

Cover report to the Trust Board meeting to be held on 4 July 2019

Trust Board paper J

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

Reporting Committee:	People, Process and Performance Committee (PPPC)
Chaired by:	Ballu Patel – Deputy PPPC Chair and Non-Executive Director
Lead Executive Director(s):	Rebecca Brown – Chief Operating Officer Hazel Wyton – Director of People and Organisational Development (OD)
Date of last meeting:	27 June 2019

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 June 2019:-

- **Revision to PPPC terms of reference – Patient Partner attendance** – reflecting the new UHL Patient and Public Engagement Strategy as approved by the Trust Board on 6 June 2019, PPPC members endorsed the proposed change to the terms of reference of the People, Process and Performance Committee (involving the removal of the clause relating to Patient Partner attendance). This change was now recommended for Trust Board approval accordingly.
- **People Strategy – Interim NHS People Plan**
The Director of People and OD advised that the Interim NHS People Plan, a national key document was published on 3 June 2019 and further details were expected to be published in August 2019. The interim NHS Plan encompassed the following key themes;
 - Making the NHS the best place to work;
 - Improving leadership culture;
 - Prioritise urgent action on nursing shortages: Tackling the nursing challenge;
 - Delivering a workforce to deliver 21st century care;
 - Develop a new operating model for workforce, and
 - Take immediate action in 2019/20 while the full five year People Plan was developed.

The Director of People and OD provided a detailed update on how the Interim NHS People Plan aligned with UHL’s People Strategy, reflecting all of the key areas to a greater or lesser extent. The Trust’s Culture and Leadership Programme was also clearly defined with timescales and progress against defined deliverables. A clearly defined programme for skills development was in place. Members noted the areas that the Trust needed to re-visit and strengthen related to the development of other professions towards achieving the goal of delivering ‘21st century care’, supporting new models of care, ICS and not relying on more linear and sometimes inflexible staffing models. Members’ attention was brought to the section which provided a summary of all the actions set out in the Interim NHS People Plan both to make immediate progress on people and workforce priorities during 2019-20 and to inform the full People Plan.

- **Becoming the Best – Culture and Leadership Update**
Significant progress was being made on the cultural and leadership aspects of UHL’s new Quality Strategy – ‘Becoming the Best’ and progress against all activity was summarised in the ‘Road Map’. Various sources had been used to collect both the quantitative and qualitative data for ‘Phase 1 – Discovery’. Based on the findings of Phase 1, initiatives would be designed and developed in Phases 2 and 3 of the programme that would build on the strengths and address development areas.

A large network of ‘Improvement Agents’ was being created, drawn from staff at all levels, who would help steer and promote the Culture and Leadership programme across the Trust. A number of opportunities for staff to get involved were being created. Currently, 85 Improvement Agents had been recruited and including the members of the Trust’s Becoming the Best Expert Reference Group, there were 120 Improvement Agents in total. A process for selecting the Trust’s Quality Improvement partner had been completed. The initial themes from phase 1 would feed into the diagnostics in readiness for the ‘Synthesis’ event on 9 July 2019 and Trust Board Thinking Day on 11 July 2019. Members were advised that there was good CMG engagement and through the monthly CMG Performance Review meetings, CMG-level improvements were being measured. In

response to a query, it was noted that some focussed sessions were being planned to engage support staff within the Estates and Facilities Directorate. A new Head of Quality Improvement had been appointed who would commence in post end of July 2019. It was suggested that consideration be given to increasing the spread of Improvement Agents in some CMGs because currently there was a big variance in the numbers between different CMGs.

- **Urgent and Emergency Care Performance Report – Month 2**

Members noted UHL performance of 73.7% and LLR performance of 81.5% in May 2019 against a trajectory of 90.3%. EMAS activity continued to rise in May 2019 and was 10% higher in comparison to May 2018. Progress continued on reducing 'stranded' patients and delayed transfers of care, and no 12-hour trolley breaches had occurred. Focus was being given to reducing the number of long stay patients against trajectory. A number of visits to other Trusts had been planned to have detailed discussions in relation to areas that needed focus for maximum impact on reducing length of stay. Due to the recent bed closures and capacity being a key constraint, a number of actions were being put in place to make improvements. A new short-term, temporary 14 bedded ward on Ward 21 at the LRI would be opened on 1 July 2019 for 4 weeks. In discussion, it was noted that this would not have a long-term impact on the refurbishment on Ward 21 as works would continue following this period.

