

## Cover report to the Trust Board meeting to be held on 5 March 2020

Trust Board paper H

<b>Report Title:</b>	<b>People, Process and Performance Committee – Chair’s Report</b> (formal Minutes will be presented to the next Trust Board meeting)
<b>Author:</b>	Hina Majeed – Corporate and Committee Services Officer

<b>Reporting Committee:</b>	<b>People, Process and Performance Committee (PPPC)</b>
<b>Chaired by:</b>	Andrew Johnson – PPPC Chair and Non-Executive Director
<b>Lead Executive Director(s):</b>	Rebecca Brown – Chief Operating Officer Hazel Wyton – Director of People and Organisational Development (OD)
<b>Date of last meeting:</b>	27 February 2020

**Summary of key public matters considered by the Committee and any related decisions made:**

This report provides a summary of the following key public issues considered at the People, Process and Performance Committee on 27 February 2020:-

**Freedom to Speak Up – Quarter 3 (2019-20) Report** – the report as presented by the Director of Safety and Risk, detailed data relating to concerns raised through various mechanisms for Freedom to Speak Up in quarter 3 of 2019/20, the contents of which were received and noted and recommended onto the Trust Board accordingly. In discussion, it was concluded that although national guidance was being followed, the service being offered to staff to raise concerns was not ‘independent’. However, emphasis was made to the fact that the current service was an improvement to previous such mechanisms in place within the Trust. This report had been discussed extensively at the Executive People and Culture Board meeting held on 18 February 2020. **PPPC recommended the Freedom to Speak Up quarter 3 update for Trust Board approval, as appended to this summary.**

**Proposal for UHL to become a Preferred Partner to Host Military Consultants** – the PPPC recommended the proposal for UHL to become a preferred partner to host Military Consultants following completion of their Certificate of Completed Training for Trust Board approval, as appended to this summary.

**NHS Staff Survey 2019 Results** – the report included a high level summary of the results from the 2019 National NHS staff survey results undertaken by Quality Health during October and November 2019. UHL had a response rate of 35.4% which was below the 47% average in relation to comparable Trusts. Previously there were a total of 10 themes, however, in 2019, an additional theme had been included. Out of the eleven themes, eight of the themes had significantly improved in comparison to the 2018 results. In respect of the remaining 3 themes, there was an improvement in two and no movement in score for one. The latter theme was in relation to ‘Safe environment – Violence’, however, members were appraised that in this theme, UHL had scored higher than average (almost best performance) compared to benchmark Trusts. All five of the questions that had been highlighted as key areas for focus in the 2018 staff survey had improved, four of which had improved significantly. In response to a number of queries from Non-Executive Directors, the Director of People and OD advised that the results of the survey would be integrated into the Becoming the Best Culture and Leadership work stream instead of having separate action plans. Members noted that a number of tactics had been implemented to improve staff experience of working at UHL which had resulted in a positive shift in staff experience. The positive results of the 2019 NHS Staff Survey would be shared more widely across the Trust. In response to a query regarding the themes arising from staff experiencing harassment, bullying or abuse, it was confirmed that a separate sub-group had been established to progress this work stream which had Executive oversight. In response to a query from Mr B Patel, Non-Executive Director, the Deputy Director of Learning and OD advised that the Equality, Diversity and Inclusion action plan would take forward any areas of improvement identified from the response to the Workforce Race Equality Standard (WRES) questions of the survey. A full summary (broken down by CMGs and staff groups) would be provided to the PPPC meeting, when it became available.

**Becoming the Best (BtB)** – an update was provided on progress within the culture, leadership and Quality Improvement (QI) elements of the Trust’s Quality Strategy – “Becoming the Best”. The Trust’s overall approach continued to strongly align with the AQUA Maturity Matrix levels which had been adopted for the QI culture road map. The QI dashboard would take considerable development time, although the discovery process had commenced to take stock of the data that already existed to feed into this. In respect of the QI capability building, members were advised that evaluation and analysis of the Advanced Practitioner and Medical Leaders cohorts were on-going. The first event for UHL’s Improvement Agents via the Community Practice named a ‘Hive’ had been scheduled on 4 March 2020. In response to a query from PPPC Non-Executive Director Chair, the Head of QI advised that the illustration in the QI Culture Maturity slide in the report was his assessment/ indicative view of the Trust’s position of the following stages - adopting (level 1),

implementing (level 2) and designing (level 3) as set out in the AQUA Maturity Matrix. A variety of views were expressed in respect of the need for a road map to track progress. Ms V Bailey, Non-Executive Director reiterated the need for the report to describe the traction/progress made around this work, with more emphasis on defining outcomes and less emphasis on describing the processes to be employed. Further to a detailed discussion on this matter, it was agreed that Ms V Bailey and the Head of Quality Improvement would meet outwith the meeting to agree a way forward on the content of the QI dashboard. The Director of People and OD highlighted that the Integrated Leadership Development programme (i.e. Mid-Leadership Development Programme) had made a significant impact, noting the correlation between this and the recently announced CQC overall "Good" rating and the improved staff survey results. In response to a query from the Chief Executive, it was noted that a new leadership team was in place in the Estates and Facilities Directorate and a targeted approach was being taken to engage with them prior to commencing a local reinvigoration of the QI process. The Chief Executive advised that reporting schedule for the Quality Strategy had recently been reviewed.

