

Cover report to the Trust Board meeting to be held on 7 May 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 April 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 Conference Call on 30 April 2020:-

- **Quality and Performance Report – Month 12**

The Acting Chief Operational Officer highlighted key issues as evident from the Month 12 Quality & Performance report; including a significant improvement in the number of ‘super-stranded’ patients and noted the planned efforts to maintain this. The Trust had continued to maintain its focus on quality alongside the provision of patient care relating to COVID-19. Specific discussion took place regarding fractured neck of femur cases, and the fact that treatment for such cases had now been transferred to the Leicester General Hospital site as part of the Trust’s COVID-related preparations. Significant numbers of such cases continued to be treated. Also noted was the fact that the ‘donning and doffing’ of PPE meant that the number of surgical cases staff were able to perform per list had reduced. In discussion on this report, Mr Patel, Non-Executive Director, sought assurances of actions being undertaken in relation to pressure sore prevention, particularly in light of the fact that patients being treated for COVID-19 were likely to be in bed for significant periods of time. In response, the Acting Chief Operational Officer provided assurance that there was recognition of the need for continued vigilance in this area and confirmed that the Trust was maintaining its required staffing levels. The contents of this report were received and noted and, in concluding discussion on this item, Col (Ret’d) Crowe, PPPC Chairman, thanked the Information Team who had produced this report, acknowledging that some metrics were paused currently due to the COVID-19 pandemic.

- **Performance Briefing**

The Acting Chief Operational Officer presented a series of slides which provided information on the following:-the planning and governance arrangements in preparation for COVID-19 and surge, the impact on (1) time critical surgery (2) cancer pathways and (3) elective care, plans and immediate actions to support the Trust’s patients receiving the essential care and support services they needed, reduce backlogs and support de-escalation and outstanding risks, all of which continued to be reviewed on a daily basis. A briefing had been provided to NHS Trusts from NHSE/I regarding actions required over the next six weeks as part of the next phase of ‘restoration and recovery’ and particular focus would be given to the continuation of any changes made as part of the pandemic preparation which had yielded positive changes and outcomes. Particular emphasis was placed, in discussion, of the need for flexibility and agility in the Trust’s plans going forward in order to rapidly respond to any further spikes of COVID-19 related activity and a recognition of the challenges going forward in relation to continued social distancing etc. as there would be no ‘return to normal’ for the foreseeable future. The Acting Chief Operating Officer provided assurance of the work being undertaken to ensure a rapid flexing of services, in response to any further peaks or demand, as appropriate and confirmed that any matters relating to processes were discussed and agreed through the Senior Clinical Cabinet chaired by the Trust’s Medical Director. Specific discussion took place regarding the need, at the earliest possible opportunity, for definitive dates and plans for the repatriation of particular services which had been undertaken elsewhere in this phase of the pandemic. Particular note was also made of the consequences of the pandemic in terms of its impact on indicators such as 52 week waiters and of the challenges which lay ahead for the Trust in terms of its operational performance. The contents of this report were received and noted and Col (Ret’d) Crowe, PPPC Chairman, thanked the Acting Chief Operating Officer for this report and requested that the performance briefing (and indeed all relevant briefings) to be submitted to the next such PPPC Virtual Conference Call meeting in May 2020 provided information on further developments from today onwards.