The team were continuing to focus on criteria led discharge. Members were advised that the Urgent and Emergency Care Action Plan had been revised, the plan would first be presented to an Executive Board and then to PPPC in due course. A brief update on the changes to the functioning of the Urgent Care Board was provided. There continued to be a focus on Same Day Emergency Care and work was underway with CCG colleagues to develop a number of pathways. A system wide review of the 2018-19 winter performance had been planned to take place on 2 July 2019 which would enable a collaborative approach to building system resilience. The Chief Executive summarised the issues which were being escalated to the A&E delivery Board, accepting that a wide range of actions were already being implemented to reduce activity, but they did not appear to be supporting any reduction at the current time. A number of visits to other Trusts had been planned to discuss ambulance assessment and outflow. The Chief Executive suggested that consideration be given to identifying the ratio of beds to admissions and compare it to high performing Trusts. In response to a Non-Executive Director query, the Chief Nurse advised that there were some environmental issues related to the closure of ward 29.

- **Junior Doctors Contract – Guardian of Safe Working Quarterly Report**

The quarterly update advised that 92 exceptions had been recorded between 1 March 2019 and 31 May 2019 (91 of which were work pattern/hours related and 1 of which were education exceptions). This was a fall from the 117 recorded in the previous 3-month period. The Deputy Director of Human Resources advised that the negotiations to introduce a number of improvements to the 2016 junior doctor contract in England had concluded, the ballot results had been accepted and therefore there would be further significant amendments to the contract. These would be implemented in a phased approach from August 2019. The changes to the contract provision would be managed through the Task and Finish group which would be re-established. Responding to a query on the high number of Trust Grade ST3+ vacancies in the MSS CMG, it was noted that recruiting to different roles was being considered as part of the Medical Workforce Plan. The Deputy Director of Human Resources re-iterated that the 'hot spot' areas were known and where gaps existed, recruitment was being actively managed. The Junior Doctors' Contract Guardian of Safe Working quarterly update was endorsed, and recommended for Trust Board approval.

- **Refreshes for the UHL Five Year Workforce Plan and LLR Workforce Strategy and Plan**

The Deputy Director of Human Resources introduced the report which provided an overview of the proposed update to the LLR wide workforce strategy and plan and the UHL Five Year Workforce Plan as a result of the final publication of the UHL People Strategy and the Interim NHS People Plan (June 2019). A Stakeholder session would be held on 10 July 2019 with a range of representatives from LLR wide work programmes to determine the workforce priorities for action. A Driver Diagram approach would be used with the principal aims of the National Interim People Plan at the forefront of the vision. This would ensure that the Trust's priorities were rooted in national objectives.

In respect of the nursing and midwifery workforce, the Chief Nurse provided an update on the successful initiatives put in place and key achievements made. The Trust had successfully piloted the Nursing Associate role through the Leicestershire School of Nursing Associates with a unique programme being developed. A Centre for Clinical Practice had been developed to support the on-going development of the nursing and midwifery workforce through accredited specialist education, advanced clinical practice and care assistant training, apprenticeships and clinical simulation. The Director of People and OD reiterated that within the Interim NHS People Plan, the need for clear objectives for workforce expansion had been set. There was a need to transform models of care over the next five years to provide more co-ordinated, proactive and personalised care and better health outcomes. It was noted that although UHL's People Strategy currently

focussed on 'Nursing and Midwifery' and 'Medical' workforce plans, work had already commenced to capture other staff groups.

