

Cover report to the Trust Board meeting to be held on 5 November 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 – Chief People Officer Andy Carruthers – Chief Information Officer
Date of last meeting:	29 October 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 29 October 2020:- *(involving Col (Ret’d) I Crowe, the PPPC Non-Executive Director Chair, Mr B Patel, PPPC Non-Executive Director Deputy Chair, Ms V Bailey, Non-Executive Director, Ms H Wyton, Chief People Officer, Ms D Mitchell, Acting Chief Operating Officer, Mr A Carruthers, Chief Information Officer and Ms F Lennon, Deputy Chief Operating Officer. Ms B Kotecha, Deputy Director of Learning and OD was in attendance for the discussion of the Equality, Diversity and Inclusion Strategic Plan. Ms C McNab, Workforce Information Manager, was in attendance as an observer).*

- **Apologies** – none.
- **Declarations of interest** – none.
- **Minutes and Matters Arising** - the summary and Minutes of the previous PPPC meeting held on 24 September 2020 were accepted as accurate records 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.
- **Winter Plan 20/21 and Bed Modelling Update**
 The Deputy Chief Operating Officer presented an update report re the Winter Plan for 2020/21 and associated bed modelling. The report specifically provided the following updates: (1) updated plans for CMG efficiency and utilisation of the Trust bed base during winter (2) updated LLR System winter planning and (3) the COVID-19 escalation framework sections on new CMG operational escalation plans and an update on Research. In presenting this report, the Deputy Chief Operating Officer noted that the Hampton Suite was now operational as a general medical ward. The PPPC Non-Executive Director Chairman welcomed the contents of this update report, specifically the further assurances it offered in terms of the System Plan, CMG escalation plans and Research, however expressed a current lack of assurance as relating to the system-wide flu vaccination plan; the effective implementation of which was particularly imperative this year. He requested that regular updates were provided to the Committee regarding the Trust’s own flu vaccination programme for staff in terms of percentages of staff vaccinated. The PPPC Non-Executive Director Chair also sought assurances relating to emergency care provision given the importance of this component working well within the System-wide Plan, in response to which the Deputy Chief Operating Officer described the weekly meeting of Senior Leaders across the System, which now had updated Terms of Reference and, at which meetings, clear actions were assigned and individual organisations were held to account. Also noted was the enhanced responsiveness of colleagues across the System. The contents of this report were received and noted.
- **NHS People Plan and UHL People Strategy Update**
 The Chief People Officer made reference to the NHS National People Plan which had been published on 30 July 2020 and provided an update on the refreshed UHL People Strategy, which had been updated to take account of the National NHS People Plan, and detailed progress so far and next steps. There were four key areas within the NHS National Plan as follows: (1) looking after our people, with quality health and well-being support for everyone (2) belonging in the NHS, with a particular focus on tackling the discrimination that some staff faced (3) new ways of working and delivering care, making effective use of the full range of people’s skills and experience and (4) growing for the future, including how the Trust recruited and retained its staff and welcomed back

colleagues who wished to return. In presenting this report, the Chief People Officer informed the Committee that the temporary staffing function within the Trust would be moved into the People Directorate from April 2021. She also advised that the governance structures to support delivery had been developed and now required authorisation, with further update reports to be provided to the Executive People and Culture Board and People, Process and Performance Committee accordingly. Also highlighted was the fact that Compassionate Leadership was due to be launched within the Trust in the following week. The NHS Employers' People's actions, which required different actions by different organisations, had also been incorporated into the Trust's strategy so that all of the actions required were all detailed within one document. The PPPC Non-Executive Director Chair commended the work undertaken; noting the intention to present this document to the Trust Board at its next meeting on 5 November 2020, to demonstrate that the Trust's People Strategy now incorporated the NHS People Plan. Furthermore, he emphasised the importance of the work of the People Directorate being prioritised, given their importance in helping the Trust through the winter months and the challenges which lay ahead. Accordingly, he requested that the Chief People Officer provide a short appendix to her next monthly Workforce Briefing report to the November 2020 PPPC meeting which detailed the order in which specific work would be prioritised. He particularly noted the need for staff to feel supported, with health and well-being of specific importance. The Deputy Director of Learning and Organisational Development advised that UHL had been selected as one of two Trusts regionally to pilot a mental health and well-being hub, which was a funded investment to facilitate gold standard support for staff, which would build upon the existing provision. The Chief People Officer advised that the Trust's Phase 3 response was the most significant document for the Trust in terms of winter planning as relating to finances, performance and people. Mr Patel, PPPC Non-Executive Director Deputy Chair, acknowledged the significant depth and breadth of the work referenced, and noted that it was of vital importance that this was owned by the whole system, with the need for consistent messaging in this respect. The Chief People Officer made note of the strong system team now in place, with a System People Board in place, along with a system-wide People Plan, into which all the individual organisational plans fed and of the closer collaboration with Social Care. She undertook to submit further information to a future Committee meeting in this respect, as appropriate. The contents of this report were received and noted.

