

Cover report to the Trust Board meeting to be held on 6 August 2020

Trust Board paper F2	
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>
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:	30 July 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 held on 30 July 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 and Mr A Carruthers, Chief Information Officer).*

- **Declarations of Interest** – none.

- **Minutes & Matters Arising** – the summary of the previous PPPC Conference Call meeting held on 25 June 2020 was accepted as an accurate record and the PPPC Matters Arising Log was received and noted. Updates on previous actions, as provided verbally at the meeting, and any new actions as arising from today’s discussions will feature in the new iteration of the PPPC MA Log to be presented at next month’s PPPC meeting. The PPPC Non-Executive Director Chair undertook to discuss with the QOC Non-Executive Director Chair the referral of three specific matters arising to QOC from PPPC (full details would be included within the updated iteration of the PPPC MA Log and the PPPC Minutes).

- **Quality and Performance Report – Month 3**
 The Month 3 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. Members received and noted the contents of this report. Col (Ret’d) Crowe, PPPC Non-Executive Director Chair, expressed concern in respect of the ED 4-hour performance (UHL-only performance of 72.8% for June 2020, with system-wide performance at 84.5%), albeit noted that new metrics were due to be released. He also expressed concern in relation to the metrics associated with cancer pathways and it was agreed to explore this matter further in the discussion on the performance briefing, which was scheduled later in the agenda. Also noted by the PPPC Non-Executive Director Chair was the fact that the undertaking of staff appraisals had been placed on hold whilst resources were diverted to management of the Covid-19 pandemic and he queried when a ‘catch-up’ exercise would be undertaken in this respect. In response, the Director of People and Organisational Development confirmed that Clinical Management Groups (CMGs) would be requested to resume appraisals during the CMG Performance Review Meetings (PRMs) scheduled this week. Also queried by the PPPC Non-Executive Director Chair was the delayed transfers of care metric (DTC), in response to which the Acting Chief Operating Officer advised that whilst this metric had been paused due to Covid-19, work in relation to delayed transfers of care continued within the Trust. The Acting Chief Operating Officer also briefed members with regard to the appointment of a Medical Lead to assist in the Trust’s ambitions with regard to driving down long-stays. The PPPC Non-Executive Director Chair noted the value of such ambitions, albeit emphasised the need to ensure appropriate safeguarding measures to prevent unsafe discharges. Also discussed was the decrease in the TIA-related performance measure, due to the smaller number of clinics for Covid-19 related reasons. Mr Patel, PPPC Non-Executive Director Deputy Chair, specifically queried why there had been an apparent rise in patient falls at a time of lower bed occupancy. The Acting Chief Operating Officer undertook to discuss this particular metric with the Chief Nurse and request that she fed back to Mr Patel. During discussion on the Q & P report, Committee members expressed the view that matters relating to cancer service provision should be discussed in

one forum only (noting that it had previously been discussed during the Joint QOC / PPPC session which had been disbanded due to Covid-19). Committee members considered that the Quality Outcomes Committee (QOC) was the relevant forum for such discussion and the PPPC Non-Executive Director Chair agreed to discuss this matter with the QOC Non-Executive Director Chair to seek an appropriate resolution and avoid duplication. Mr Patel, PPPC Non-Executive Director Deputy Chair, whilst noting the value of the exception reports, also noted that it would be useful to have further interpretation of these to determine any underlying issues likely to become more prevalent.

