

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

MINUTES OF THE PEOPLE, PROCESS AND PERFORMANCE COMMITTEE (PPPC)
MEETING HELD ON THURSDAY 24 JUNE 2021 AT 11.30AM, VIRTUAL MEETING VIA
MICROSOFT TEAMS

Present:

Col (Ret'd) I Crowe - PPPC Non-Executive Director Chair
Mr B Patel - Non-Executive Director (in the Chair)
Ms V Bailey - Non-Executive Director
Ms K Gillatt - PPPC Associate Non-Executive Director
Mr A Carruthers - Chief Information Officer
Ms D Mitchell - Acting Chief Operating Officer
Ms H Wyton - Chief People Officer

In Attendance:

Mr B Collins - EPRR Manager
Ms F Lennon - Deputy Chief Operating Officer
Ms A Moss - Corporate and Committee Services Officer
MS J Tyler-Fantom – Deputy Chief People Officer

RECOMMENDED ITEMS

49/21 Junior Doctors Contract Guardian of Safe Working – Quarterly Report

In line with the requirements of the 2016 Contract the Chief People Officer presented the quarterly update on exception reporting activity at the Trust. All junior doctors (including Trust Grade Doctors) were encouraged to raise exception reports if there were concerns with their work patterns and/or education. From 1 March to 31 May 2021 a total of 105 exception reports had been recorded, 100 of which related to hours, working pattern and service support. There had been five education exceptions during this period.

Recommended – that the Junior Doctors Contract Guardian of Safe Working Quarterly Report be recommended onto the Trust Board for approval. CN

50/21 Nurse Establishment Review

The Deputy Chief Nurse presented the report on UHL's Nurse Establishment Review undertaken in March 2021. It was noted that the review must be undertaken twice a year and reported to Trust Board in order to comply with the National Institute for Clinical Excellence (NICE) safe staffing, National Quality Board standards and the Royal College Nursing workforce standards. The establishment for all inpatient areas had been validated as follows: agreed nursing establishment 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). The establishment review had not highlighted any significant concerns or gaps with the exception of a small number of wards not complying with nurse to patient ratios due to vacancies; the continuation of winter wards which were not permanently funded; and where the COVID-19 pandemic temporarily required an increased workforce.

Recommended – that the Nurse Establishment Review be recommended onto the Trust Board for approval. CN

RESOLVED ITEMS

51/21 **APOLOGIES**

There were no apologies for absence.

52/21 **DECLARATIONS OF INTERESTS**

Ms K Gillatt, PPPC Associate Non-Executive Director, declared an interest in Trust Group Holdings.

Resolved – that the declarations of interest made at this meeting of the PPPC be noted.

53/21 MINUTES & SUMMARIES

Resolved – that the Minutes and Summary of the 27 May 2021 PPPC Meeting (papers A1 and A2 inclusive) be confirmed as a correct record.

54/21 MATTERS ARISING

Paper B detailed progress against agreed actions from previous meetings of PPPC. The The PPPC, Non-Executive Director, Chair, noted that action 44/21/1 concerning the briefing on urology was complete. With respect to IM&T actions (26/21/1 and 16/21/3) it was noted that the Trust Board would be advised according and the actions were closed. With respect the the CMG performance data (action 134/19/4) it was note that the work had been addressed as part of the governance review and there would be new reporting arrangements. The action was closed. The report was received and noted.

Resolved – that the discussion on the matters arising log and any associated actions be noted and the PPPC Matters Arising log be updated accordingly.

CCSO

KEY ISSUES FOR ASSURANCE

55/21/1 Quality and Performance Report – Month 2

The Acting Chief Opertaing Officer presented paper C, the Quality and Performance Report, Month 2. The 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. 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.

It was noted that going forward an Integrated Quality and Performance Report, including finance and people metrics, would be presented to the Trust Board.

The Acting Chief Operating Officer noted the positive performance as set out in the report including good news on Clostridium difficile (Cdiff), Methicillin-resistant Staphylococcus aureus (MRSA), Venous thromboembolism (VTE), cancelled operations and training. The Acting Chief Operating Officer wished to highlight three areas where performance was challenged.

With respect to Fractured Neck of Femurs operated on within 35 hours, performance was below the target of 72% at 52%. This was of particular concern as it impacted on the quality of the outcome for the patient. The reasons for missing the target were many and included an increase in patients presenting as lockdown restrictions had eased and people were going out more; insufficient theatre time, infection prevention controls that restricted patient flow and throughput. A number of actions had been identified to improve the performance, which included extended lists for weekends, a fast-track protocol for patients moving from the Emergency Department to the ward, planning surge capacity and rethinking theatre lists at Leicester Royal Infirmary.