- **Medical Workforce Plan Update**

Dr D Barnes, Deputy Medical Director attended the meeting to provide an update on progress with the Medical workforce plan. The development of an International Recruitment Hub was a key objective for 2019-20, and the driver diagram detailed the work associated with achieving the vision of 'Establishing an International Recruitment Hub', identifying objectives and high level actions. Further work would be undertaken to scope the 'Team around the patient' workstream. The benefits, implications and next steps in relation to the international recruitment hub project were provided. A Task and Finish Group would be established to agree the project deliverables which would report to the Medical Workforce and Education Steering Group with exception reports to Executive People and Culture Board. A variety of suggestions and views were expressed in respect of progressing with the international recruitment project. A brief discussion took place on the need for a value-based assessment process for recruiting Consultant staff and it was noted that plans were in place to take this forward in the future. The Chief Executive and Director of People and OD undertook to discuss outside the meeting regarding whether these plans needed to be put in place sooner rather than later. In response to a Non-Executive Director query, the Deputy Director of Human Resources undertook to discuss outwith the meeting regarding NED involvement in Consultant recruitment panels.

- **Additional Report on Physical Assaults against Staff 2018-19**

Further to a discussion of the UHL Security Management Report at PPPC in April 2019, the Committee requested further details regarding physical assaults against staff. The Director of Safety and Risk attended the meeting to present a report which provided a breakdown of reported physical assaults with no medical underlying cause. Sections 3.3 and 3.4 of the report explained the main reasons for not progressing a prosecution in all cases (e.g. staff choice, lack of admissible evidence, and delays in the prosecution process leading to staff withdrawing their complaint at a later date). Responding to a query, it was noted that a 2-month pilot scheme for body-worn cameras for Security staff in the Emergency Department was being put in place. Responding to a query, the Director of Safety and Risk advised that all staff involved in incidents like this were supported by the Local Security Management Specialists, however, they were not actively followed-up in the longer term to check their treatment and recovery. She undertook to check whether the process for directing staff to relevant support groups was robust. Members noted the need for the Trust Board to be informed that this report had been reviewed and considered by the Committee in detail.

- **Items for Information**

The following reports were noted:-

- **Workforce and Organisational Development Data Set – May 2019** (Particular note was made of the following:- Sickness rate, Qualified Nursing vacancies and Medical vacancies had reduced)
- **Update on Mid-Leadership Programme**, and
- **Executive Performance Board – minutes from 28.5.19.**

Joint PPPC and QOC session

- **Quality and Performance Report – month 2**

Joint paper 1 detailed performance against quality and performance indicators as at Month 2 (period ending 31 May 2019), the contents of which were received and noted. Particular discussion took place regarding:

- (1) **Diagnostic 6-week wait** – standard achieved for 9 consecutive months;
- (2) **Cancer 2-week wait** – good improvement, with performance at 95.7% in April 2019;
- (3) **90% of Stay on a Stroke Unit** – threshold achieved with 83.5% reported in April 2019;
- (4) **Delayed transfers of care** – remained within the tolerance;
- (5) **12 hour trolley wait** – none;
- (6) **never event** relating to a wrong side nerve block;
- (7) **#NOF performance** remained above compliant for 10 consecutive months;
- (8) **Readmission within 30 days** – it was noted that there were some issues in the CHUGGS and RRCV CMGs which were being reviewed;
- (9) **Friends and Family Test (FFT)** performance (Inpatients and Daycase) achieved the Quality Commitment of 97%. In relation to the decrease in the Maternity FFT performance, the Chief advised that the issues that had been raised following a thematic review would be considered as part of the Maternity Safety workstream.
- (10) **Pressure Ulcers** – 8 Grade 2 reported. New guidelines had been issued and discussions were underway with the Tissue Viability team;
- (11) **Statutory and Mandatory Training** reported at 89%. The Director of Estates and Facilities reassured the Committee that a granular approach was being taken in respect of improving performance of the 'statutory and mandatory training' indicator for Estates and Facilities staff and a new compliance deadline of 31 October

2019 had been set, and (12) **Mortality** – the latest published SHMI (period January-December 2018) at 99 and remained ‘within Expected’. The Deputy Medical Director advised that there had recently been a change in the SHMI methodology which might change the reported SHMI in future.