**People Strategy Update** – the Deputy Director of HR provided an update on the UHL People Strategy, detailing progress made and next-steps. Members were advised that the deliverables within the People Strategy work programme had been reviewed and considerable progress had been made between March 2019 and January 2020. The granular detail of the work streams were separately available if required but had not been included within the report. The People Strategy would need to be reviewed once the National People Plan was published in March/early April 2020. Further to this, key deliverables for the next 12 months (April 2020 – March 2021) would need to be defined. The Trust Chairman noted the need for continued focus in relation to the BAF: - Principal Risk 5 (Failure to recruit, develop and retain a workforce of sufficient quantity and skills) noting that a discussion on this matter had taken place at the Audit Committee meeting in January 2020.

**Streamlined Emergency Care Report - Month 10** – the Deputy Chief Operating Officer highlighted that overall demand into the Emergency Department (ED) had reduced in January 2020, however admissions continued to increase. Despite the pressures, the Trust's national ranking against the 4 hour ED target had shown week on week improvement. Ambulance handover remained a key priority for the Trust with actions continuing to be implemented to address this issue. There continued to be an imbalance between capacity and demand for Medicine within LRI which was being addressed through the 'Increasing Effective Medical Bed Action Plan'. Progress was being made against plan and further actions were being developed. A system-wide approach had been escalated as agreed with the Trust's Regulators. Disappointingly, there had been a number of twelve hour breaches, however, a review was completed for each breach which indicated that there had been no significant harm identified to patients as a result of these bed waits in ED. A MADE event had taken place across 3 days in February 2020 whereby a number of actions had been taken to reduce discharge delays. Ms V Bailey, Non-Executive Director noted the need for the learning from such events to be appropriately captured, implemented and sustained. The Medical Director advised that two meetings had taken place to discuss the metrics for the 'Safe and Timely Discharge' and 'Safe and Timely Assessment' work streams, noting that an update on the implementation of e-beds on to base wards would be provided to the Executive Performance Board and PPC in March 2020. Specific discussion took place regarding the need to plan for such pressures during the next year (e.g. the anticipated twice-yearly 'spikes' in activity due to respiratory illness which were predictable). In response, the Chief Operating Officer undertook to include an update on 'Children's' and 'CDU' in future iterations of the report. In response to a query from the Trust Chairman in respect of actions being taken to reduce admissions, the Chief Executive provided assurance that a number of initiatives were being taken at a system-level including Category 3 and 4 triage to determine the priority for treatment. The Medical Director suggested that the weekly emergency admissions SPC chart included a vertical line when a new initiative had been put in place to reduce admissions so that it could be evaluated to identify the difference it had made. In response to a query from Col (Ret'd) I Crowe, Non-Executive Director in relation to the high number of CDU transport breaches, the Chief Operating Officer provided assurance that it was a rare/one-off situation due to localised process and capacity issues. The PPC Non-Executive Director Chair welcomed the progress made, the resilience demonstrated by the Trust's peer ranking and the revised measures being put in place, however, the Committee was not assured that the Trust was currently able to meet its targets for Urgent and Emergency Care performance.

**Bed Capacity and Bridge** – this report described the predicted bed gap; how this had been calculated and the efficiencies by CMG to manage the gap or decrease occupancy for 2019-20. This was an iterative process and schemes and numbers of beds released would be updated following each meeting with the CMGs. The Chief Executive advised that a Task and Finish Group had been established to focus on an integrated and completely different approach to the bed capacity plan and this work was expected to be completed in March 2020. All data over the winter elements would be triangulated to ensure that all actions that need to be continued and also key developments for 2020-21 were appropriately captured. The Trust Board Thinking Day in March 2020 would include a discussion on the learning lessons/themes arising from previous winters and a focus on high-level activity plans for 2020-21.

**Improvements to People Processes – Consultant Recruitment Review** – the report provided an update on the key improvements made to the Consultant Recruitment process, to make it robust and focussing on a value based recruitment approach. The Deputy Director of HR advised the proposed inclusion of focus groups to include wider stakeholder representation including Patient Partners. A trial of Occupational Personality Questionnaires was scheduled to be undertaken in March 2020 to evaluate whether it added real value. In discussion on a comment from the Trust

Chairman, the Chief Executive undertook to review the process for deciding whether a replacement post was actually required or whether it could be reconfigured in a different way. Due to the Trust's financial constraints, the Chief Executive did not support the additional administrative resource required to take forward the proposed improvements to the Consultant Recruitment process unless other equivalent financial savings could be made. In response, the Director of People and OD undertook to review the team's workload and subsume this work within the current resource.

**Medical Workforce Recruitment and Retention** – the Deputy Medical Director presented the report setting out proposals that had been developed to respond to shortages in the supply of junior medical staff and reduce the on-going reliance on temporary staffing. He proposed the following (a) development of a Memorandum of Understanding with the Royal Wolverhampton (RW) NHS Trust to facilitate partnership working; (b) implementation of a two year locally employed doctor rotation at FY/CT level with their first rotation being in ESM and RRCV CMGs due to the current shortages in these areas; (c) development of a service level agreement with RW NHS Trust to recruit on behalf of UHL, where needed, and (d) development of a Clinical Fellowship Programme for junior medical staff. In discussion, Ms V Bailey, Non-Executive Director noted the need for the report to also include proposals to support new Consultants. In response to a comment from Professor P Baker, Non-Executive Director and Dean of the Medical School, University of Leicester, the Medical Director and Deputy Medical Director undertook to liaise with Dr K Harris, Associate Dean for Clinical Affairs and review the Leicestershire Academic Health Partnership document previously developed by UHL to ensure a joined-up approach was taken.. Responding to a query, members were advised that UHL would aim to learn and build on the RW NHS Trust expertise in refining the central recruitment approach and making cost savings in junior doctor agency and bank locum spend. In response to a query from the PPPC Non-Executive Director Chair concerning the resource requirements for this initiative, the Director of People and OD was requested to support this workstream within the current administrative resource within the HR team and advised that additional resource would not be required but other tasks within the People Strategy work stream would need to stop to accommodate this.

