

Cover report to the Trust Board meeting to be held on 3 September 2020

Trust Board paper I2	
Report Title:	People, Process and Performance Committee – Committee Chair’s Report
Author:	Gill Belton – 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 – Director of People and Organisational Development (OD) Andy Carruthers – Chief Information Officer
Date of last meeting:	27 August 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 27 August 2020:- *(involving Col (Ret’d) I Crowe, the PPPC Non-Executive Director Chair, Mr B Patel, PPPC Non-Executive Director Deputy Chair, Ms H Wyton, Director of People and Organisational Development, Ms D Mitchell, Acting Chief Operating Officer, Ms F Lennon, Deputy Chief Operating Officer and Ms P Dunnan, EHospital Programme Manager (deputising for Mr A Carruthers, Chief Information Officer). Mr N Howlett, Health and Safety Services Manager and Ms B O’Brien, Deputy Director of Quality Assurance, were in attendance for discussion on the Security Management report only).*

- **Apologies** – Mr A Carruthers, Chief Information Officer.
- **Declarations of Interest** – none.
- **Minutes & Matters Arising** – the summary and Minutes of the previous PPPC meeting held on 30 July 2020 was accepted as an accurate record 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.
- **Quality and Performance Report – Month 4**
The Month 4 Quality and Performance report provided a high level summary of the Trust’s performance against the key quality and performance metrics, together with a brief commentary where relevant. This complemented the full Quality and Performance Report and the exception reports within that which were triggered automatically when identified thresholds were met. The exception reports contained the full detail of recovery actions and trajectories, where applicable. In presenting this report, the Acting Chief Operating Officer noted that the Trust continued to monitor its performance and quality against identified metrics, with the Covid-19 pandemic having impacted upon these metrics (both positively as well as negatively). Performance had improved in terms of ambulance handovers, cancelled operations and 12 hour trolley waits, with no breaches of the latter in Month 4. However challenges remained in terms of performance against the 4 hour Emergency Department (ED) metric. Waiting times for elective surgery had been negatively impacted by the Covid-19 pandemic, with increasing numbers of patients waiting over 52 weeks by the end of June 2020 (1,495 breaches reported in June 2020). The Medical Director had instigated a review of all such patients, whose clinicians would be reviewing their care and contacting them with regard to the plan for future management. The Trust was very keen to maintain the improvements seen in ambulance handover times and this particular indicator was the focus of current on-going work involving the Trust’s Acting Chief Operating Officer, Chief Nurse and Medical Director. Members received and noted the contents of this report.
- **Performance Briefing**
The Acting Chief Operating Officer provided a performance briefing to the Committee. The Trust had created significant surge capacity to treat and care for patients with confirmed Covid-19 infection. The challenge now facing the Trust as it began the second phase of its response to the outbreak was to maintain the capacity to provide high quality services for patients with Covid-19, whilst increasing other urgent clinical services and important routine diagnostics and planned surgery. This report to the Committee focused on the impact on the Trust’s performance relevant to key targets including RTT, diagnostics, elective activity, cancer and emergency treatment and actions to support recovery. The Trust was undertaking a number of actions to track and improve performance, namely (1) implementation of a performance dashboard (which would be updated weekly) (2) utilisation of the Independent

Sector (IS) and the Alliance (3) a theatre utilisation performance report (4) a demand and capacity model for cancer services to help develop a clear trajectory for key performance metrics and (5) fostering innovation and transformation to support service delivery. In presenting this report, the Acting Chief Operating Officer particularly noted that diagnostics remained challenged in particular, with an increase in referrals observed. The DEXA scan was currently unavailable, but a plan was in place for this to move to the LGH site in September 2020. The Trust was currently awaiting news in respect of a bid submitted for funding to support endoscopy. The Trust had achieved five (out of eleven) of the national cancer standards in June 2020. The most significant challenge for the Trust was to recover the position with services having decreased capacity due to social distancing, PPE and time between cases for air exchange. In response to a specific request made by Col (Ret'd) Crowe, PPC Non-Executive Director Chair, at the August 2020 PPC meeting, the Acting Chief Operating Officer confirmed that the operational team worked closely with the reconfiguration team in both the development and operational delivery of business cases, with the recently appointed Assistant Director of Operations having lead responsibility for articulation and delivery of the operational requirements of the Trust's reconfiguration programme, working with the leadership teams of both Clinical Management Groups and across the health system. Key next steps for the Trust in terms of performance improvement were as follows: (1) increasing utilisation of theatre capacity (2) further utilisation of the independent sector (3) undertaking waiting list initiatives to specifically address clinical urgent and long waiting patients (4) continuing to innovate and transform services to support service delivery (5) an increase in the percentage of non-face-to-face outpatient activity (6) development of performance trajectories at specialty level (7) revision of the activity plan and (8) ensuring that data quality remained a focus area. The Committee received and noted the contents of this report.