- **Cancer performance – April 2019**

The Chief Operating Officer highlighted an improvement in cancer performance, with 4 of the 8 national standards achieved in April 2019. A robust action plan appropriately owned by CMGs was in place to support the improvement of performance.

7 of the 8 standards had been achieved against UHL’s trajectory with only 2-week wait breast performance missing the trajectory by 3%. All breaches (i.e.14 patients) were related to patient choice, however, 7 patients were offered appointments after day 7 and therefore a second offer under 14 days was not possible. The team was focusing on ensuring patients were offered a first appointment in under 10 days to decrease the risk of breaching due to patient availability.

31-day (Diagnosis To Treatment) Wait For First Treatment performance was above trajectory but below the national target by 1.2%. The 62-day wait performance had improved by 1.8% to 75.6% in April 2019.

The report also briefed PPPC/QOC on 104+ day performance, with between 26-31 such patients waiting in May 2019. Efforts continued to reduce the number of patients waiting 104+ days, and assurance was provided that in quarter 3 of 2018-19, the required MDT review had identified no clinical harm. The capacity for robotic surgery at other Trusts was being considered. The CCG representative advised that the CCG Audit Committee had requested a 104+ days clinical harm review findings and the CCG was working with the Trust to seek some assurance regarding this matter. In respect of patients waiting 104+ days, each patient was being managed by the CMGs to ensure that next steps were booked for these patients and a focused effort was being made to decrease this cohort of patients.

The new faster diagnosis standard compliance had shown significant improvement across all tumour sites.

Members were advised regarding the 2019-20 EMCA allocation of funding and it was highlighted that the funding for the Cancer Alliance Team was still to be agreed.

In response to a query from the Patient Partner, the Chief Operating Officer advised that the Cancer Recovery Action Plan was a ‘live’ document and therefore the deadline dates had not been changed and the updates had been included accordingly. The LLR Cancer Strategy was in the process of being refreshed and was expected to be presented to the Trust Board in August 2019.

- **Cleaning Metrics Update**

Further to a discussion at the April 2019 joint Committee session, the Director of Estates and Facilities presented the report which responded to the questions raised in relation to the reduction in cleaning scores identified in the Quality Performance Report. Members were advised that the Estates and Facilities Directorate had been under significant financial pressure to provide an effective cleaning service since the move away from the outsourced provider. The service had felt further pressure over the last 12 months due to budget issues and the lack of accurate data to enable an informed picture to be determined on use of existing resources. The decreased input hours had caused issues with the cleanliness of the Trust’s hospital sites. A comprehensive diagnostic review would need to be completed before making any changes and future investment requirements needed to be definitively quantified. Further to this, a detailed report would be presented to the joint Committee session in due-course.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

- Amendment of the PPPC terms of reference, removing the clause relating to Patient Partner attendance, and
- Junior Doctors Contract – Guardian of Safe Working Quarterly Report.

Items highlighted to the Trust Board for information:

- Additional Report on Physical Assaults against Staff 2018-19.

Matters referred to other Committees:

None

Date of Next Meeting: 25 July 2019

Junior Doctors Contract Guardian of Safe Working Report

Author: Jonathon Greiff, Guardian of Safe Working, Consultant Anaesthetist, Joanne Tyler-Fantom, Deputy Director of Human Resources and Vidya Patel, Medical Human Resources Manager
Sponsor: Hazel Wyton, Director of People and Organisational Development

Executive Summary

Paper G

The 2016 Junior Doctors Contract has now been fully implemented at UHL and in line with the requirements of the 2016 Contract; this report provides a quarterly update on Exception Reporting activity at the Trust.

Context

This report has been produced in line with the requirements of the 2016 Junior Doctors Contract, whereby the Guardian of Safe Working (GSW) will provide a quarterly report (April, July, October and January) to the Trust Board on the management of Exception Reporting and rota gaps.

In the last three month period from 1st March to 31st May 2019 there have been 92 exceptions recorded, of which 91 were work pattern/hours related and 1 were Education exceptions. This is less than the previous 3 months (117).