#### **Items for Information**

The following reports were noted:-

**Workforce and Organisational Development Data Set** – the Director of People and OD highlighted the increase in sickness absence particularly in the Women's and Children's CMG but provided assurance that appropriate actions had been put in place to resolve this matter.

#### **IR35 Off Payroll Quarterly Update**

**BAF Principal Risk (PR) 5 (Failure to recruit, develop and retain a workforce of sufficient quantity and skills)** – in response to a query from Col (Ret'd) I Crowe, Non-Executive Director, the Director of People and OD advised that a review of the HR team resource would be undertaken to analyse which work streams could be temporarily paused in order that a number of new work streams (discussed above) could be taken forward. An update on this review, when completed, would be provided to PPPC. The Director of People and OD also undertook to update the BAF PR5 to include wording in respect of this review.

#### **Executive Performance Board action notes from 28 January 2020**

#### **Joint PPPC and QOC session (Chaired by Col (Ret' d) Ian Crowe – Non-Executive Director)**

**Cancer Performance Monthly Report** – in December 2019, the Trust achieved 6 standards against the national targets and 6 standards against UHL's trajectory (or where the national target was achieved). The 62 day standard remained the Trust's most significant challenge. The report presented detailed a breakdown of performance against all targets and performance by tumour site for the 62 day target. A detailed action plan was also included which showed the actions being undertaken by CMGs in order to improve performance. The Director of Operational Improvement, when presenting this report, also notified members that the team had been shortlisted for a number of awards. The 2019-20 quarter 2 review of patients who waited over 104 days from referral to first definitive treatment identified no patient harm. The deterioration in radiotherapy performance was due to vacancy and sickness in the breast radiotherapy team. A number of recovery actions had been put in place to recover the backlog position. A Urology Task and Finish Group had been established to address administrative and internal process issues. A user friendly and cost effective IT system for the Cancer Centre had recently been procured and data migration from the current system to the new system was expected to be completed by end of March 2020. In discussion on this matter, the Chief Executive noted the need for an appropriate critical system data migration plan to be in place. In response, the Director of Operational Improvement undertook to liaise with the Acting Chief Information Officer regarding this. The contents of this report were received and noted.

**Quality and Performance Report – Month 10** – members received and noted the contents of the monthly Quality and Performance report. The report provided a high level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary. In presenting this report, the Deputy Chief Operating Officer advised that, despite the challenges reported due to volume of activity, the Trust had maintained performance against its 52 week target for 19 consecutive months. The 6-week diagnostic waits standard had not been achieved due to a number of issues in radiology including recurrent machine breakdown, however, members were advised that actions had been put in place to resolve the issues. A brief update on the overall waiting list size was provided. The Medical Director also noted that quality was being maintained as evidenced by the quality metrics. The performance of a number of CMGs had deteriorated

recently in terms of their statutory and mandatory training and this was being addressed with them through the Performance Review meetings (PRMs). Performance had deteriorated against the agreed standards for operating on patients with fractured neck of femurs within 36 hours of presentation, the Medical Director advised that January 2020 had been a very challenging month due to the amount of emergency demand. He suggested that the MSS CMG be given until March 2020 to recover its position and a report be presented to QOC in April 2020, if this was not the case.

The Chief Nurse also noted that the nursing indicators did not reveal any specific issues of concern. She highlighted that there had been 88 year to date Clostridium difficile cases against the trajectory of 108. The Infection Prevention and Assurance Committee would undertake an aggregated review of C Difficile and MRSA cases to review any lessons learned and this would be fed into the Health Care Associated Infection action plan. A change in recording and reporting of pressure ulcers with an emphasis being more on 'themes' rather than 'where it was developed' would be implemented from April 2020. In response to a query from Mr M Traynor, Non-Executive Director regarding the processes in place to support the management of any local outbreak of 2019 Novel Coronavirus (COVID-19), the Chief Nurse provided a detailed update and advised that plans were being developed in close coordination with CCGs, NHSI/E and Public Health England (PHE). In discussion, it was agreed that an update on this matter would be included within the Chief Executive's briefing for the Trust Board in March 2020. In response to a query, the Medical Director advised that UHL was one of the eight Trusts who would be undertaking monitoring testing and as per PHE guidance, patients in intensive care with severe respiratory infections would be tested for the virus. In response to a query from the PPPC Non-Executive Director Chair, the Chief Nurse undertook to liaise with the Interim Chief Financial Officer regarding the financial arrangements in place nationally for COVID-19 testing. The contents of this report were received and noted.

**CMG performance review data** – the report summarised the outputs from the January 2020 performance review meetings (PRMs) with CMGs, the contents of which were received and noted. Responding to queries from Patient Partners, the Chief Nurse advised that a review of a year's worth of CMG PRM data would be undertaken. Mr A Johnson, Non-Executive Director suggested that plotting trends (i.e. SPC Charts) on the 'Finance' and 'CIP' slides would prove beneficial. In discussion, it was noted that the Chief Operating Officer, Medical Director and Chief Nurse were to review the content, nature and reporting of PRMs in the near future.

