

Cover report to the Trust Board meeting to be held on 1 October 2020

Trust Board paper H2	
Report Title:	People, Process and Performance Committee – Committee Chair’s Report
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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 – Chief People Officer Andy Carruthers – Chief Information Officer
Date of last meeting:	24 September 2020

Summary of key public matters considered:	
<p>This report provides a summary of the following key public issues considered at the People, Process and Performance Committee virtual meeting held on 24 September 2020:- <i>(involving Col (Ret’d) I Crowe, the PPPC Non-Executive Director Chair, Mr B Patel, PPPC Non-Executive Director Deputy Chair, Ms V Bailey, PPPC Non-Executive, Mr M Williams, Non-Executive Director (observer), 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 WRES and WDES Report. Mr C Goss, Consultant, was in attendance for the discussion on staff testing update. Ms C Rudkin, Patient Safety Manager, and Ms B O’Brien, Deputy Director of Quality Assurance, were in attendance for the discussion of Freedom to Speak Up Report.</i></p> <ul style="list-style-type: none"> • Apologies – none. • Declarations of interest – none. • Minutes and Matters Arising - the summary and Minutes of the PPPC meeting held in 27 August 2020 were accepted as a correct record and the PPPC Matters Arising Log was received and updated. • COVID-19 Phase 3 Planning Update Mr Simon Pizzey, Head of Strategy and Planning, presented the System’s plan to restore and recover services in LLR following the pause in normal activity due to the COVID-19 pandemic. NHSE/I had issued guidance in July 2020 requiring the System to submit a plan to restore services. The report set out three planning principles; accelerating the return to near-normal levels of non COVID-19 health services; preparing for winter demand pressures; and taking account of the lessons learnt during the first COVID-19 peak of activity. The submission, made to NHSE/I on 21 September set out the best, likely and worst case activity, finance, workforce and performance plans. The report was being presented to all the Board’s committees. The Head of Strategy and Planning focussed his presentation on the performance and workforce aspects of the submission. <p>It was noted that the Regulator had set planning parameters and the Trust was expected to undertake elective work during the winter despite the anticipated second peak in COVID-19 activity. The best-case scenario anticipated that UHL would meet national targets. In setting out the most likely case the Trust had been ambitious but realistic. The plans had been modelled on a range of assumptions, such as the numbers of patients opting out of treatment, referral rates and theatre utilisation. Mr B Patel, Non-Executive Director, noting that things could change in a short space of time, asked how the plan was kept under review and matters escalated. The Deputy Chief Operating Officer noted the various mechanisms for reviewing the plan including the weekly meetings of the demand and capacity cells and tactical groups which would be stepped up when necessary.</p> <p>Ms V Bailey, Non-Executive Director, noted the importance of staff testing for COVID-19 and asked how quickly results could be obtained to minimise staff absence. The Deputy Chief Operating Officer reported that staff testing had been ramped up to seven days a week with a drive-through facility to increase throughput. Results would be available within 24 hours as the Trust was using its own labs and not Pillar 2 testing facilities.</p> <p>The Committee Chair asked when would the 52 week wait backlog be cleared should the worst-case scenario occur. The Acting Chief Operating Officer estimated the end of 2021.</p>	

The Committee noted the recommended restoration/recovery levels and associated performance, workforce and finance implications and approved the Trust's Phase 3 Restoration/Recovery submission.

- **Winter Plan 20/21 and Bed Modelling**

The Deputy Chief Operating Officer presented paper D which updated the Committee on the Winter Plan 2020/21 submitted to the previous meeting. The bed modelling had been refreshed to take account of assumptions around the level of COVID-19 activity, CMG efficiencies, emergency and elective activity and bed occupancy rates. The paper set out what was known about COVID-19 and its transmission, challenges for staffing rotas with increased staff sickness and the impact of school and nursery closures. The use of the independent sector to increase elective activity and reduce backlogs would continue until 30 December 2020. The report set out how CMG efficiencies would be delivered including improved discharge co-ordination. The COVID-19 Escalation Framework was appended to the report. This had been enhanced in respect of estate and facilities, occupational health testing and research.

The Committee noted that system partners had addressed their winter plan in the Phase 3 Submission to NHSE/I. The Deputy Chief Operating Officer had recommended that they produced a separate winter plan, work on which had started two weeks ago. It was felt that the delay by system partners in developing their plans meant the plans were aspirational and lacked detailed actions. The Chief People Officer noted that UHL was driving system working. During the height of the COVID-19 activity there had been daily calls to review workforce and capacity and good working relationships had been forged. However, the winter demands and COVID-19 meant it would be essential for the system to work collectively.