The Non-Executive Directors noted that there had been similar issues in the past, with respect to Fractured Neck of Femurs, discussed at Quality and Outcomes Committee. The issues had been around the workforce and contractual arrangements, and they sought assurance that these had been resolved. The Acting Chief Operating considered the current performance was not caused by these issues and that it was more about balancing the prioritisation of urgent cases, restoring elective activity and an increase in referrals. She agreed to address the concern in future updates and provide further assurance at the Trust Board.

It was reported that the performance for seeing patients experiencing strokes/transient ischemic attack (TIA) had not met the standard in April and May 2021 but was expected to be on target for June 2021. Performance had been affected by an increase in referrals and a high proportion of patients referred without having been seen by a GP. In addition, there had been a number of patients refusing their first appointment which could not be excluded from the statistics. There had been two

bank holidays when patients would be seen by the on-call consultant; consideration would be given to increasing capacity for bank holidays.

It was noted that performance on the cancer metrics was still a concern, but that the Trust had performed well for drug treatment for cancer.

Ms K Gillatt, PPPC Associate Non-Executive Director, noted that the exception reports set out the actions to be taken to improve performance, but wondered if they could be SMART (Specific, Measurable, Achievable, Relevant and Time Bound) in order to assess the impact of the individual actions.

Resolved – that the contents of this report be received and noted.

55/21/2 Performance Update for Elective and Diagnostic Services

The Acting Chief Operating Officer presented the report, paper D, which updated PPPC on the plan to recover elective and diagnostic services following the disruption caused by the COVID-19 pandemic.

It was reported that the number of patients on the waiting list had continued to grow and was 94,605 in May 2021, of which 12,027 had waited more than 52 weeks. There had been a reduction in the number of patients waiting more than 52 weeks. This had been achieved through the increase in theatre capacity and the continued use of the independent sector. There had been a significant increase in elective admissions with the focus on treating priority (P2) and cancer patients.

The risks to performance would be from an increase in COVID-19 admissions; staffing levels during the holiday period; winter pressures; the system's financial allocation for Quarters 3 & 4 2021/22 and associated planning guidance; and the ability to meet all the criteria for the Elective Recovery Fund.

The next steps for elective care would be to develop trajectories to address 104+ waits, insourcing theatre staff and planning for use of the independent sector during Quarters 3 and 4 2021/22 including the use of Ramsey Health Group for orthopaedic patients.

With respect to the transformation of outpatients it was noted that the Transformation Teams for UHL and Clinical Commissioning Groups had been merged and a Clinical Outpatient Lead had been appointed. Transformation would be achieved through a centralised model, video conferencing, robotic processes and validation of waiting lists.

It was noted that the recovery of diagnostic services was challenging. The May 2021 performance, which measured waiting times for 15 key diagnostic tests or procedures, was 37.9% against a target of 1%. The overall diagnostic waiting times were expected to be recovered by March 2022. The plans for each modality were set out in the report. A bid for a diagnostic hub at Leicester General Hospital had been submitted.

The Trust had met four of the 11 standards for cancer care in April 2021. Whilst there had been an increase in activity there had also been a significant growth in referrals and particularly a spike for breast, dermatology and ENT (head and neck) cancers. The conversion rate which had slightly increased would be monitored. It was noted that the picture was reflected nationally for the two week waits and two week breast wait performance. It was reported that the Maxillofacial pathway had been suspended, owing to staff illness, and patients referred to the neighbouring hospitals according to their postcode.

Ms V Bailey, Non-Executive Director PPPC, acknowledged the significant work undertaken to recover services and asked about planning for future demand. There was a need, she thought, to provide more advice and guidance to GPs prior to making a referral. She asked whether the increase in presentation for breast cancer was due to the fact the screening programme had been paused during the pandemic or whether there was a genuine increase in prevalence. She thought it was important to consider future demand in planning the transformation of services. Mr B Patel, Non-Executive Director, PPPC Vice Chair, asked about the co-ordination of the approach to restoration and recovery at a regional level. The Acting Chief Operational Officer reported that discussions were being had about the support 'accelerator' trusts would provide.

Resolved – that the contents of the report be received and noted.