**CQC Update** – the Chief Nurse advised that her team were working on the findings from the CQC inspection report following their unannounced inspections in September 2019 and their Well-led Review in November 2019. She highlighted that existing governance processes would be used to embed any learning. The CCG Representative commended the Trust's efforts in achieving a good rating. A report on the unannounced inspection of UHL's Emergency Department in January 2020 by the CQC would be provided to a future meeting of the QOC, when agreement was reached on the report's findings and actions.

**Matters requiring Trust Board consideration and/or approval:**

***Recommendations for approval:-***

Freedom to Speak Up – Quarter 3 (2019-20) Report  
Proposal for UHL to become a Preferred Partner to Host Military Consultants

***Items highlighted to the Trust Board for information:***

Urgent and Emergency Care Performance Report – Month 10  
Cancer Performance Monthly Report

**Matters referred to other Committees:**

None

**Date of Next Meeting:**

26 March 2020

**Purpose of report:**

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	X
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

**Previous consideration:**

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	Monthly	Discussion and approval of recommendations
Trust Board Committee		
Trust Board		

**Executive Summary**

**Context**

Speaking up in an open and transparent culture is paramount in our vision of Becoming the Best and Quality Strategy. The health and wellbeing of all who work at University Hospitals of Leicester (UHL) should be supported in raising a concern without fear of reprisal and consequence. The speaking up avenues in place here at UHL are to support, empower and encourage staff to speak up in relation to:

- Protecting patient safety and the quality of care
- Improving the experience of workers
- Promoting learning and improvement

This purpose of this report is to provide People, Process and Performance Committee Members with information relating to staff concerns raised through various ‘Speaking Up’ mechanisms. This includes the reporting systems such as 3636 Staff Concerns Line, Junior Doctors Gripe Tool, Anti-bullying and Harassment service; counter Fraud Management Services and the Freedom to Speak Up Guardian.

The report also provides an update on the current initiatives the Freedom to Speak Up Guardian is currently involved in and vision for future plans; aligning them to feedback from the National Guardians Office survey and those themes arising from similar sized NHS Trusts.

**Questions**

- Consider whether we are taking sufficient action on the key themes raised and by comparison are the themes consistent in previous reports.

- Consider how we feedback to the wider trust on concerns raised and share the learning from staff speaking up.
- To note the initiative updates contained in the report.
- To note the rise in notifications in Bullying and Harassment reporting to both Human Resources and The Anti-Bullying and Harassment Advice Service for this quarter.

## Conclusion

On review of all the data included within this report, staff are continuing to use a number of routes to raise their concerns. Notable issues are:-

- Delays in Junior Doctors rotas being sent out.
- P11d forms completed incorrectly.
- Consultant led ward rounds within the surgical wards.
- Nurse staffing within surgical wards at LGH.

## Input Sought

People, Process and Performance Committee Members are invited to note the content of this report and the following recommendations:-

- i.* Consider whether we are taking sufficient action on the key themes raised.
- ii.* Consider the 'You did, We did' quarterly newsletter approach to share the learning and themes from staff speaking up.
- iii.* Acknowledge the increase in numbers of staff speaking up, the positive aspects this has in staff feeling comfortable to do so; and to consider different channels of communications such as newsletters and INsite pages in which we can share and celebrate learning.

## For Reference

This report relates to the following UHL quality and supporting priorities:

### 1. Quality priorities

Safe, surgery and procedures	[Yes]
Safely and timely discharge	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Yes]

### 2. Supporting priorities:

People strategy implementation	[Yes ]
Estate investment and reconfiguration	[Not applicable]
e-Hospital	[Not applicable]
More embedded research	[Not applicable]
Better corporate services	[Yes]
Quality strategy development	[Yes]

### 3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)? None undertaken

- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required. Director of Safety and Risk will meet with relevant colleagues to discuss our approach to the proposed Patient Safety Partners requirement
- How did the outcome of the EIA influence your Patient and Public Involvement? N/A
- If an EIA was not carried out, what was the rationale for this decision? N/A

#### 4. Risk and Assurance

##### Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <b>Principal Risk</b> on the BAF?	No	
<b>Organisational:</b> Does this link to an <b>Operational/Corporate Risk</b> on Datix Register	No	
<b>New Risk</b> identified in paper: What <b>type</b> and <b>description</b> ?	NA	
<b>None</b>	x	

5. Scheduled date for the **next paper** on this topic: May 2020
6. Executive Summaries should not exceed **5 sides** [My paper does comply]

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** PEOPLE, PROCESS AND PERFORMANCE COMMITTEE

**DATE:** 27<sup>TH</sup> FEBRUARY 2020

**REPORT BY:** DIRECTOR OF SAFETY AND RISK

**SUBJECT:** FREEDOM TO SPEAK UP REPORT QUARTER 3 DATA

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### 1. INTRODUCTION

1.1 The purpose of this report is to provide People, Process and Committee Members with information relating to staff concerns raised through various Freedom to Speak Up mechanisms, including:

- CQC
- Anti-Bullying and Harassment Advice service
- Junior Doctor Gripe Tool.
- Counter Fraud Management Services
- 3636 Staff Concerns Reporting Line
- Freedom to Speak Up Guardian
- Junior Doctors Gripe Tool

1.2 This report also provide an update on the initiatives the Freedom to Speak Up Guardian is currently involved in and future plans:

- Speak up month update
- Changes to the role
- National Guardian Office update

### 2. STAFF RAISING CONCERNS 3<sup>RD</sup> QUARTER 2019/20 (OCTOBER/DECEMBER)

2.1 There have been **2** concerns raised with the CQC. The concerns raised are:-

- Adult ITU (GH)  
RNs on Adult ITU at Glenfield are frequently sent to PICU. Concerns raised that none of the adult ITU staff have level 3 safeguarding children training or any level of paediatric resuscitation training.
- Ward 29 (GH)  
Staff do not feel supported and raised concerns / issues regarding the ward manager.