The Chair of the Committee raised questions about how research would be impacted and proposed the escalation plan be subject to external review. He agreed to discuss these issues further with the Acting Chief Operating Officer outside of the meeting. Ms V Bailey, Non-Executive Director, asked about the recruitment to the Trust grade medical registrars for CDU and what stage the recruitment was at. The Acting Chief Operating Officer undertook to confirm the position.

Ms V Bailey, Non-Executive Director, felt that the System Winter Plan should be reframed as the 'Patient Plan' to highlight which patients would be affected and to what extent. This would focus the attention of partners within the system on the barriers faced and what actions to take.

Mr B Patel, Deputy Chair expressed concern about the impact of the pilot for 'Think 111' and the potential for frail patients to be admitted to hospital unnecessarily. The Acting Chief Operating Officer noted that, as UHL was the first Trust to go live in the region, the impact was unknown, but she anticipated it would have a positive effect. In relation to frail patients, the Deputy Chief Operating Officer highlighted the new pathway and the ability for East Midlands Ambulance Service to consult a member of the clinical team prior to any transfer of a patient. This would reduce hospital admissions.

The Committee received and noted the contents of the report. However, the Committee was not assured the system plan was robust as system partners had not articulated clear actions and provided sufficient detail within the plan. The PPPC Chair undertook to highlight the Committee's concern with the Trust Board.

- **Junior Doctors' Guardian of Safe Working Report**

The Chief People Officer presented the quarterly report which required the Guardian of Safe Working to report on the management of exception reporting, work pattern penalties, data on junior doctor rota gaps and details of issues which had been escalated. It was noted that between June and August 2020, 81 exception reports had been made. This had increased from the last quarter and had been expected as services were resumed following the COVID-19 activity.

The Chair of the Committee sought confirmation that the immediate safety concern and the education complaint had been referred appropriately for action. The Chief People Officer confirmed that to be the case.

The Committee received the report and recommended it to the Trust Board for approval.

- **Quality and Performance Report – Month 5**

- **Performance Briefing (including Waiting List Management Update)**

The Chair of the Committee proposed that the two reports be considered together and invited the Acting Chief Operating Officer to highlight key issues.

The Month 5 Quality and Performance Report provided a high-level summary of the Trust's performance against the key quality and performance metrics, highlighting areas of good performance including mortality rates and noting areas where performance was below target including waits for cancer treatment. The Performance Briefing noted the considerable challenge in restoring services as well as planning for additional demand

associated with winter and the impact of COVID-19.

The Acting Chief Operating Officer noted the significant challenge in addressing 52 week waits and the detailed work undertaken to assess the backlog and review data quality. The Phase 3 submission to restore services planned for recovery in most metrics. Nationally, measurement against specific metrics had been suspended during the COVID-19 surge and would be reinstated from October. Performance had benefited from the increased use of the independent sector. There would be a stocktake to ensure maximum throughput and for the sector to focus on services that UHL found to be most constrained.

Performance for outpatient clinics had deteriorated and whilst there was a clinical need for some face to face clinics there was a drive to increase non face to face consultations. The number of referrals for diagnostic services had increased which was positive. Screening had been paused nationally and had been resumed. Revised guidance on infection prevention and control would assist the Trust in recovering services and each CMG was working on its recovery, backlog and performance.

The Chair of the Committee noted a concern about the cancer performance and asked about the risk of patient harm. Ms V Bailey, PPPC Non-Executive Director, noted that concern and which was reviewed by the Quality and Outcomes Committee (QOC). She wondered whether there was a need for specific report to provide assurance in relation to patient harm but also taking account of the patients' perceptions of risk and a review of the communication with patients waiting for treatment. The Deputy Chief Operating Officer noted that the report of the Regional Cancer Board had been received that day and would be presented to PPPC and QOC the following month. This would address the concerns raised.

The Chair of the Committee asked about the performance in relation to long stay patients. The Deputy Chief Operating Officer noted that the target of 70 patients had been set at the outset of the COVID-19 surge and in exceptional times. It was an ambitious target. However, she had access to data, at a more granular level, to review the position daily which increased the focus and there was considerable activity with system partners to ensure safe and timely discharge. She considered that it was an example of good partnership working.