- **Equality, Diversity and Inclusion Strategic Plan**

The Deputy Director of Learning and Organisational Development presented the Trust's Equality, Diversity and Inclusion Strategic Plan and Workforce Race Equality Standard (WRES) delivery plan and Workforce Disability Equality Standard (WDES) delivery plan. The EDI vision for UHL comprised three strategic pillars: (1) outstanding health outcomes and experiences for all our patients regardless of their social background (2) a diverse, talented and high performing workforce and (3) an inclusive, accessible and civil culture. Each of the three pillars had a series of objectives, priorities and outcome measures. To facilitate implementation, a suite of delivery plans would be developed articulating priority actions for a 12 month period. Central to this work was the implementation of the UHL People Plan (please see bullet point above). The WRES and WDES delivery plans had been prioritised in accordance with NHS England and Improvement submission deadlines. An important aspect of the strategic approach to EDI, as set out within the plan, was the ability to effectively measure and demonstrate impact using specific outcome measures. Evaluating the impact of EDI activity would be detailed in quarterly and annual performance reports using QI methodology. Governance of the EDI Strategic Plan would be through the relevant UHL Boards and Committees referenced within the document presented. The Deputy Director of Learning and OD highlighted that more work was required on a system-wide basis and a System Group had been established with this purpose. The PPPC Non-Executive Director Chair commended the content and clear and concise nature of this document's presentation. Ms Bailey, Non-Executive Director, also acknowledged the significant amount of work undertaken. She queried a possible alternative to use of the term 'pillars' given the significance of this term now due to its use in terms of 'pillar' testing. She also queried whether there was currently assurance that the Trust's translation service was sufficiently rigorous to deal with both 'normal' life and 'COVID-19' life, emphasising the need not to lose sight of the fundamental basics which could widen inequalities. In response, the Chief People Officer noted that the intention that the Translation Service would be the subject of review, as part of this process. The Committee received and noted the contents of this document, which it undertook to recommend onto the Trust Board accordingly via attachment to this summary.

- **Quality and Performance Report – Month 6**

The Acting Chief Operating Officer presented the Quality and Performance report for Month 6, which provided a high level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary where appropriate. 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. The Trust continued to perform positively in terms of clinical quality indicators, albeit had experienced delays in ambulance handovers during September and October 2020 as a result of the complexities relating to patient mix alongside processes required due to the management of COVID-19, although performance had improved upon that of last year. The Trust remained committed to handling ambulance handovers as quickly and safely as possible and

would continue to work on how further improvements could be made. The contents of this report were received and noted.

- **Performance Briefing**

The Acting Chief Operating Officer presented the monthly performance briefing. UHL had created significant surge capacity to treat and care for COVID -19 patients in wave one of the pandemic. The challenges now facing the Trust during an impending second phase of the outbreak was to maintain a level of capacity to provide high quality services for patients with COVID-19, whilst increasing other urgent clinical services and important routine diagnostics and planned surgery. The report focused on the impact on the Trust's performance to date relevant to key targets including RTT, diagnostics, elective activity, cancer and emergency treatment and actions to support recovery. The focus for the Trust over Winter would be its Phase 3 response, against which it was currently over-performing against trajectory in respect of day cases and in-patients. MRI and CT diagnostic performance was currently at 92% against a target of 90%, albeit figures were slightly below trajectory in terms of out-patients and out-patient procedures. The Trust had been commended for its focus on cancer during COVID-19 and was in the best position for some time in terms of backlog numbers, albeit the Trust was not currently meeting all national cancer targets. The Trust was at 95% in terms of theatre sessions restored and had fully utilised the Independent Sector against all key lines of enquiry. The Acting Chief Operating Officer undertook to provide more data on theatre utilisation in future reports. There had been good recovery for some diagnostic procedures (the Trust had currently restored 87% of its diagnostic services), however others had further work to undertake. There had also been a delay in the bone densitometry response, which would be given increased focus. In terms of the emergency care improvement trajectory for April to August, the Trust had achieved or performed better than trajectory and had been recognised nationally in terms of its COVID-19 and Infection Prevention response. There remained further work to be undertaken in respect of the Trust's length of stay rates, including a peer support initiative, and Dr Barnes, Deputy Medical Director would be working with Clinical Directors in terms of clinical leadership within their services in ensuring patients were ready for discharge. CCG colleagues were also producing a video for UHL clinicians, the purpose of which was to inform them which patient requirements could be managed within a primary care setting. The advantages of NerveCentre in now allowing visibility of patients who were not being discharged, thereby facilitating further investigation and a 'closing of the loop' were recognised. Ms Bailey, Non-Executive Director, commented on the good performance being achieved despite the pressures due to COVID-19. She also made reference to use of the term 'medically fit' when looking to discharge patients, noting that some patients would never be able to be deemed 'medically fit' and the emphasis therefore needed to be placed upon what further benefit (if any) such patients had by being in a hospital bed – in this respect, peer review by primary care clinicians, rather than by secondary care clinicians, might be particularly helpful. In response, the Acting Chief Operating Officer advised that the Deputy Medical Director was looking to change the emphasis from 'medically fit' to 'medically optimised'. The PPPC NED Chairman acknowledged the extra processes now in place within the discharge process, in terms of negative COVID-19 tests being required prior to discharge to care homes, and particular discussion took place regarding the now increasing hospital admissions relating to COVID-19, which the Deputy Chief Operating Officer confirmed were being closely monitored, with preparations underway. Specific discussion took place regarding the 2 year programme involving the Macmillan team in ED, and the need to determine the future for this service once the allocated funding had expired. With regard to the metrics associated with ED and ambulance handovers, the PPPC NED Chairman noted the need for realism in terms of further improvement over the next few months against the challenges faced in terms of winter pressures and the COVID-19 pandemic, however best efforts for improvement would be made in the new financial year, with a particular need to return focus to the 'people piece' within ED. With regard to slide 11 (Next Steps), the PPPC NED Chairman requested that information was included to note the need to review and undertake further actions relating to ED and ambulance metrics in April 2021 after the winter period had passed. It was also agreed that updates to the Winter Plan would be received for information only at future meetings of the Committee given the assurances now received. The PPPC NED Chair requested that any concerns which arose relating to the Winter Plan were flagged up, as necessary, in future performance briefing reports. Ms Bailey, Non-Executive Director, also noted that it would be helpful to receive information relating to vaccine planning, as appropriate.