### 2.2. HUMAN RESOURCES

There have been **17** cases referred to HR, all these cases were allegations of bullying and harassment.

### 2.3 COUNTER FRAUD MANAGEMENT SERVICES

Counter Fraud management have received **4** cases this quarter:

- Timesheet fraud = 2
  - Staff potentially working elsewhere = 1
  - Intent to misuse Trust's funds = 1
- Total = 4



## 2.4 BULLYING AND HARASSMENT SERVICES

- 2.4.1 The Bullying and Harassment Service have reported that **33** staff members have accessed the service 27 people accessed the service; 6 people completed the anonymous logs

Corporate Nursing	6
Research and Development	1
ESM	3
RRCV	3
MSK	2
W&C	2
Corporate HR	2
CHUGGS	3
Corporate Operations	1
E&F	1
ITAPS	1
Unknown	2

Anonymous log:-

CSI	1
Corporate Nursing	1
CHUGGS	1
RRCV	3

- 2.4.2 There has been a notable increase in these figures and since the Interim Equality Diversity Project Support has been logging concerns discussed at the Professional Behaviours training session. This session has received positive feedback by those who have attended.
- 2.4.3 The Bullying and Harassment Stakeholder Group is in the process of creating a short video. This is to highlight what Bullying and Harassment is the impact it can have on staff well-being, managers' responsibility and the supportive services available for staff. It is hoped this will be fully rolled out in April 2020.

## 3. JUNIOR DOCTOR GRIPES TOOL

- 3.1 The Freedom to Speak Up Guardian continues to support the Junior Doctors Gripe Tool as a mechanism dedicated for our junior doctors to raise concerns.
- 3.2 The Guardian also meets on a six weekly basis with the Director of Medical Education, Consultant Physician, and a number of junior doctors. This is to discuss the Gripes we have received, and to encourage an open and learning culture.
- 3.3 In the 3<sup>rd</sup> Quarter **42** Junior Doctor Gripes were received.

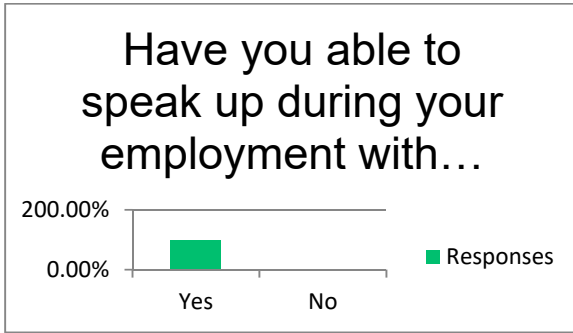
<b>Subjects of Gripes received in 2019/20 Quarter 3</b>	<b>Total</b>
Lack of staffing resource	16
Equipment and ward environment	5
Teamwork and communication	10
IT issues	6
Quality and safety of care	2
Other	2
Training / supervision	1
<b>Grand Total:</b>	<b>42</b>

- 3.4 We have received a number of Gripes due to delay in duty rotas not being sent out in RRCV. This was escalated to the Head of Operations and Clinical Director to remedy. The CMG Managers will seek to provide timely rotas for the next rotation.
- 3.5 We have received 3 Gripes for RRCV relating to medical staffing on Ward 33. In response, the CMG Management Team have arranged for a locum doctor to support the medical staff.
- 3.6 A number of Gripes have been received due to Junior Doctors not having access to working house Exception reporting; this has been passed to Human Resources and access has now been provided.
- 3.7 Junior Doctors have raised concerns in regards to staffing on the surgical wards at the LGH; this has been escalated to the Clinical Director and Head of Nursing, a response has been provided to the Junior Doctor to thank them to raising the concern, advised that staffing is on risk register and this is discussed regularly within the CMG performance meetings.
- 3.8 Below are the links to the Junior Doctors Gripes Newsletter cascaded:-

[December 2018](#)  
[March 2019](#)  
[August 2019](#)  
[December 2019](#)

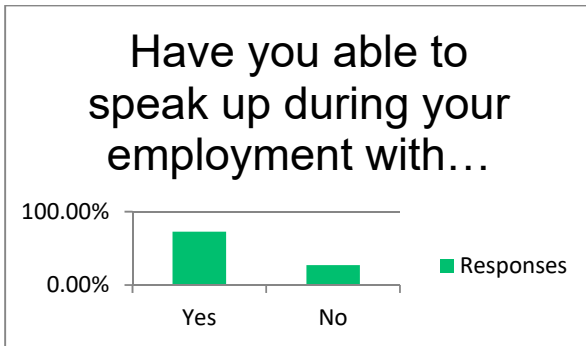
#### **4. EXIT INTERVIEWS DATA**

- 4.1 Key questions have been added to Exit Interviews as suggested from the National Guardian Office. The aim of this is to provide another avenue for staff to highlight concerns.
- 4.2 Quarter data by CMGs:-
- 4.3 **W&Cs:** No reports received.
- 4.4 **CHUGGS:** No reports received.
- 4.5 **CORPORATE:** An example of comments from the Exit Questionnaire:-  
Comments added:- "Previous line manager not always supportive of speaking up"



