

Cover report to the Trust Board meeting to be held on 4 June 2020

Trust Board paper E2

Report Title:	People, Process and Performance Committee Conference Call – Committee Chair’s Report <i>This was not a formally-constituted virtual Board Committee meeting, and was confined to any time-critical items/governance must-dos only. Its purpose was to provide information on, and assurance of, progress.</i>
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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 – Director of People and Organisational Development (OD) Andy Carruthers – Chief Information Officer
Date of last meeting:	28 May 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 assurance conference call on 28 May 2020:- *(involving Col (Ret’d) I Crowe, the PPPC Non-Executive Director Chair, Mr K Singh, Trust Chairman (deputising for Mr B Patel, PPPC Non-Executive Director Deputy Chair), Ms H Wyton, Director of People and Organisational Development, Ms D Mitchell, Acting Chief Operational Officer and Ms P Dunnan, eHospital Programme Manager (deputising for Mr A Carruthers, Chief Information Officer).*

- **Declarations of Interest** – none.
- **Minutes & Matters Arising** – the summary of the previous PPPC Conference Call meeting held on 30 April 2020 was accepted as an accurate record (paper A refers) and the PPPC Matters Arising Log (paper B refers) was received and noted. A verbal update was provided by the Director of People and Organisational Development in respect of action 2b from 30 April 2020 which would be recorded in the next iteration of the Matters Arising Log by the Corporate and Committee Services Officer and submitted to the Committee at its next meeting in June 2020.
- **Quality and Performance Report – Month 1**
The Acting Chief Operational Officer highlighted key issues as evident from the Month 1 Quality & Performance report; specifically noting that, as a result of COVID-19, there had been a number of areas where there had been a decline in performance and a number of areas where performance had improved. The intention to continue to build on areas of improvement was emphasised, as well as to focus attention on those areas of declining performance. Performance had been maintained in terms of the two week cancer waits, stroke and TIA thresholds had been maintained, there had been no 12 hour breaches and ambulance handover times had also improved. The Trust was currently below its waiting list target for the year-end, with an increase in backlog, along with an increase in the number of 52 + week breaches due to the cancellation of routine elective surgery as a result of the COVID-19 pandemic. Particular note was also made of the work required to improve fractured neck of femur performance and to improve performance against other cancer-related targets (with the exception of the 2 week wait target, against which performance had been maintained) which had all been adversely affected by the COVID-19 pandemic. Particular note was made of a decrease in use of the Trust’s diagnostic services for reasons relating to social distancing and patient choice as a direct result of COVID-19. Specific discussion took place regarding the need to help restore public confidence in safely being able use the Trust’s (and primary care) services. The challenges which lay ahead for the Trust in terms of recovery of its RTT and specific cancer-related targets were emphasised. The PPPC Non-Executive Director Chair sought specific assurance around the administrative processes involved in the management of waiting lists, in response to which the Acting Chief Operating Officer verbally informed the Committee of work being undertaken to (1) increase tracking (2) Consultants undertaking a more detailed prioritisation process of their waiting lists (as opposed to the previous ‘urgent’ or ‘routine’ categories employed) and (3) increasing validation of waiting lists by the RTT team. The PPPC Non-Executive Director Chair requested that the Acting Chief Operating Officer submitted information to the next PPPC meeting which provided assurance around the administrative processes in place in terms of waiting list management. The contents of this report were received and noted.