- **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 commenced 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. A specific update was provided within the report re current performance relating to waiting lists, elective activity, cancer pathways and emergency care. A key piece of work currently being undertaken across the organisation was to reevaluate the activity plans for the rest of the year modelling through three scenarios (best case, worst case and likely case) and once the modelling was complete, the future impact this would have on performance would be better understood and facilitate the development of plans to mitigate the impact, which would form part of the Trust's winter planning. Winter planning for 2020/21 involved increased complexity and challenge and work was underway within the Trust and with partners as part of the Urgent Care Cell to develop the Plan. The most significant impact currently affecting the Trust's performance position was its theatre capacity and there was now an outline plan for theatre sessions increasing for the remainder of the year, along with a proposed new theatre pathway which would be implemented next week. Nationally recommended changes to guidance around pre-elective screening would also improve theatre utilisation. In response to a query raised by Mr Patel, PPPC Non-Executive Director Deputy Chair, in relation to access to theatres by paediatric services, the Acting Chief Operating Officer advised that theatre sessions were being allocated based upon clinical priority. Routine surgery was very challenged including Orthopaedics, General Surgery, ENT and paediatric ENT. Note was made of a significant backlog of 52 week waiters, as a result of Covid-19, and this number was likely to increase further before improvements would be seen given the continuing need to prioritise cancer and emergency patients. Clinicians would be reviewing all their 52 week patients and holding discussions with them to re-assess the urgency and necessity of their previously agreed treatments. LLR had set an ambitious target of delivering 70% of outpatients through non face-to-face appointments (current performance was 47.8%). Changing the way in which out-patients was delivered would also help the Trust improve the RTT position for non-admitted patients. Mr Patel, PPPC Non-Executive Director Deputy Chair, queried the figures relating to non-face-to-face appointments, noting that these appeared to be decreasing, rather than increasing. In response, the Acting Chief Operating Officer confirmed that traditionally the appointments were booked far in advance as face to face appointments and as the approaching weeks appointments were reviewed to convert to non-face-to-face appointments, so the figure would continue to rise as the bookings were changed. Diagnostics still remained challenged, but the position was improving and a solution had now been identified for the undertaking of DEXA scans. Page 7 of the report provided a detailed update with regard to cancer performance, with positive news in respect of both the 62 day and 104 day backlogs which were reducing and against which the Trust was currently tracking above its predicted trajectory. Particular challenges were noted within ED, as a result of Covid-19, and also specifically in relation to bed flow, particularly due to large numbers of majors patients (non-covid related) being admitted currently. Specific work was being undertaken in relation to the improvement of flow, including a workshop scheduled for the following day. Particular note was made of the improving position in terms of ambulance handover times, which was welcomed, along with improving performance in terms of fractured neck of femur. Members received and noted the contents of this report. The PPPC Non-Executive Director Chair requested that the Acting Chief Operating Officer emailed himself and Mr Patel a copy of the current draft Winter Plan and submitted the most up-to-date version for consideration at the next PPPC meeting in August 2020. It was also noted that it would be useful to determine the alignment between any system-wide plans, alongside UHL's plan, and to determine the likely available capacity of social care and primary care colleagues to support the Winter Plans.

- **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. The PPPC Non-Executive Director Chair made note of the comprehensiveness of the document submitted to the Committee which documented the significant volume of work being undertaken by People Services team, which was commended. Particular points of note from this report included the swabbing of NHS staff across LLR for Covid-19, the completion of 93% of all risk assessments for BAME staff with an intention to shortly reach 100%, with a focus now also on undertaking risk assessments for staff with underlying health conditions. There was currently a lack of resource within the People Services reporting team, which had been raised as a risk by the Director of People and Organisational Development. Also of note was the

fact that the Executive Team had recently participated in an AMICA support session, which had proven to be very valuable and was therefore suggested as potentially of benefit for Non-Executive Director colleagues too. The PPPC Non-Executive Director Chair agreed to discuss holding such a facilitated session for Non-Executive Directors with the Trust Chairman. In further discussion on this matter, Mr Patel, PPPC Non-Executive Director Deputy Chair, noted the mental health benefits in arranging virtual 'drop-in' sessions for colleagues to have conversations with each other, noting that the opportunities for 'corridor conversations' and team-building were lessened when staff members were working remotely with little face to face interaction. Mr Patel also expressed the view that the BAME agenda ought to be progressed across the Trust, rather than be the sole responsibility of one or two individuals within the People and OD directorate who would have limited time. Also noted was the focus now on agile working to ensure that positive developments, which had arisen as a result of the challenges posed by Covid-19, continued to be built upon. The contents of this report were received and noted.