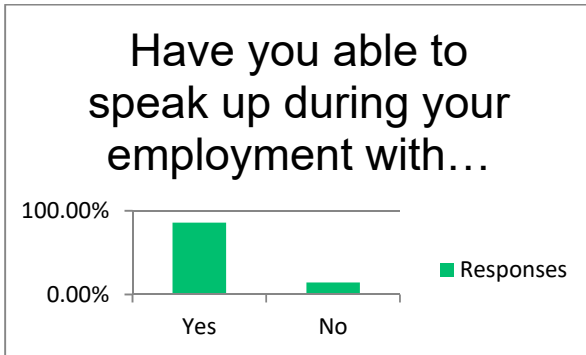
Answer Choices	Responses
Yes	100.00% 7
No	0.00% 0
<b>Answered</b>	<b>7</b>
<b>Skipped</b>	<b>0</b>

4.6 **CSI:** An example of comments from the Exit Questionnaire:-  
 Comments added:-“Previous manager had poor listening skills; was not approachable and very inflexible as it relates to 'being human'. if you weren't a friend or buddy you were”



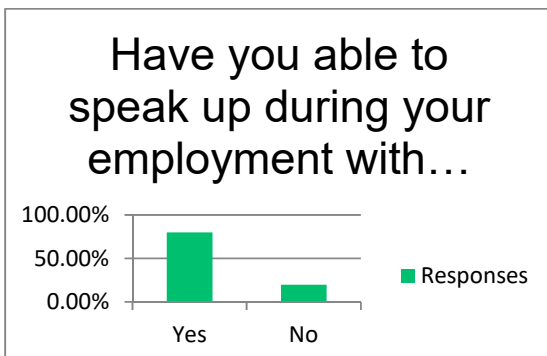
Answer Choices	Responses
Yes	72.73% 8
No	27.27% 3
<b>Answered</b>	<b>11</b>
<b>Skipped</b>	<b>2</b>

4.7 **ESM:** An example of comments from the Exit Questionnaire:-  
 No Comments added “Supportive colleagues and line manager with collective vision”



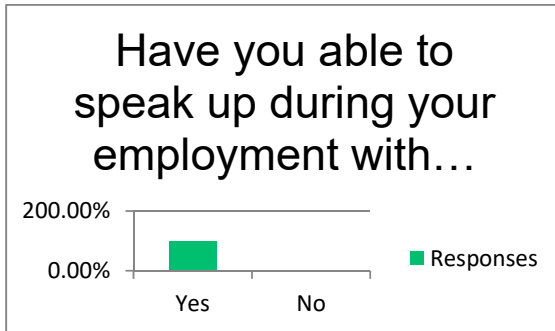
Answer Choices	Responses
Yes	85.71% 6
No	14.29% 1
<b>Answered</b>	<b>7</b>
<b>Skipped</b>	<b>0</b>

4.8 **ITAPS:** An example of comments from the Exit Questionnaire:  
 Comments added: “We have a band 5 council where we could speak freely and be heard by our senior colleagues. Love that”



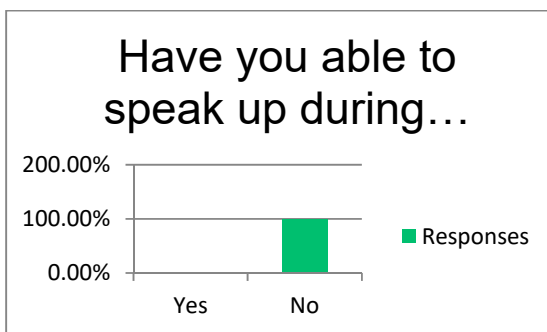
Answer Choices	Responses
Yes	80.00% 4
No	20.00% 1
<b>Answered</b>	<b>5</b>
<b>Skipped</b>	<b>0</b>

- 4.9 **RRCV:** An example of comments from the Exit Questionnaire:  
Comments added: “No on-call rooms.”



Answer Choices	Responses	Count
Yes	100.00%	1
No	0.00%	0
<b>Answered</b>		<b>1</b>
<b>Skipped</b>		<b>0</b>

- 4.10 **E&F:** An example of comments from the Exit Questionnaire:  
Comments added: “Yes - multiple issues I have tried to speak up about and change, yet nothing changes and I am not listened to”



Answer Choices	Responses	Count
Yes	0.00%	0
No	100.00%	1
<b>Answered</b>		<b>1</b>
<b>Skipped</b>		<b>0</b>

- 4.11 In December the Guardian met with the workforce Development Manager and Employee Relations Manager to discuss Exit Questionnaires. Currently Exit Questionnaires are disseminated to the Human Resources Business Partner aligned to the CMG. It has been suggested that the data will be included within future CMG Performance Review meetings. HR colleagues reported they are also looking to amend the Exit Questionnaires for internal moves within the Trust as well as for staff who are leaving the Trust.