- **IM&T Briefing**

The Chief Information Officer presented a briefing which detailed key actions undertaken and included (1) the eMeds (electronic prescribing & medicines administration) module pilot undertaken on three wards at the LGH from 30 September 2020 to 16 October 2020 (2) the Think 111 pilot currently underway and (3) the Memorandum of Understanding signed with EMRAD to progress image sharing. The briefing also detailed current issues and work in progress which was as follows: (1) the Think 111 Emergency Department Data Interface system from NHS planning for December 2020 (2) updated paediatric sepsis alerting (3) email system upgrade (4) EPR IT infrastructure review to ensure improved stability and redundancy and (5) specific constraints on project delivery including sickness, level of vacancies and funding. Specific slides were presented regarding the NerveCentre eMeds Renal Pilot, including its timeline, details of the GoLive Team, the first 24 hours after go live, outcomes, early lessons and improvements and next steps. The PPPC NED Chair commended the IM&T directorate in delivering this work alongside the COVID-19-related work and on the

implementation and outcomes of the successful eMeds pilot, albeit he noted the need for realism in terms of the further roll-out of this project, in response to which the Chief Information Officer confirmed that they were currently reviewing the options for roll-out and the associated advantages and disadvantages of each, and would proceed carefully. Ms Bailey, Non-Executive Director, commented on the helpfulness of the information presented, and noted that she would particularly welcome information in terms of medication review and on any processes around that. In response, the Chief Information Officer confirmed that the NerveCentre solution would provide visibility of some of this information and the Optimed Project would also assist in this respect by identifying different prescribing practices and having a defined formulary from which clinicians would select. The contents of this report were received and noted.

Workforce Briefing

The Chief People Officer presented the monthly update to reflect 'People Services' activity against each key workstream area. All People Services 'business as usual' activities had been aligned to meet operational and strategic needs for both the Trust and wider system in response to the changing demands during the COVID-19 response period. Normal activities had been resumed in line with recovery and restoration plans. Activity and workforce planning had been focused around the Phase 3 planning workforce numbers and development of the People Strategy. There had been continuing emphasis on maintaining core activity and the EDI Strategic Plan and Health and Wellbeing initiatives. The contents of this report were received and noted.

- **BAF Principal Risk – PR3**

The Committee concurred with the current scoring of BAF Principal Risk 3 (i.e. a score of '20'), albeit commented that a predicted score of '16' by the end of quarter 4 may be an optimistic assessment – this would continue to be monitored.

Items for Information

The following reports were noted:-

- Agile Working (the potential need to review the resourcing of this work was acknowledged. The PPPC NED Chair offered his thanks to the Deputy Director of HR and the Chief Information Officer in respect of this work, requesting that updates were submitted to the Committee as appropriate).
- Workforce and OD Data Set (specific note was made of the figures for statutory and mandatory training, with performance having decreased following the expiry of the 'hold' implemented due to COVID-19 – an improvement in performance was now starting to be observed).
- IR35 Update
- Executive Performance Board (EPB) action notes from the meeting held on 22 September 2020.
- Executive People and Culture Board (EPCB) actions from 20 October 2020, and
- EIM&T Board action notes from 29 September 2020.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

- UHL People Strategy (detailed as a separate item on the Trust Board agenda)
- Equality, Diversity and Inclusion Strategic Plan (the report can be accessed [here](#)).

Items highlighted to the Trust Board for information:

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

- Winter Plan 20/21 and Bed Modelling Update – specifically the Committee's assurance now in the System-Wide Winter Plan following its further development, and
- IM&T Briefing – in particular the achievement of the e-meds pilot.

Matters referred to other Committees:

None.

Date of Next Virtual PPPC Meeting:

26 November 2020 at 11am via MS Teams