposed that the Managed Business Partner attended a Board Development session when they returned to face to face meetings.

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

The PPPC 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 PPPC.

The contents of the report 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 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, PPPC, 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.

The contents of the report were received and noted.

- **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 appraised 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.

The contents of the report were received and noted.

- **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.

The contents of the report were received and noted. It was agreed that performance had improved the reports should be presented annually rather than every six months.

- **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.

The contents of the report were received and noted. The report would be presented to the Trust Board for approval.

- **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.

- **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.

The contents of the report were received and noted. The report would be presented to the Trust Board for approval.

The following reports were noted: -

- **National HR/OD Programme**
- **Workforce and Organisational Development Data Set**
- **IR35 Off-Payroll Quarterly Update**
- **Board Assurance Framework Principal Risk PR3 – Workforce Sustainability**
- **Medical Practice Information Transfer Form Process**
- **EU Exit Employment Changes**
- **Executive Information Management and Technology Board action notes** from the meeting held in 19 January 2021.
- **Executive Finance and Performance Board (EFPB) action notes** from the meeting held on 26 January 2021.
- Note was made that the action notes of the Executive People and Culture Board held on 16 February 2021 would be presented to the next meeting.

- **Any Other Business:** - the Chair noted that Mr B Patel, Non-Executive Director, PPPC, had been designated at the Trust's Non-Executive Director Wellbeing Guardian.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

- Freedom to Speak Up Report ([available here](#))
- Bi Annual Report on Nursing and Midwifery Establishment ([available here](#))

Items highlighted to the Trust Board for information:

The following issue was highlighted to Board members **for 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)

Matters referred to other Committees:

None.

Date of Next Virtual PPPC Meeting:

Thursday 25 March 2021 at 11.30am via MS Teams