- **COVID Phase 3 Response Plan**

The Acting Chief Operating Officer presented a report which provided an overview of the progress made to-date in responding to the Covid-19 Phase 3 Restoration / Recovery Process and provided narrative to feed into the LLR System return due for submission on 1st September 2020, note being made that, in order to provide structure to the restoration / recovery process, NHSE/I had released a series of planning instructions, this being the Trust's response to the third phase of such. Key to developing a UHL activity plan that sought to meet the ambitions within the Phase 3 planning guidance was the development of a six month specialty level activity forecast, followed by a comparative analysis (of this forecast) against the guidance requirements. These plans were based on reasonable Likely, Best and Worst-Case scenarios set by NHSE/I. These scenarios were seeking to gain a clear understanding of the system's ability to manage the inherent tension between the need for service restoration and preparation for winter, whilst giving due regard to the potential for localised Covid-19 outbreaks or waves. In presenting this report, the Acting Chief Operating Officer made reference to meetings taking place ahead of the 1st September 2020 submission date, one of which would be with system partners and the fact that further discussion on this matter was also scheduled for the Trust Board Thinking Day on 11 September 2020. She also made reference to new Infection Prevention guidance received which should assist throughput and improve levels of activity. Members received and noted the contents of this report. In discussion on this item, Mr Patel, PPC NED Deputy Chair, queried whether the Trust was monitoring the numbers of non-face-to-face appointments being provided and any challenges arising. The Acting Chief Operating Officer confirmed that the Trust was undertaking both telephone consultations and video-conferencing consultations and was monitoring activity in all modalities. Clinicians were undertaking a process of reviewing patient notes in advance of appointments in order to determine whether a patient needed to come into hospital (e.g. in the case of a patient requiring investigations or physical examinations etc. to be performed) or whether their consultation would be suitable for a non-face-to-face method of communication. In general, patients were expressing satisfaction with non-face-to-face consultations, however, where patients were unhappy with such, they were offered a face-to-face appointment at their next scheduled visit. Note was made that, due to social distancing guidelines in place, there was a limit to the number of face-to-face appointments that could be undertaken and that patients could often be seen more quickly via non-face-to-face means of consultation. Mr Patel, PPC NED Deputy Chair, noted the potential for younger people to value non-face-to-face consultations more than older people, some of whom might continue to prefer face-to-face consultations. Mr Patel also noted the possibility for patients to undergo investigations (e.g. blood tests etc.) closer to home, such as at their GP surgery, rather than having to travel to hospital for these. Col (Ret'd) Crowe, PPC NED Chair, expressed his continuing concern in relation to cancer care metrics, albeit acknowledging the prioritisation of category 1 and category 2 patients and he emphasised the need to continue to focus on safety and the prevention of harm. The PPC NED Chair also made reference to the specific metrics detailed within the Q & P report which had been paused due to the Covid-19 pandemic. He considered that the measurement of all such 'paused' metrics should be resumed and requested that the Acting Chief Operating Officer covered this within her report to the Committee next month. He also requested that, where any such metrics needed to remain 'paused', an explanation was provided to the Committee as to why this was the case. The PPC NED Chair also requested that the Acting Chief Operating Officer presented information at the next PPC meeting in September 2020 detailing the levels at which all services across the CMGs were currently operating. Particular discussion took place regarding the capital and revenue aspects to the endoscopy business case referenced during discussion on the performance briefing and the process for progressing these. Discussion also took place in relation to the Trust's provisions for diagnostic services being aided by further planned use of the Independent Sector. In response to the PPC NED Chair's questions as to whether the Acting Chief Operating Officer considered she had the required

resources and influence in relation to the Trust's reconfiguration programme, she confirmed that she did, through her chairing of two of the reconfiguration boards and through the new post of Assistant Director of Operations, Planned Care which worked jointly across operations and reconfiguration. The contents of this report were received and noted.