## 5. FREEDOM TO SPEAK UP GUARDIAN/3636 STAFF CONCERNS

- 5.1 A total of **17** Freedom to Speak Up concerns have been received this quarter and **8** concerns raised through the 3636 staff reporting line.
- 5.2 Three staff concerns due to problems with P11d forms possibly completed incorrectly therefore are being taxed incorrectly. This has been escalated to the Payroll Manager and the Director of Human Resources and Organisational Development. Updated information has been placed on INsite for the staff in which this has been impacted on and a meeting will be held in due course in the aim to resolve this.
- 5.3 Two staff concerns were received in regards to consultant led ward rounds within HPB at the LGH. The concerns were discussed openly with the Clinical Director, the Deputy Director of Medical Education and the Clinical Education General Manager to discuss what improvements can be made, following the meeting a response has been provided to the staff who raised the concerns.
- 5.4 A further staff concern was received due to low morale on ward 31 LGH, staff shortages and team dynamics. The Guardian offered a drop in session on the ward to provide a “thermometer check” on how staff were feeling. These sessions provided some great insights and the team had some good suggestions for improvements. This information has been shared with the Head of Nursing/Midwifery and the relevant Matron and we will continue to monitor and work with the ward over the coming months.

## 6. FREEDOM TO SPEAK UPDATE

- 6.1 UHL held a number of events to support the National 'Speaking Up' month including lunch time stalls in the restaurants across the three main sites. To celebrate 'Speaking Up' month, the Victoria Building was lit up in green lighting. This has been recognised nationally by the National Guardian's office, as a sign that the Trust empowers staff to raise concerns.
- 6.2 To encourage a positive learning culture, it is important to share good news stories from staff raising concerns and therefore we will look to creating a Quarterly Freedom to Speak Up newsletter to be cascaded out through the Chief Executive's briefing on a quarterly basis.

## 7. NATIONAL GUARDIAN UPDATE

- 7.1 The National Guardian Office has recently published the [Freedom to Speak Up Guardian Survey 2019](#) report.
- 7.2 In summary the report highlights:-
- The perception amongst those in a speaking up role that the guardian role is having a positive impact is increasing  
This year, a total of 76% of respondents agreed or strongly agreed with the statement 'The Freedom to Speak Up Guardian role is making a difference', compared to 68% last year.
  - But compared to last year, a smaller proportion of respondents feel that speaking up culture in the NHS has improved over the last 12 months  
This year, 76% of respondents felt that Freedom to Speak Up culture in the NHS had improved over the last 12 months, compared to 83% last year.
  - Perceptions of positive speaking up culture continue to be greatest in organisations rated outstanding or good by the CQC  
This positive correlation is seen in all eight questions related to perceptions of speaking up culture in the survey.
  - Perceptions of positive speaking up culture are highest in independent providers of health care  
Respondents from independent providers of healthcare responded most positively to six of the eight questions related to perceptions of speaking up culture in the survey.
  - Awareness of the guardian role is increasing  
74% of guardians and champions responding to the survey indicated that 'Awareness of the FTSU Guardian role' is improving.
- 7.3 In house training was highlighted as part of the report, the National Guardian Office are looking at a E-learning package which will be available for staff which could be implemented across the trust.
- 7.4 UHL compares well to peer trusts, with our Guardian working full-time in this role and supported by the Patient Safety Team. The Guardian receives support from the Board, sub committees of the Board and meets regularly with the Director of Safety and Risk, the Chief Executive and has open door access to the Medical Director and Chief Nurse. These positive relationships are extremely supportive for the role and encourage staff to use our various mechanisms to raise concerns.

## 8. DATA

Quarter	Raising Concerns Notifications						Junior Doctors Gripe Tool
	Calls to the 3636 staff concerns line	Cases raised with Freedom to Speak up Guardian	CQC whistleblowing notifications	Notifications of B&H to Human Resources	Cases reported to Counter Fraud Management Services	Reported cases of Bullying and Harassment	
Q3 2015/16	9	-	0	0	4	0	Unavailable
Q4 2015/16	7	-	4	0	1	8	40
Q1 2016/17	6	-	3	0	7	8	44
Q2 2016/17	13	-	0	0	12	12	31
Q3 2016/17	6	-	0	0	7	8	20
Q4 2016/17	6	-	3	1	8	8	20
Q1 2017/18	13	20	2	0	10	5	39
Q2 2017/18	23	17	2	0	6	7	23
Q3 2017/18	8	17	1	0	6	14	20
Q4 2017/18	14	23	2	1	3	9	27
Q1 2018/19	9	15	0	0	5	13	14
Q2 2018/19	8	30	1	0	22	12	37
Q3 2018/19	9	26	0	0	42	17	26
Q4 2018/19	12	22	1	15	65	19	23
Q1 2019/20	10	18	1	6	8	13	45
Q2 2019/20	8	27	1	5	18	9	45
Q3 2019/20	8	17	2	17	4	33	42

## **9. CONCLUSION**

9.1 On review of all the data included within this report, staff are continuing to use a number of routes to raise their concerns.

9.2 Reviewing all the themes, the notable issues are:-

- Delays in Junior Doctors rotas being sent out.
- P11d forms completed incorrectly.
- Consultant led ward rounds within the surgical wards.
- Nurse staffing within surgical wards at LGH.

## **10. RECOMMENDATIONS**

10.1 People, Process and Performance Committee Members are invited to note the content of this report and the following recommendations:-

- Consider whether we are taking sufficient action on the key themes raised.
- Consider the "You said, We did" newsletter approach to share the learning and themes from staff speaking up

**Jo Dawson,  
Freedom to Speak Up Guardian,  
February 2020**

## Proposal for UHL to become a Preferred Partner to Host Military Consultants

Author: Dr Daniel Barnes, Deputy Medical Director; Joanne Tyler-Fantom, Deputy Director of Human Resources

Sponsor: Andrew Furlong, Medical Director

**PPPC paper I2**

### Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	X
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

### Executive Summary

This is an initial high level proposal to gain executive support for UHL to become a Preferred Partner for the Military to place newly qualified consultants within our Trust post CCT. It is an opportunity for the Trust to appoint highly motivated and well trained consultants and provide the opportunity to forge positives ties with the military to attract medical trainees and other Allied Health Professionals in the future for placements. If the proposal is agreed in principle, practical arrangements will be further developed and confirmed.