55/21/3 Performance Briefing for Urgent and Emergency Care

The Deputy Chief Operating Officer presented the report, paper E, which updated PPPC on actions taken in relation to Urgent and Emergency Care. The Deputy Chief Operating Officer noted that attendances at the Emergency Department in May 2021 were back to the levels seen at May 2019 and on 14 June 2021 the Department had seen its highest number of patients, averaging 50 per hour. There were significant problems in processing the patients given the need for social distancing and infection prevention controls. The number of patients conveyed by ambulance had not increased.

With respect to the new NHS standard ‘the time to initial assessment’ it was noted that UHL was performing above the expected target of 15 minutes and was assessing patients, on average, in 7 minutes.

It was reported that the Same Day Emergency Care and the GP Assessment Unit had been effective and were seeing an increased number of patients. Discussions were being had about a pop-up Urgent Care Centre which would need to be located at the Emergency Department. The difficulty was in securing and funding GPs for the service. With respect to the Length of Stay, new standards had been set for patients staying over day 7 and 21 days. Although it was noted that the Trust would meet the standards, further work was needed as there were medically fit patients in hospital waiting over 24 hours to be discharged.

Mr B Patel, Non-Executive Director, PPPC Vice Chair, noted that the problems in relation to urgent and emergency care were long standing and wondered whether system partners were doing all they could. He noted that significant efforts to triage cases through NHS 111 and deflect patients to other services were not having a significant impact. The Deputy Chief Operating Officer noted that GPs had reported being overwhelmed and there was a need to work together as a system. It was suggested that patients were not persisting when trying to get a GP appointment, nor willing to wait, and attended Emergency Department because they knew they would be seen that day. Ms V Bailey, Non-Executive Director PPPC, wondered whether the pandemic had led to irreversible patterns of behaviour and whether there was a need to accept the new reality and change the narrative.

Resolved – that (A) the contents of this report be received and noted.

55/21/4 EPRR Emergency Preparedness, Resilience and Response (EPRR) Update

Mr B Collins, EPRR Manager, presented the quarterly report which updated PPPC on the work of the Emergency Planning Team.

The Emergency Planning Team had ensured that the Trust’s Incident Coordination Centre was available 5 days per week between the hours of 08:00 – 17:00 and supported a number of COVID-19 related projects. This involved logging and co-ordinating the response to numerous directives, assurance returns and Situation Reports (SITREPs) including a twice-daily return on the Delta variant of concern which was required 7 days per week. The Team was collating and archiving action logs and notes for potential use in the planned Public Inquiry. The Team had coordinated the debrief into the second wave of COVID-19 to identify lessons learnt which would be reported to the Trust Board. Support had been provided to Women’s & Children’s Clinical Management Group to develop an escalation framework in the event of a surge in either Respiratory Syncytial Virus (RSV) or COVID-19 which might result in increased demand for paediatric care.

It was reported that despite the activity relating to COVID-19, good progress had been made on the action plan including an overhaul of the relatives’ reception centre plan, business continuity toolkits, consideration of flooding risks and updating the heatwave plan. In addition, the team had coordinated the redevelopment of the Capacity, Flow and Escalation Plan including patient flow maps. The report set out the plans for the next three months. It was anticipated that the Trust would need to complete the annual self-assessment against EPRR core standings in July/August 2021 and the Trust would be able to demonstrate substantial compliance against the standards.

Ms V Bailey, Non-Executive Director PPPC, noted that the Incident Coordination Centre had played a

vital role as the single point of contact and the team demonstrated 'logiest' and coordination skills; she thought that these could be usefully shared across the system. The EPPR Manager considered that this had been a relatively small part of the work undertaken but there was a need for greater coordination across the system noting that there had been some duplication when it came to management of the vaccination programme. The Acting Chief Operating Officer added that the coordination role performed, and curation of documentation would be important in preparing for the Public Inquiry and thanked the team for their work. It was noted that in light of the revised governance arrangements, the EPPR would be submitted directly to the Trust Board in future. The PPC, Non-Executive Director, Chair, asked that as lead Non-Executive Director, he was sighted on the reports prior to submission.

ACOO

Resolved – that (A) the contents of the report be received and noted, and (B) that the Chair be sighted on EPPR reports prior to submission.

ACOO

55/21/5 Information Management & Technology (IM&T) Briefing

The Chief Information Officer presented a slide deck (paper G1 refers) 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.

It was noted that the roll-out of the e-Meds function within NerveCentre had been well received. The planned roll-out at Glenfield Hospital had been paused pending a change to the workflows for the completion of discharge summaries on the new system. It was intended to roll-out to Leicester Royal Infirmary as planned in early July and the date for Glenfield Hospital to be confirmed.