The Acting Chief Operating Officer would be consulting the Chair of the Committee about the format for the Quality and Performance Report to see if other work streams such as emergency care should be added.

The Committee received and noted the contents of the reports.

- **Workforce Briefing**

The Chief People Officer presented a briefing which detailed the People's Service response to the COVID-19 pandemic. Normal services provided by the Directorate had been resumed in line with the restoration and recovery plans. Over the last month the focus had been on Phase 3 planning for recovery and restoring activity in the Trust and the Trust's response for the National People Plan. The progress made, over the last month, for each work stream was set out in the report.

The Chief People Officer noted that Audit Committee had asked to review resourcing for the Directorate. Having congratulated Ms Kotecha and Ms Louise Gallagher on their appointment to system-wide roles (50% of their time) she anticipated that there would be additional funding to backfill some roles. However, the rest of the proposed structure was yet to be confirmed from a finance perspective.

The Committee received and noted the contents of the report.

- **Workforce Race Equality Standard (WRES) & Workforce Disability Equality Standard (WDES) Report 2019 Comparative Data Report**

The Director of Learning and OD presented a report which set out the Trust's performance against WRES and WDES. It was noted that the Trust had focussed on improving representation at the senior level leading to improvements particularly between band 5 and 8b for BAME staff and at Bands 8c-9. Staff survey results for BAME staff showed an improvement in the perception of equal opportunities and career progression. There had been little change in the representation of disabled staff overall and some improvement at the senior level.

There had been a reduction in the number of BAME staff entering the disciplinary process. There had been an increase in the number of disabled staff entering the capability process which needed investigation. Staff survey results for disabled staff indicated a higher number of staff felt pressure to attend work despite feeling unwell. Comprehensive action plans would be produced and presented to the October PPPC meeting.

The Committee received and noted the contents of the report.

- **Staffing Testing Update**

Dr C Goss, Consultant, presented the report informing the Committee of staff testing for COVID-19. The report noted that the Occupational Health Service had developed a programme for testing asymptomatic staff and household contacts, symptomatic staff and the provision for antibody testing. The Service had also supported system partners. Additional funding had recently been secured to scale-up symptomatic testing.

Dr Goss reported that 2,500 tests had been undertaken and the demand increased when the schools reopened. There had been a directive to restrict testing to those who had symptoms of COVID-19 however, at the current time the Trust would test staff who were asymptomatic as the Trust was a supportive employer. Dr Goss noted the Trust had been at the forefront of antibody testing and the experience would be written up as a scientific paper.

The Committee asked how many tests had returned positive results and Mr Goss reported 13.5% had tested positive and further work would be done to analyse the impact on different staff groups.

Ms V Bailey, Non-Executive Director, asked whether joint working with the universities had been considered to support the student population. Dr Goss noted that staff on clinical courses, in contact with UHL, patients, had been tested. Discussions were to be had regarding extending support to a wider student population.

The Committee asked about plans for the flu vaccination programme. It was, Dr Goss reported, due to start the following week. He was confident that despite requirements for social distancing and the need for an appointment system there would be a good take-up of the service. The number of peer-vaccinators had increased from 200 to 320 which increased capacity for vaccination. The Committee extended its thanks to Dr Goss and his team for the ground-breaking work on staff testing.

The Committee received and noted the contents of the report and referred it to the Trust Board for information.

- **Agile Working Update**

The Deputy Director of Human Resources gave a verbal report on the progress made since the last Committee meeting with regard to agile working. The principles of agile working had been worked through at the Trust Board Thinking Day in July. Reports submitted to the Executive Planning Meeting had set out the governance arrangements and work plan. The initiative was part of the Reconfiguration programme and the Enabling Works Project which would see the decanting of staff from the Knighton Street site. It had been agreed to pilot the scheme in Women's and Children's services. A draft policy was out for consultation. There had been a baselining exercise to identify good practice. The requirement for staff to work at home at the beginning of the COVID-19 outbreak had been a useful enabler and there would be a staff survey to ensure the learning was captured. Meetings had taken place with external partners to share experiences and guidance provided by the Health and Safety Executive had been useful. A Task and Finish Group had been established to develop a blueprint that would be tested through the pilot. The intention was to roll it out across the Trust in Spring 2021. A business case and benefits analysis would be presented to the Executive Team the following month.