- **UHL Staff Recognition and Awards Programme**

The Director of People and Organisational Development presented a report referencing the Trust's successful and comprehensive Caring at its Best Recognition Programme, which was in place reflecting Trust values and behaviours, in addition to recognising individuals who went 'above and beyond'. The report detailed a proposal as to how the Trust would be recognising all staff and recognising the extraordinary effort of nominated individuals during Covid-19. The Committee was requested to endorse the staff recognition and awards approach (reflecting covid-19) as set out within the report presented. In presenting this report, the Director of People and Organisational Development noted that discussions were currently underway as to how the Trust would hold the proposed Staff Recognition event and further details would be provided at a future meeting, once available. Also discussed was the nomination process for Honours and Awards and any relevant links to the Trusts internal process for recognising and rewarding staff. The PPPC Non-Executive Director Chair and the Director of People and Organisational Development agreed to discuss this further outwith the meeting, potentially establishing a small group (involving other relevant colleagues from, for example, the communications team) to progress this further. The PPPC Non-Executive Director expressed his particular thanks to the Director of People and Organisational Development, the Deputy Director of HR and the Deputy Director of Learning and OD for all their hard work.

- **Medical Education and Training Update**

Mr McCarthy, Director of Clinical Education, presented a report updating members on activity underway during the Covid-19 pandemic in relation to medical education and training. Highlighted developments included: (1) guidance had been written to promote safe training delivery (2) Education Centre capacity and configuration were under review, given the need to utilise the space differently in light of Covid-19 (3) the Facilities Reconfiguration Project Board were considering post-Covid requirements (4) there had been an online induction for medical students when they returned to clinical placements in July 2020 (5) MS Teams had been used successfully for the induction of 67 interim FY doctors (6) an Education Webinar was planned for September 2020 (7) Covid surveys for consultants and junior doctors had been completed, with plans to evaluate the experiences of medical students and interim FY doctors. Responses received to date found PPE to have been the greatest challenge, with the opportunity for team-working having been the most positive element. Also highlighted was the development of an educational YouTube channel and the virtual hosting of the Grand Round. The Director of Clinical Education sought Trust support in advancing medical education training in the Independent Sector, in response to which the PPPC Non-Executive Director Chair undertook to discuss this matter with the Trust Chairman and Acting Chief Executive. In discussion on this item, it was noted that any second peak of Covid-19 would further impact upon medical training to the extent that medical trainees would need to undertake additional training time, which would impact upon the workforce at Consultant-level in the years to come. Specific discussion took place regarding the benefit in sharing solutions to issues with other training institutions facing similar training difficulties and also regarding the impact of Covid-19 on plans previously in place with regard to Cardiology trainees, which continued to be monitored. Specific discussion took place regarding the involvement of medical education in the Trust's reconfiguration plans, in response to which the Director of Clinical Education confirmed that he was the Responsible Officer for the medical education element of the reconfiguration plans and he held regular meetings with the Reconfiguration Director and the Head of Reconfiguration. The PPPC Non-Executive Director Chair noted his desire to ensure that education and training was a component part of progression of the reconfiguration plans and made note of the need to learn the lessons of Covid-19 too in progressing this agenda. The PPPC Non-Executive Director Chair also emphasised his wish to see more transparency in the way in which educational funds were procured and utilised. In conclusion, the Committee received and noted the contents of this report and the PPPC Non-Executive Director Chair noted that he would be referring this report to the Trust Board for information.

- **Recovery and Restoration for Nursing, Midwifery and AHP Clinical Education and Training**