### Input Sought:

#### The Executive People and Cultural Board are requested to:

1. To approve the Trust becoming an official Preferred Partner to the military for the placement of newly qualified consultants at UHL.
2. Note requirement and intention to further develop and manage practical requirements once direction approved.



**For Reference:**

**This report relates to the following UHL quality and supporting priorities:**

**1. Quality priorities**

Safe, surgery and procedures	[Yes]
Safely and timely discharge	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]

**2. Supporting priorities:**

People strategy implementation	[Yes]
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**3. Equality Impact Assessment and Patient and Public Involvement considerations:**

- What was the outcome of your Equality Impact Assessment (EIA) TBC
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required - None
- How did the outcome of the EIA influence your Patient and Public Involvement?
- If an EIA was not carried out, what was the rationale for this decision?

**4. Risk and Assurance**

**Risk Reference:**

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <b>Principal Risk</b> on the BAF?	x	Failure to recruit and retain
<b>Organisational:</b> Does this link to an <b>Operational/Corporate Risk</b> on Datix Register		
<b>New Risk</b> identified in paper: What <b>type</b> and <b>description</b> ?		
<b>None</b>		

5. Scheduled date for the **next paper** on this topic: [ TBC]

6. Executive Summaries should not exceed **5 sides** [My paper does comply]

## **1. BACKGROUND**

- The Quality Strategy identifies six key domains that provide the framework for the People Strategy which predominantly covers how UHL will ensure we have the right people with the right leadership capability, behaviours and skills to not only deliver 'caring at its best'. The UHL Strategic Workforce plan ascertains how we will prioritise and address the critical workforce gaps.
- Medical staff are one of the largest workforce groups at UHL and is facing recruitment challenges at all levels including consultants. The Medical Workforce Plan in line with the Trust's people Strategy outlines work streams, to address these challenges, and ensure the reduced Workforce plan is delivered. Part of this plan for improvement is to develop our recruitment potential nationally and internationally.
- The military place medical staff in NHS trusts whilst they are not assigned to military duties. There are 5 Trusts which employ a large number of military medical personnel of various grades and disciplines with QE in Birmingham being our nearest. There are many other Trusts that have a smaller number of military consultants which are agreed on an individual basis. The military is moving towards a 'Preferred Partner' model of working where it forges stronger links with a smaller number of Trusts. UHL has been approached to consider becoming a Preferred Partner as a singleton hospital. As a singleton preferred partner consultants are placed to work at UHL, and have a management lead at a Parent Unit to review the workload and training is compliant with the job plan.

## **2. MILITARY CONSULTANT HOSPITAL PLACEMENT PROCESS**

- All military hospital placements are approved and overseen by Lt Col Baxter chair of the Consultant Placement List Board. Deanery will confirm Certificate of Completed Training (CCT).
- Approx. 18 months pre CCT date:
  - Trainees rank their top three preferred Trusts offering consultant posts and submit their CV to the Military.
  - CVs are forwarded to the Preferred Partners (NHS Trusts) to review. The Trust will then advise on consultant post(s) available for trainees.
  - Placement decision based on quality of placement (job plan), service (military requirements), individual needs, funding and service needs
  - The Trust will need to undertake a local assessment (interview) prior to making an appointment

- The top 5 specialities placed are
  - Anaesthesia
  - Emergency Medicine
  - ICM (mainly as joint or subspecialty)
  - Medicine (of varying types)
  - Surgery (of varying types; predominantly T&O, Plastics, Vascular)

### **3. NEGOTIATION PROCESS**

- The Trust will produce a job plan in negotiation with individual and military
- Contract (Service Level Agreement) is put in place to employ the Consultant for an initial period of 5 years.
- Consultant is assigned to a Parent Unit local to their place of work
- Singleton contracts reviewed annually, and adjustments made to accommodate deployments, secondary duties etc.
- Consultant remains at the Trust for the duration of their career unless a request to move or assigned to a Military role.

### **4. CONTRACTS**

- Job Plans used as basis for negotiation (basic 10PA with 1 military PA)
- Agreement with Preferred Partner representatives
- Placement of commercial contract (usually for 5 years)
- Salary generally 70% of what normal full time NHS consultant costs, invoiced to the Trust.

### **5. MONITORING**

- Two-way process with Parent Unit
- Provide monthly monitoring figures to Parent Unit
- Used to review funding
- Based on Job Plans and Military duties

### **6. BENEFITS FOR UHL BECOMING A MILITARY PREFERRED PARTNER**

- A potential novel source of motivated consultants for UHL
- Potential to expand to medical trainees and other AHP which could assist with addressing the trusts wider workforce challenges

### **7. RECOMMENDATION AND NEXT STEPS**

- Board to support becoming a military Preferred Partner
- To accept candidate CVs from the Spring Consultant Placement List Process.
- To explore HR and contract process with appropriate trusts who already work as a Preferred Provider to:
  - Define and identify gaps/placement opportunities

- Agree and finalise practical arrangements, including placement and issue of honorary contract etc.
- Undertake twice yearly appointment procedure to include; selection, interview, pre-employment checks and on-boarding.