- **Performance Briefing**

The Acting Chief Operational Officer presented paper D, which provided an update on time critical, cancer and elective activity work since discussion held at the PPPC Conference Call meeting last month. Included within the report was the progress made to-date to ensure that patients were prioritised and cared for safely. The report also focused on theatre scheduling and categorisation of patients, utilisation and progress with the Independent Sector (IS) to support cancer and non-cancer activity. Also detailed within the report were key challenges and the next steps for the Trust in terms of recovery and restoration. The Trust remained in the first phase of de-escalation, however there had been a reduction of COVID-19 patients in the ICU designated areas which had enabled opportunities to increase time critical theatre capacity, redeploy some staff back to their departments and the initial repatriation of clinical services. A new approach to theatre scheduling had been introduced by the ITAPS CMG with support from the clinical team and continued to be work in progress due to the impact of COVID-19, capacity, workforce and IPC constraints. EMCHC had recommenced on a phased return on 18 May 2020. Cancer delivery and performance remained a priority for the Trust. Due to the current COVID-19 pandemic, there had been changes to cancer pathways, a decrease in activity and an increase in tracking of patients, with a harm tracking standard operating procedure (SOP) in place as agreed through the Trust's Cancer Board. In response to a query posed by the Trust Chairman, it was confirmed that any relevant data arising from this SOP would feature in the regular reports submitted to EQB and QOC by the Director of Safety and Risk. The overall Trust elective RTT position had been significantly impacted by COVID-19. Triangulation of current data suggested a large reduction in referrals, with the potential for a significant number of patients delaying being seen by their GP and could indicate a larger referral trend once the national lockdown rescinds. The NHS had produced an Operating Framework for urgent and planned services in hospital settings during COVID-19. A UHL Trust-wide framework was in development, utilising the principles of the NHS Operating Framework, which would enable a coherent and fair approach to support decision-making when considering all clinical services being reintroduced. Specific note was made of recent work to model out-patient capacity as part of social distancing measures and of the transformational changes in terms of virtual (video) consultations with patients, the success of which would continue to be built upon. In discussion, it was agreed that the Acting Chief Operational Officer would discuss with the Acting Chief Executive the inclusion of relevant information within the Trust's public Trust Board papers to be considered at the next public Trust Board meeting on 4 June 2020 in order to assist in the promotion of public confidence and transparency. The contents of this report were received and noted.

- **Workforce Briefing**

The Director of People and Organisational Development (OD) presented a briefing (paper E) which detailed the People Services response to the COVID-19 pandemic. All 'business as usual' people activities had been aligned to immediate operational and strategic needs for both the Trust and wider system requirements to meet the changing demands during this critical COVID-19 response period. In presenting this report, the Director of People and OD emphasised the need to continue to build upon initiatives which had worked well and provided positive outcomes. In summary, progress over the last month in terms of key priorities and deliverables included: (1) maintaining workforce supply (with fast track recruitment implemented and movement to the next phase of recruitment HUB planning) (2) sickness management, including staff testing (3) development of a revised risk assessment form and supporting guidance (4) health and well-being support and co-ordination (5) planning in place to additionally recognise achievement and contribution of staff during the COVID period (6) responding to national changes on terms and conditions and guidance, with significant guidance and changes communicated through tactical and daily updates to FAQs on INsite (7) deployment of medical staff to high demand COVID areas as required, with weekly review (8) planning for newly qualified doctors 'on-boarding' along with supporting staff movement and skills / training requirements across all staff groups (9) review of employment relations practice and progression of all case work activity to ensure appropriate actions and follow-up (10) ensuring robust reporting at Trust, wider system and national level (11) LLR system alignment (12) bring back to work scheme focusing on future needs and wider LLR needs and (13) maintaining essential services – Payroll, EDI, translation services, apprenticeships, statutory and mandatory training etc. Work continued to ensure immediate priorities were met and consideration was being given to priorities for continued business continuity and restoration / recovery planning. Particular discussion took place in relation to the reward and recognition of staff for all of their efforts and hard work in relation to the COVID-19 pandemic, noting that discussion on this matter was planned at a forthcoming Executive meeting and would feature in the next Workforce Briefing to the PPPC Conference Call in June 2020. Specific discussion also took place relating to social distancing measures in the workplace and links to work being undertaken in relation to reconfiguration, space allocation and agile working. Also acknowledged was the, as yet, unknown impact of the test and trace system on staff absence levels. Work was also being undertaken in relation to antibody testing. The PPPC Non-Executive Director Chair emphasised the need to capture information relating to the Schwartz rounds within the workforce information presented to the PPPC, which the Director of People and OD undertook to provide in future such reports. It was also agreed, in discussion, that the Director of People and OD and Trust Chairman would discuss further, outwith the meeting, the process for nominating staff for national honours and awards (acknowledging that such recognition was frequently a reflection of the whole team and should be viewed accordingly). For inclusion in the next workforce briefing to the PPPC, the PPPC Non-Executive Director Chairman