Ms E Meldrum, Deputy Chief Nurse, presented a report describing the educational activity that had taken place during lockdown to support the Trust's non-medical workforce and described how the service was being restored, including reviewing new ways of delivering clinical education and training in a safe and sustainable way. The Corporate Nursing, Midwifery and AHP education team had continued to promote and practise the safe delivery of training during lockdown. Training capacity had reduced as a result of Covid-19 but programmes had been reviewed and new ways of 'virtual' working identified that addressed the issue for the short term. Opportunities to

develop virtual learning platforms in the longer term had also been identified. The report acknowledged the challenges around bringing undergraduate students back into practice for NHS Providers across LLR; however work was underway across the system to support a gradual and safe return of students into placements to ensure they progressed and qualified as registrants 'on-time'. The PPPC Non-Executive Director Chair commended the Deputy Chief Nurse on the excellent work undertaken to maintain business as usual and undertook to refer this report to the Trust Board for information. The PPPC Non-Executive Director Chair queried the extent of the involvement of the Nursing, Midwifery and AHP Clinical Education Team in the Trust's reconfiguration plans, in response to which the Deputy Chief Nurse confirmed that this had previously been medically-led, however she had joined the Reconfiguration Board two months previously. She further noted the need to ensure that the educational facilities would be appropriate for the future vision of educational provision, with which the PPPC Non-Executive Director Chairman concurred, noting the need for the integration of training and education into any of the Trust's builds. The contents of this report were received and noted and thanks expressed to all involved for their hard work.

IM&T Briefing

The Chief Information Officer (CIO) presented a briefing which noted that the IM&T programme for 2020/21 comprised five key pillars of work including (1) the NerveCentre EPR programme (2) the 'eWorkplace' workplace digital programme (3) the IM&T infrastructure capital programme (4) support for the site reconfiguration programme and (5) the CMG and corporate initiated IM&T project portfolio. Cross cutting cyber security and information governance objectives were also a priority. This presented a challenge in terms of coordination and availability of IT resources with a number of contractual and mandatory deadlines to achieve as well as local STP objectives and funding to account for. The programme for 20/21 was extensive and would deliver significant benefits and new capabilities to the Trust and the STP. Risk to the programme was primarily around lack of resource and optimising the resources available would be crucial. Enhancing the IM&T portfolio management office would both enable this to take place and ensure strong links with the new central CIP programme and reconfiguration PMOs. In discussion, the Chief Information Officer noted that Digital Aspirant funding was expected to be made available, however the timeline to spend the capital had not changed which could present challenges – further planning work was scheduled for the following week in this respect. IT-related work was also feeding into new build developments. Particular challenges relating to recruitment were noted and the importance of local system interaction, and the timing of this, was emphasised. Also discussed were difficulties caused when IM&T support was required for developments to which IM&T had not been sighted through due process, due to them having been progressed in isolation from other developments – the need to engage staff at scale and ensure the capabilities were there to assist people were emphasised. Both the PPPC Non-Executive Director Chair and the PPPC Non-Executive Director Deputy Chair found the flow diagram outlining the eHospital Programme very beneficial and, at their request, the Chief Information Officer undertook to email them both a standalone copy of this diagram for their reference (also appended to this summary for the information of Trust Board members).

Items for Information

The following reports were noted:-

- Workforce and OD Data Set (the Director of People and Organisational Development confirmed that analysis was underway to determine why agency spend was higher than expected and she undertook to brief the Committee of the outcome of this work)
- Executive Performance Board Action Notes from 23 June 2020
- Executive People and Culture Board action notes from 16 June 2020

Any Other Business

- **Reconfiguration**

The PPPC Non-Executive Director Chairman requested that the Director of People and Organisational Development and the Chief Information Officer include information in their briefing reports to the August 2020 PPPC meeting regarding how HR and IT, respectively, were involved and having an influence in respect of the progression of the Trust's reconfiguration plans.

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:-

- IT Infographic (appendix to the IM&T Briefing Report – as attached to this summary)
- Medical Education and Training Update (available to Trust Board members through the PPPC folder of the BI portal - paper G of PPPC 30 July 2020), and
- Recovery and Restoration for Nursing, Midwifery and AHP Clinical Education and Training (available to Trust

Board members through the PPPC folder of the BI portal - paper H of PPPC 30 July 2020).

Matters referred to other Committees:

Three specific Matters Arising were referred to QOC, full details relating to which will feature in the updated iteration of the MA Log and PPPC Minutes, the content of which the PPPC Non-Executive Director Chair will discuss with the QOC Non-Executive Director Chair.