It was reported that the service transition had been completed and had gone well.

Resolved – that the contents of the report be received and noted.

55/21/6 Shared Care Record

The Chief Information Officer presented paper G1 and reminded PPC that there had been a Ministerial directive for Integrated Care Systems to have a shared care record in place by September 2021. The requirements were above those planned for and an additional solution was required. In May 2021 the LLR Integrated Care System (ICS) IM&T Strategy Board approved joining the consortium / shared ownership model in partnership with Yorkshire and Humber ICSs to deliver a shared care record for LLR.

The Chief Information Officer assured PPC that the work would be undertaken in parallel with work on the Electronic Patient Record. Funding would be provided by NHSX but this would not cover all the technical resources required and this would be underwritten by the LLR ICS from its joint allocation.

Resolved – that the contents of the report be received and noted.

55/21/7 Delivery of the UHL People Strategy

The Chief People Officer presented the update to the NHS People Plan and UHL People Strategy, paper H. The NHS People Plan had been published in July 2020 and had four chapters: 1) looking after our people; 2) belonging in the NHS; 3) new way of working; and 4) growing for the Future. The operational guidance for the Plan had been published in May 2021 and built on the deliverables and learning arising from the pandemic. Prior to the NHS People Plan, the Trust had developed a Cultural and Leadership Programme and the ten themes from the diagnostics had been incorporated in UHL's People Strategy.

The Chief People Officer outlined the governance arrangements for the People Plan. She reported that the Directorate had undergone a management of change process and there was a revised management structure. HR Business Partners were embedded within Clinical Management Groups / Directorates and their focus had changed from transactional issues to supporting the implementation of the People Plan, these roles were now known as People Partners. An Associate Director of Transformational Services had been appointed to oversee the temporary staffing function, payroll,

etc. The role of the Associate Director of System Leadership and OD would shift its focus to system working. A People and Culture Assessment framework would be developed to support the delivery of the People Strategy which would include metrics for monitoring.

It was noted that the pandemic had presented new challenges. Health and wellbeing services, flexible working and system-wide working had come to the fore. This had included work on digital transformation, support for returning and new staff together with improving the leadership culture. There had been a work sharing agreement with health system partners which had been a great achievement and education and training had been delivered differently. It was noted that work was underway to embed the Equality, Diversity and Inclusion (EDI) Decision-Making Framework in the Trust, EDI and Health and Well-being underpinning delivery. There would be a quarterly NHS staff survey which would focus on the progress on the People Promise. The presentation set out the key deliverables for the four chapters which were underpinned by detailed action plans. There would be a risk register aligned to the refreshed Board Assurance Framework.

Ms V Bailey, Non-Executive Director PPPC, acknowledged the significant amount of work involved in implementing the People Plan. She wondered whether more could be done to link performance challenges with people issues and the system. She suggested that this should be considered in relation to hospital discharge. The Chief People Officer noted that there was an LLR People Board and data was being collated. She cautioned that the social care sector, in particular, was fragmented and it was difficult to coordinate. However, a positive development had been the workforce sharing agreement.

Mr B Patel, Non-Executive Director, PPPC Vice Chair, asked whether there was scope for staff to be employed by the Integrated Care System. The Chief People Officer noted that the workforce sharing agreement was an interim step and there was a desire to develop career paths across the system and ideas were being considered by the LLR People Board.

Ms K Gillatt, PPPC Associate Non-Executive Director, asked about workforce planning and the forecasting of pay costs. The Deputy Chief People Officer noted that there was a workforce planning tool and the intention was to work more closely with Finance colleagues and ensure the planning tool was embedded.

Resolved – that the contents of the report be received and noted.

55/21/8 Management and Oversight of Local Investigations / Case work / Just Culture update

The Deputy Chief People Officer presented, paper I which provided an update on the management of local investigations and casework, aligned to the 'Just Culture' approach. The 'Just Culture' supported a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things went wrong, rather than fearing blame. The report re-capped the national recommendations first published in May 2019 and the more recent work undertaken to review case activity within UHL against the Baroness Harding recommendations. It presented an initial assessment of the outcomes and trends. It was noted that an Executive Oversight Committee had been established and investigation training delivered. A review of trends noted an increase in the number of cases resolved informally. There had been a reduction in the number of BAME staff being subjected to disciplinary processes. There had been a reduction in the number of grievances and an increase in anti-bullying and harassment cases resulting in 'no case to answer'. The report set out the next steps to embed the change and the 'Just Culture' approach. There would be a focus on the investigations where there was 'no case to answer'; data reporting; and the time taken to conclude investigations.