also asked the Director of People and OD to capture the impact of COVID-19 on the training the Trust provided (medical, nursing and AHP training), including information as to restoration and recovery plans for the provision of such training. The contents of this report were received and noted, and particular appreciation was expressed for the way in which the report presented detailed the depth and organisational spread of the work being undertaken.

• **IM&T Briefing**

The eHospital Programme Manager, deputising for the Chief Information Officer, presented a briefing which detailed key actions taken since the last such briefing presented to the PPPC and included: (1) a successful pilot for video appointments had been undertaken with Dermatology, Haematology and General Surgery services (2) the first Leadership Huddle had been held remotely using Microsoft Teams Live Event (3) a ‘UHL COVID Communicator’ app had been made available to staff self-isolating / without access to email to ensure access to daily communications briefings and (4) ED referrals to Orthopaedics were now on NerveCentre. Work in progress included: (1) Microsoft Teams implementation (2) further i-pads to support patient communications (3) a throat microphone based solution to aid communications for staff when wearing full PPE (4) wider and rapid roll-out of video consultations system (5) new Infection Prevention module in NerveCentre (6) the testing of new ePrescribing and requesting EPR modules continued (7) the majority of IM&T staff were working remotely and business continuity plans were in place (8) managed print implementation at LGH site was in progress and (9) eHospital work planned over the coming months. Particular discussion took place regarding the enthusiasm and commitment of staff in quickly adapting to new ways of working in response to the pandemic and the PPPC expressed their support to build upon the use of video consultations going forward (acknowledging the wraparound work required by IM&T in support of this). The PPPC Non-Executive Director Chair requested that the Chief Information Officer detailed information in his next briefing relating to the physical and technical solutions in place to protect the security of IT assets, acknowledging the verbal information provided by the eHospital Manager in relation to the existence of the Trust’s Asset Register and the further on-going work regarding this particular matter. Also discussed was how key events (e.g. the Consultant Conference and the Leadership Conference) which had needed postponing due to the pandemic could be provided virtually in future and it was noted that use of a Live Event, as had been trialled for a recent Chief Executive’s briefing, would provide a suitable solution.

Items for Information

The following reports were noted:-

- **NHS Staff Survey Results 2019** (paper G refers) – this was a good news story with the Trust’s results showing significant improvements. The Trust planned to undertake focused work around the results of future staff surveys from the perspective of Estates and Facilities staff and administration and clerical staff. A local poll survey was shortly due to be issued to UHL staff about what mattered to staff the most at the moment. Plans in respect of the next National Staff Survey were currently awaited.
- **COVID-19 Equality Diversity and Inclusion Taskforce Update** (paper H refers) – this report documented the convening of an LLR Covid-19 EDI Taskforce which had been working collectively on risk reduction and broader EDI activity impacting upon both staff and service users (across Health and Social Care). This matter would be considered in depth at a future Trust Board Thinking Day.
- **Workforce and OD Data Set** (paper I refers).
- **Executive Performance Board action notes from 28 April 2020** (paper J refers).
- **Executive People and Culture Board action notes** – it was noted that action notes from the meeting held on 21 April 2020 would be submitted to the June 2020 PPPC Conference Call meeting for information.

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 (the papers relating to which are available to Trust Board members through the PPPC folder of the BI portal):-

- The clearly defined patient backlogs and known challenges (as detailed in the Month 1 Q & P report – paper C refers);
- The introduction of the LLR Covid-19 EDI Taskforce (as detailed in paper H, for information), and
- The Trust’s acceleration of the approach to video consultation, which would assist in dealing with the backlog in an effective way (IM&T Briefing - paper F refers).

Matters referred to other Committees:

None

Date of Next Virtual Conference Call Meeting: | 25 June 2020