Date of Next Virtual Conference Call Meeting: 27 August 2020 at 11am

- 1 A key enabler to our organisation-wide quality and efficiency strategy. It will give us the capability, in increments to deliver new and innovative care pathways, better optimise resources and improve information sharing across health and social care settings
- 2 We will enable clinical staff to securely access all the information they need for the care of the patient at any location that is connected to the internet. We will enable remote monitoring of patients and the creation of a sustainable approach to virtual consultations.
- 3 The programme will improve outcomes through standardisation of processes and improved automatic workflow/task creation.
- 4 Access to timely, trusted, information will both speed up decision making and reduce cost/time due to avoidance of unnecessary tests and actions, enabling clinical staff to concentrate on value adding tasks



eWorkplace

Productivity

1. Facilitate a productive working environment
2. Enable new digital ways of working
3. Allow staff to access key UHL resources effectively
4. Improve Cyber Security
5. Replace devices automatically after 4 Years

This year we will:

- Move to Office365 and Teams
- Add "OneConsultation" for video consultations
- Enable Wifi calling and upgrade trust mobiles to 4G
- Continue to implement Bring Your Own Device (BYOD)
- Implement Managed Print at the LGH and remove faxes



1



eRecords

Patient Safety

1. Store all clinical and administrative output in a single patient history
2. Make it easy to follow best practice
3. No dual entry for any data
4. Enable patient access and contribution to clinical care and records
5. Replace our paper based processes

This year we will:

- Implement digital casenotes for inpatient and outpatients including SNOMED coding at the bedside
- Add Care Planning to our EPR
- Implement the Trust new document management solution (CITO)
- Make ED Paperless



2

eBeds & Patient Flow

Productivity

1. Fully mobile and real time visibility
2. More timely completion of ADTs
3. Expedite the production of TTOs
4. Improve communication between ambulance crews and UHL
5. Ensure the right patients reach the right destination in a timely manner
6. Enhance communication with our Estates & Facilities teams including portering services

This year we will:

- Optimise the full use of eBeds throughout UHL
- Enable ward transfers on mobile devices
- Make the TTO process more transparent to reduce delays
- Implement electronic transfer of data and ECGs from ambulance crews
- Add integrated portering capabilities



3

eIntelligence

Capability

1. Update and modernise our data warehouse
2. Production of ward and service based dashboards focusing on quality & safety objectives
3. Work with partners to deliver innovative analytics and demonstrate the capabilities of our data (SmartUHL)
4. Ensure new developments are fit for analysis & research by design

This year we will:

- Upgrade our data warehouse
- Deliver new reporting based on eMeds and eInvestigations data
- Scope and develop new research data pipeline



4

eCorrespondence

Efficiency

1. Facilitate immediate correspondence with primary care
2. Make patient letters more accessible
3. Standardise transcribing & dictation tools
4. Monitor performance of turnaround times of electronically produced letters being sent to GPs

This year we will:

- Continue to roll out the Trust's new standard dictation & transcribing tool (DictateIT)
- Import outpatient clinical letters into Cito (EDRM Tool) and send electronically by default
- Remove duplicate paper copies of letters
- Create inpatient discharge summaries from our EPR



5

eInvestigations

Accessibility

1. Enable electronic requesting of diagnostic tests across all care settings
2. Ensure clinical teams have immediate access to results as soon as they are available
3. Enhance patient safety through recording and monitoring performance of electronic acknowledgement of results.

This year we will:

- Implement mobile diagnostic requesting and results for inpatient areas
- Report performance statistics for acknowledging results
- Design & Scope requesting for primary care, community and our outpatient areas
- Scope & Implement ECG Integration



6

eMeds

Patient Safety

1. Improve patient safety by standardising on ePrescribing
2. Promote better quality of prescribing
3. Reduce time spent finding or rewriting drug charts
4. Expedite TTOs and completion of discharge summaries.

This year we will:

- Implement mobile prescribing and meds administration
- Improve the VTE assessment design and process
- Make primary care meds on admission visible in our EPR



7