It was noted that the medical cases were managed separately but that there was shared learning to ensure consistency of approach. A separate Maintaining High Professional Standards report would be presented in August 2021.

The PPPC, Non-Executive Director, Chair requested that future reports provide more detail to understand trends by Rank/Grade and Clinical Management Group/Directorate.

CPO

Resolved – that (A) the contents of this report be received and noted, and

(B) future reports provide more detail to understand trends by Rank/Grade and Clinical Management Group/Directorate.

CPO

55/21/9 Nursing and Midwifery Education

The Deputy Chief Nurse updated PPPC on the School of Nursing and Midwifery's programme of restoration and recovery. The workforce development priorities and funding streams were set out at appendix 1. The report provided updates relating to international recruitment, Continuing Professional Development (CPD) and Health Care Assistant (HCA) training. It was noted that funding had been allocated for the recruitment of 240 international nurses up until 31 March 2022. UHL would support LPT with the recruitment and Objective Structure Clinical Exam (OSCE) training provision for 30 international nurses in the first instance. With respect to CPD, UHL had been allocated £1.6m funding. It was noted that UHL had recruited 349 new HCAs and the vacancy rate was 141 full time equivalents with over 100 people waiting to start.

Resolved – that the contents of this report be received and noted.

55/21/10 Medical Education Report

PPPC received a report on the implementation of the 2019-2021 UHL Medical Education Strategy. The report addressed the four themes of the Strategy: Theme 1: Ensure a Supportive Learning Culture Theme 2: Excellent learning facilities Theme 3: High Quality Education and Governance Theme 4: Support Workforce Developments and Initiatives.

It was noted that there would be an increase in doctor numbers over the coming years. There would be an extra eight foundation level doctors in August 2021 and an extra 30-40 in August 2022. It was noted that Health Education England (HEE) had updated its education contract which required increased accountability for education funding. It was noted that the pandemic had impacted on the junior doctor training experience and that HEE had allocated £100k funding to support trainees whose progression had been adversely affected by COVID-19.

Resolved – that the contents of this report be received and noted.

56/21 ITEMS FOR NOTING

56/21/1 Workforce and Organisational Development Data Set

Resolved – that the contents of the report Workforce and Organisational Development Data Set (paper N) be received and noted.

56/21/2 Update on Off-payroll/IR35 Position

Resolved – that that the contents of the report Update on Off-payroll/IR35 Position (paper O) be

56/21/3 Executive Finance and Performance Board (EFPB)

Resolved –that the notes of the EFPB meeting held on 25 May 2021 (paper P) be received and noted.

57/21 ANY OTHER BUSINESS

57/21/1 There was no other business.

58/21 IDENTIFICATION OF ANY KEY ISSUES FOR THE ATTENTION OF THE TRUST BOARD

Resolved – that (A) the following items be highlighted to the 1 July 2021 public Trust Board via the summary of this Committee meeting for information:

- Performance Update for Elective and Diagnostic Services
- Performance Briefing for Urgent and Emergency Care

59/21 DATE OF THE NEXT MEETING AND FUTURE PPC MEETING DATES

Resolved – that (A) the next meeting of the People and Culture Performance Committee be held on Thursday 29 July 2021 from 11.30am until 1.30pm (virtual meeting via MS Teams).

The meeting closed at 1.30pm.

Alison Moss - Corporate and Committee Services Officer

Cumulative Record of Members' Attendance (2021-22 to date):-

Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>I Crowe (Chair)</i>	3	3	100	<i>A Furlong</i>	N/A		
<i>V Bailey</i>	3	3	100	<i>K Gillatt</i>	3	3	100
<i>P Baker</i>	N/A			<i>S Lazarus</i>	N/A		
<i>R Brown</i>	N/A			<i>D Mitchell</i>	3	3	100
<i>Mr A Carruthers</i>	3	3	100	<i>B Patel</i>	3	3	100
<i>C Fox</i>	N/A			<i>H Wyton</i>	3	3	100

Non-Voting Members

<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>	<i>Name</i>	<i>Possible</i>	<i>Actual</i>	<i>% attendance</i>
<i>B Kotecha</i>	1	1	100	<i>J Tyler-Fantom</i>	2	2	100
<i>F Lennon</i>	2	2	100				