- **Winter Plan 2020/21 & Bed Modelling Update**

The Deputy Chief Operating Officer presented a report detailing an update in terms of the Winter Plan for 2020/21 and bed modelling, noting that winter planning for 20/21 brought increased complexity and challenge due to the possibility of a resurgence in Covid-19, disruption of the health and social care system due to reconfigurations to respond and reduce transmission of covid-19, the backlog of non-Covid-19 work that had accumulated due to its suspension during the first outbreak and a possible influenza epidemic, norovirus diarrhoea, increased non-specific respiratory infections and slips and falls leading to orthopaedic trauma admissions, in addition to the challenges posed by Covid-19. The paper presented to the Committee provided an update on bed modelling assumptions, bed numbers along with the plans for CMG efficiency and utilisation of the Trust bed base during Winter, use of the IS sector and discharge planning for winter. Also referenced was the nationally mandated Think 111 Project. Particular risks to the plan included whether the additional workforce required would be available and whether the wider LLR system response could meet the needs of secondary care at the pace required. In relation to this latter aspect, the PPPC NED Chair requested that a commentary on the system-wide plan was provided within the standing update on the UHL Winter Plan 20/21 scheduled for receipt at the next Committee meeting, in order that any issues of concern could be escalated appropriately. The Director of People and Organisational Development acknowledged that the workforce would be vital within the plan and she advised the Committee of the existence of a system-wide People Board which would assist in this respect. Also noted of value was the real-time data available in respect of patients fit for discharge which it was intended to build upon. The PPPC NED Chair also requested, for receipt at the next Committee meeting, completed Estates and Facilities data within the Escalation Framework, as well as information relating to Research within the Trust, both of which the Deputy Chief Operating Officer undertook to include. In response to a query raised by the PPPC NED Chair, the Deputy Chief Operating Officer confirmed that a clear process was in place for the screening of staff (for Covid-19) both internally to UHL and across LLR and she undertook to include relevant data in relation to this within the next iteration of the Winter Plan update for receipt at the September 2020 PPPC meeting. The Director of People and OD also provided an update on staff antibody testing, noting that the Occupational Health team were about to enter their busiest period of the year, which included the provision of seasonal flu vaccinations to staff. In response to a query raised by Mr Patel, PPPC NED Deputy Chair, as to how quickly a patient could be discharged once they had been confirmed fit for discharge, the Deputy Chief Operating Officer confirmed that this was addressed organisationally through the streamlined emergency care process, albeit noted that a limiting factor currently was the time involved in swabbing patients for discharge to nursing or residential homes. Mr Patel also emphasised the need for a robust plan with system partners to avoid unnecessary readmissions. Particular discussion took place regarding schemes which could assist in this respect, such as the ED Frailty Squad, albeit Mr Patel noted the need to continue to seek assurances from system partners and noted the need for robust data in this respect. The Committee received and noted the contents of this report, which the PPPC NED Chair undertook to refer onto Trust Board members for information, noting the continuing work at Committee level on improving the Winter Plan and interfacing with the LLR System Plan.