The Committee received and noted the verbal report.

- **IM&T Briefing**

The Chief Information Officer gave a presentation reporting on areas of work and progress made by the IM&T Directorate. It was noted that following an abortive attempt the NerveCentre upgrade had been completed and whilst a few days late it would not delay the eMeds pilot. He reflected on the challenge in carrying out necessary upgrades and minimising downtime. Remedial work for the power supply was needed which necessitated the shutdown of the Data Centre at Glenfield Hospital. Significant planning had been undertaken to minimise disruption.

The Digital Aspirant Programme had been submitted to NHSX. This concerned projects to support digital maturity. The plan would be shared with the Committee when agreed.

The HLSI funding had not been received and the STP plans were being revised based on what could be achieved in the remainder of the financial year.

There were ongoing discussions with NHSX regarding its requirements for the Reconfiguration Programme. The Chief Information Officer felt that NHSX wanted to push the boundaries, not just on clinical systems, but patient facing elements and smart buildings. There appeared to be a lot asked of the Trust but a lack of clarity regarding priorities and additional funding available.

It was noted that Think 111 was due to commence on 28 September. This had been challenging as it was not

clear what the IT standards were. The project would be delivered under considerable time pressure and would be on-going to increase the IT functionality in relation to referrals.

As previously requested by the Committee, the presentation set out the resource challenges for IM&T.

The Committee received and noted the contents of the report.

- **Freedom to Speak Up**

Ms Claire Rudkin, Patient Safety Manager, and Ms Becky O'Brien, Deputy Director of Quality Assurance, presented the following reports: Freedom to Speak Up Annual Report 2019/20; Quarter 4 Report for 2019/20, Quarter 1 report for 2020/21 and Annual Workplan 2020/21.

It was noted that the 'doctor's gripe' facility had been used to a greater extent than previously. The issues raised related to anxiety around COVID-19 and requirements for PPE and social distancing. There was a consistent theme around bullying and harassment. It was felt to be a positive sign that BAME staff were speaking up and raising concerns. There had been BAME listening events. The focus for future activities would be a briefing to ensure that staff wear their masks, drilling down data on exit interviews, working with HR on a redeployment charter and increasing the visibility of the Freedom to Speak up Guardian.

The Committee Chair asked what action was been taken to address bullying and harassment. The Chief People Officer said that the drive was to eradicate bullying and harassment but that it was positive staff were speaking up and raising issues through the BAME networks. At a strategic level, the Trust had a 'Just Culture' approach and had revised its HR policies to look at causes rather than casting blame. This meant that far more issues were being resolved informally and not subject to formal proceedings. There was an 'active bystander programme' and the Leadership Conference would seek to embed compassionate leadership.

The Committee expressed its thanks to Ms Becky Ballinger for standing in as the Freedom to Speak up Guardian.

The Chief People Officer noted there had been an increase in tension for staff during COVID-19 with concerns about the pandemic, working in a different ways and the fact that communications were more difficult.

The Committee received the Freedom to Speak Up Annual Report 2019/20 and recommended it to the Trust Board for approval.

The Committee received and noted the contents of the Quarterly reports for 2019/20 Quarter 4 and 2020/21 Quarter 1 and the Annual Workplan for 2020/21.

Items for Information

The following reports were noted:-

- Workforce and OD Data Set. The Chief People Officer noted that whilst the sickness levels for July 2020 were good at 5.6% there had been a significant increase in July and August.
- Executive Performance Board – Action Notes from the Meeting held on 25 August 2020
- Executive People and Culture Board – Action Notes of the meeting held on 18 August 2020.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

- Junior Doctors Guardian of Safe Working Report (the report can be accessed [here](#))
- Freedom to Speak Up Annual Report 2019/20 (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.** The paper presented the system plan for Winter 2020/21. The Committee noted that system partners had started planning at a later stage than UHL and expressed concern that their elements of the plan were aspirational and lacked specific actions and detail. The Committee was not assured and noted that a further iteration of the plan would be presented.
- **Staff Testing Update.** The paper presented on Staff Testing by the Trust's Occupational Health Team is to be referred to the Trust's Board for information, to highlight the outstanding and ground-breaking work undertaken (the report can be accessed [here](#)).

Matters referred to other Committees:

None.

Date of Next Virtual PPC Meeting:

29 October 2020 at 11am via MS Teams