- **Workforce Briefing**

The Director of People and Organisational Development (OD) presented a briefing which detailed the People Services response to the COVID-19 pandemic, which had been extensive and involved prioritisation of key people activities aligned to core organisational and wider system needs at this challenging time. The workforce implications were significant and daily reporting had been established along with alignment of all 'core' people activity requirements through the Trust's command and control structures in place. Change and progress had been significant and identified positive learning benefits for the future. Going forward the reporting summary would be broken down to COVID and COVID recovery actions to ensure that all key learning and changes were captured for the 'new' normal. Key priorities and deliverables fell into the following core areas: maintaining workforce supply, health and well-being support and co-ordination, responding to national changes on terms and conditions and guidance, ensuring robust reporting requirements, system alignment and maintaining essential services. Additionally, risks and mitigations in place had been captured and were part of the summary for each key / core work stream. The Director of People and Organisational Development specifically referenced the Trust's sickness absence figure (now reported daily) which was 11.8% for today; 7.14% of which was COVID-related (against an overall expected sickness absence level of 20%). A table detailing the trend of sickness absence was planned for inclusion in the briefing to be submitted for the next PPPC Virtual Conference Call meeting. In discussion, the Director of People and OD noted that the national People Plan was expected to be published in the Autumn this year and it was not yet known how the COVID-19 pandemic would affect recruitment and retention in the NHS. Particular discussion took place regarding the very positive work on-going in relation to the Workers Sharing Agreement. Note was also made of imminent system-wide planned communication to staff from a BAME background following findings that such staff were being more affected by COVID-19. The Director of People and OD particularly highlighted the fact that the work undertaken in relation to workforce had been extensive and that some of this work had been undertaken by staff outside of the People and OD directorate and she placed on record her thanks to such staff for their assistance. In discussion, note was made of further intended communication with staff as part of the restoration phase of work and Col. (Ret'd) Crowe, PPPC Chair, emphasised the need for continual positive engagement with staff. Col. (Ret'd) Crowe, PPPC Chair and Mr Patel, Non-Executive Director, made note of the significant work being undertaken in relation to staff health and well-being and sought assurances of sufficient capacity within the People and OD directorate to manage this volume of work and they particularly emphasised their concern, as Non-Executive Directors, that the Executive Team were also taking time out to rest and recuperate and were, as such, exemplifying the same messages cascaded to all Trust staff on a daily basis. Col. (Ret'd) Crowe, PPPC Chair and Mr Patel, Non-Executive Director expressed their support for the work being undertaken by all staff and made clear their view that non-urgent actions could not be progressed unless adequately resourced. The contents of this report were received and noted.

- **IM&T Briefing**

The Chief Information Officer presented a briefing which detailed a large number of key actions already undertaken to (1) support remote and new ways of working for staff (2) assist patients in communicating with their families (3) support physical ward moves and reconfiguration (4) connectivity for specific areas of the Trust (5) real-time alerting of test results (6) changes to electronic systems to support short term ward changes, tracking and reporting of COVID positive patients, ITU referrals and virtual outpatient appointments (7) off site access for Directors on call via mobile apps and (8) Wi-Fi and equipment access for the BSL team to support deaf patients with interpreting services. The briefing also detailed current issues and work in progress, recovery actions undertaken and planned and work prioritised in the first quarter of the 20/21 financial year, with particular note made of the significant achievements made within a very short space of time. Much of the work undertaken had already been planned for the 20/21 financial year, but the pandemic had necessitated some work being significantly accelerated and there was a need to turn the 'new normal' into actual transformation, albeit noting the need to ensure retrospective optimisation. Particular discussion took place regarding the Digital Aspirant Programme which it was anticipated would go ahead as planned. Specific note was made of the fact that these new ('agile') ways of working were likely to continue into the future, particularly in light of the constraints of having sufficient physical office space for the Trust's workforce and the Director of People and OD noted the interplay of this work with the People Plan. Col. (Ret'd) Crowe, PPPC Chair and Mr Patel, Non-Executive Director expressed their thanks for the work undertaken by the Trust's IM&T directorate as described within the report. Col. (Ret'd) Crowe, PPPC Chair, specifically requested information within the next such briefing to be presented at the May 2020 meeting regarding improving the physical security of electronic devices.

Items for Information

The following reports were noted:-

- **Health and Wellbeing Response to COVID-19** (the Director of People and OD made specific note that much of what had been achieved would not have been possible without the help of the Trust's IM&T team, in respect of which she expressed her thanks to the Chief Information Officer).
- **Rapid Extension of the Nursing Workforce to Support the Response to COVID-19**

- **Workforce and OD Data Set** (specific note was made that the data was likely to change significantly from next month when data would be affected by the COVID-19 pandemic)
- **Executive Performance Board action notes from 25 February 2020 and 24 March 2020**
- **Executive People and Culture Board action notes from 18 February 2020**

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

None.

Items highlighted to the Trust Board for information:

The following reports (as available to Trust Board members through the PPC folder of the BI portal) were recommended as informative reading:-

Paper D - Slides providing an **Operational Overview** and plans for **Recovery**.

Paper E - Slides provide details of **Workforce** activity across the system.

Paper F - Slides providing details of **IM&T** activity across the Trust.

Paper G - Slides providing details of **Health and Wellbeing** activities.

Paper H - A paper providing details of the **rapid expansion** of the **Nursing Workforce**.

Matters referred to other Committees:

None

Date of Next Virtual Conference Call Meeting:

28 May 2020