- **Workforce Briefing**

The Director of People and Organisational Development presented a briefing which detailed the People Services' response to the COVID-19 pandemic, noting that all People Services 'business as usual' activities had been aligned to meet operational and strategic needs for both the Trust and the wider system in response to the changing demands during the Covid-19 response period. Specific updates from previous reports were highlighted in red font for ease of members' reference. Normal activities were now resuming in line with recovery and restoration plans. Planning was also taking place in light of the release of the National People Plan on 30 July 2020. In presenting this report, the Director of People and Organisational Development made specific note of the fact that, as Covid-19 related staff sickness absence decreased, general sickness absence levels were increasing, with a specific rise in anxiety-related sickness absence, with support for staff required in this respect. She further noted that she would be submitting a report to the September 2020 PPPC meeting in relation to Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data. Also of particular note was the imminent launch of the new Cultural Bereavement package. The report detailed a number of other specific updates in relation to a number of key achievements and deliverables demonstrating sustained progress over the last 30 days. In response to a specific request made by Col (Ret'd) Crowe, PPPC Non-Executive Director Chair at the August 2020 PPPC meeting, the Director of People and Organisational Development confirmed that her directorate were heavily involved in reconfiguration plans, with a detailed summary of activity provided for inclusion within the Trust Board report. The specific involvement of the People Services function within reconfiguration was as bullet-pointed within section 2 of the report. Particular note was made of the fact that resources for reconfiguration within the People Directorate were aligned across the work and roles already being undertaken, an approach commended by the PPPC NED Chair. The contents of this report were received and noted.

- **NHS People Plan and People Strategy Update**

The Director of People and Organisational Development presented a report which provided an overview and key focus areas of the New National NHS People Plan, as published on 30 July 2020, and defined the approach being taken to align work at national, system and organisational level. It also provided an update on the UHL People Strategy detailing progress so far and next steps. In presenting this report, the Director of People and Organisational Development noted that she would be undertaking a full presentation to the PPPC in October 2020 on the People Plan, and thereafter to the November 2020 Trust Board meeting. Particular points of note within the Plan were flexible working, with emphasis on a work-life balance, new ways of working, growing the future workforce, with particular emphasis on mental health, and across system working with flexibility across systems. Three such system roles had been identified and an appointment made to one of these roles thus far. The next steps would be to communicate the Plan to the Trust Board and to staff within the Trust. The Director of People and OD explained that the resource structure, governance and meeting structure relating to the delivery of the People Strategy, underneath EPCB, would also be reviewed and be presented at a future PPPC. The Committee endorsed the direction of travel, with the PPPC NED Deputy Chair noting the need to review EDI meeting structures and use IT as an enabler 'built' around the person – in relation to this point, Ms Dunnan, eHospital Programme Manager, confirmed that this element was being addressed by the Business Engagement Leads within the IM&T directorate. Also in relation to this point, the Director of People and Organisational Development undertook to provide an update on agile working within (or as an appendix to) her report to the Committee next month, which also addressed recent questions raised at meetings of the Non-Executive Directors concerning elements connected to agile working such as information governance security, relevant household insurance being in place etc.) The Committee received and noted the contents of this report, which the PPPC NED Chair undertook to refer onto Trust Board members for information.

- **UHL Staff Recognition and Award Programme**

The Director of People and OD presented a report detailing the Trust's Staff Recognition and Awards Programme, however highlighted a specific change since the paper had been written based on CMG feedback in relation to recognition of staff efforts during Covid-19, namely that it had been a huge team effort involved in responding to the pandemic and the feeling amongst staff, therefore, that it would not be fair to single out specific individuals for covid-19 related awards. However, there would still be recognition given to all staff for their part in responding to the pandemic and the annual Caring at its Best awards would continue. Specific discussion took place regarding a proposed virtual video 'thank you' to be recorded by Trust Board members to thank all staff for their efforts, which the Director of People and OD undertook to progress in conjunction with the Chief Information Officer and Director of Communications. Discussion also took place on expanding the idea of the virtual 'thank you' into a virtual record of how the Trust's staff had responded to the demands of the covid-19 pandemic which could feature on the Trust's website (and potentially be shown at the Caring at its Best Awards virtual event) and, in effect, build a virtual record of what had been achieved. It was considered that this would also act as a valuable education tool, as well as a historical record upon which to reflect. The Director of People and Organisational Development undertook to discuss this idea further with the Communications team. Also discussed was a proposed People Library with potential contributions to be sought from BAME colleagues and colleagues working in research. The contents of this report were received and noted.

- **IM&T Briefing**

Ms Dunnan, eHospital Programme Manager, presented an update briefing report on areas of work and progress made to-date within the IM&T directorate. Particular discussion took place regarding Think 111, which was a nationally mandated project, the progression of which would require the transfer of some resource previously assigned to other projects, and could potentially delay elements of the IM&T programme. It was intended to progress the project using IT systems already in utilisation within the Trust for the purpose of alignment. In response to a specific request made by Col (Ret'd) Crowe, PPPC Non-Executive Director Chair at the August 2020 PPPC meeting as to whether IM&T had sufficient resources and influence in relation to the Trust's reconfiguration programme, the eHospital Programme Manager confirmed that this would be the case upon appointment to the new posts designed for this purpose, which was a very positive development. The contents of this report were received and noted.

- **Security Management Report**

Mr Howlett, Health and Safety Services Manager, presented a report which covered Local Security Management and detailed aspects of this work including training, crime and sanctions taken against perpetrators. Particular highlights from the report included (1) completion of the UHL CCTV infrastructure (2) a 58% reduction in physical assaults from work undertaken in the last 12 months compared to figures for the previous year (albeit the overall number for all assaults was similar to that in the previous year). It was also noted that the decrease in assaults corresponded to a decrease in footfall to the Trust's site during the pandemic (3) the fact that the use of Body Worn Cameras had now been embedded across the three UHL sites and had recently yielded valuable evidence in the pursuance of criminal justice and (4) the fact that Conflict Resolution Training compliance currently stood at 98.15%, although it was likely that some of these courses would need to be withdrawn as Covid-19

restrictions eased, as this was partly informed by the temporary courses put into place in March 2020. Particular discussion took place regarding training and funding routes for training, noting that this type of training tended to be practical, face-to-face courses requiring close proximity, none of which was currently possible to deliver with the social distancing regulations in place, as a result of which an interim programme of training was currently being considered up until such a point that face-to-face practical based training could be safely resumed. The PPPC NED Chair noted the need for innovative solutions to delivering this training over the next 6-18 months for 'bubbles' of staff with video support. Appendix 1 to the report detailed the Security Management Action Plan for 2020/21. The PPPC NED Chair particularly commended appendix 3 to this report which detailed a brief description of the types of physical assaults recorded against staff and consequent actions (where known), noting the importance of communicating the message that the Trust will not tolerate assaults on its staff and will look to prosecute offenders. In response to the PPPC NED Chair's query as to his teams involvement in the Trusts reconfiguration plans, the Health and Safety Services Manager advised of a recent meeting held between himself and members of his team with one of the Reconfiguration Project Managers which covered all elements of his remit, and which he expected would be the start of continuing and open dialogue going forward. The PPPC NED Chair particularly commended the introduction of Body Worn Cameras and the associated work in relation to Trust policies and Standard Operating Procedures (SOPs). The Committee received and noted the contents of this report, which the PPPC NED Chair undertook to refer onto Trust Board members for information, particularly with reference to the work of the team and the contents of appendix 3.

Items for Information

The following reports were noted:-

- Consultant Reward Slide Set (CEA's) – the Director of People and OD noted that the Trust's Medical Director had returned the Trust's response to this consultation.
- Workforce and OD Data Set – which now featured the reasons behind the rise in agency spend and related to an increased use of agency staff within ESM in order to manage the Covid-19 and non-Covid 19 patient streams. Also noted was a recent increase in staff appraisals, these having been paused temporarily due to the Covid-19 pandemic.
- IR35 Update
- 2019/20 Casework and Just Culture Update
- Executive Performance Board action notes from 21 July 2020
- Executive People and Culture Board actions from 18 August 2020
- Executive IM&T Board action notes from 30 June 2020

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

None.

Items highlighted to the Trust Board for information:

The following issues were highlighted to Board members ***for information only***:-

- The Winter Plan Update and Bed Modelling report (available to Trust Board members through the BI portal, paper F refers);
- The NHS People Plan and People Strategy Update (available to Trust Board members through the BI portal, paper H refers), and
- Security Management Report (available to Trust Board members through the BI portal, paper K refers).

Matters referred to other Committees:

None.

Date of Next Virtual PPPC Meeting:

24 September 2020 at 11am