Questions

1. How many Exception Reports have been received at UHL in the last quarter and how are Exception Reports being managed?
2. How many junior doctor vacancies exist at the Trust?

Conclusion

1. From 1st March to 31st May 2019, 92 exceptions reports have been recorded, which is a decrease from the previous quarter. The Exception Reporting procedure was initially implemented in December 2016.
2. As at June 2019 there are 73 vacancies on junior medical staff rotas. Active recruitment is on-going to fill any remaining gaps. Locum backfill is arranged where required.

Input Sought

We would like the Trust Board to note the progress being made and provide feedback if required.

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes /No /Not applicable]
Effective, integrated emergency care	[Yes /No /Not applicable]
Consistently meeting national access standards	[Yes /No /Not applicable]
Integrated care in partnership with others	[Yes /No /Not applicable]
Enhanced delivery in research, innovation & ed'	[Yes /No / Not applicable]
A caring, professional, engaged workforce	[Yes /No /Not applicable]
Clinically sustainable services with excellent facilities	[Yes /No / Not applicable]
Financially sustainable NHS organisation	[Yes /No /Not applicable]
Enabled by excellent IM&T	[Yes /No /Not applicable]

2. This matter relates to the following **governance** initiatives:

- a. Organisational Risk Register [Yes /**No** /Not applicable]

If NO, why not? Eg. Current Risk Rating is LOW

- b. Board Assurance Framework [Yes /No /Not applicable]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk ...		

3. Related **Patient and Public Involvement** actions taken, or to be taken: [NA]
4. Results of any **Equality Impact Assessment**, has been undertaken and shared with the Executive Workforce Board on 17th January 2017.
5. Scheduled date for the next paper on this topic: October 2019
6. Executive Summaries should not exceed **1page**. [My paper does comply]
7. Papers should not exceed **7 pages**. [My paper does comply]

1. Introduction

1.1 In line with the requirements of the 2016 Junior Doctors Contract, the Guardian of Safe Working (GSW) will provide a quarterly report to the Trust Board (April, July, October, and January) with the following information:

- Management of Exception Reporting
- Work pattern penalties
- Data on junior doctor rota gaps
- Details of unresolved serious issues which have been escalated by the GSW

1.2 These reports shall also be provided to the Local Negotiating Committee and the Trust Junior Doctors Forum for review and oversight management.

2. Review of the Junior Doctors Contract

2.1 The current 2016 Junior Doctors Contract was introduced in England without the BMAs agreement in 2016. During negotiations the BMA and NHS Employers agreed a review of the of the 2016 contract efficacy. Following recent negotiations between NHS Employers, the BMA and the Department of Health and Social Care (DHSC), a framework agreement has now received ministerial clearance which would see investment over a four-year period in the contract for doctors in training.

2.2 There are a number of significant changes being proposed, these include adjustments to:

- Working hours, frequency & rest
- Pay structure and transitional arrangements
- safety provisions & facilities
- exception reporting & payments
- Generic and Personal Work Scheduling
- Guardian support and fines
- Leave arrangements
- Study Leave arrangements
- Locum work
- Less Than Full Time Trainees (part time doctors) Allowances

2.3 The BMA Junior Doctors Committee have communicated this agreement (including meetings at UHL) to their members and will conclude with an on-line ballot which will take place from 14th to 25th June 2019. Results of the ballot are expected to be communicated by the end of June 2019.

2.4 Work has begun to scope the implications of the proposed changes and a Task and Finish group will be re-established once the changes are confirmed.

3. Management of Exception Reporting

3.1 In line with the Trust procedure for Exception Reporting, doctors that have transitioned to the new contract will raise Exception Reports on work pattern or educational problems using a web based package.

4. Reporting on the Number of Exceptions

4.1 The method of recording exceptions changed in February 2019 following requests from the Guardians Nationally. Previously doctors were able to record a number of breaches under the same exception, from February 2019, the software package has been changed and each breach is recorded as a separate exception. Work is being undertaken to manually recalculate the number exceptions logged in each quarter from December 2016 (when exception reporting commenced), to ensure we have comparable data for future reports. This work will be completed by the next reporting period.

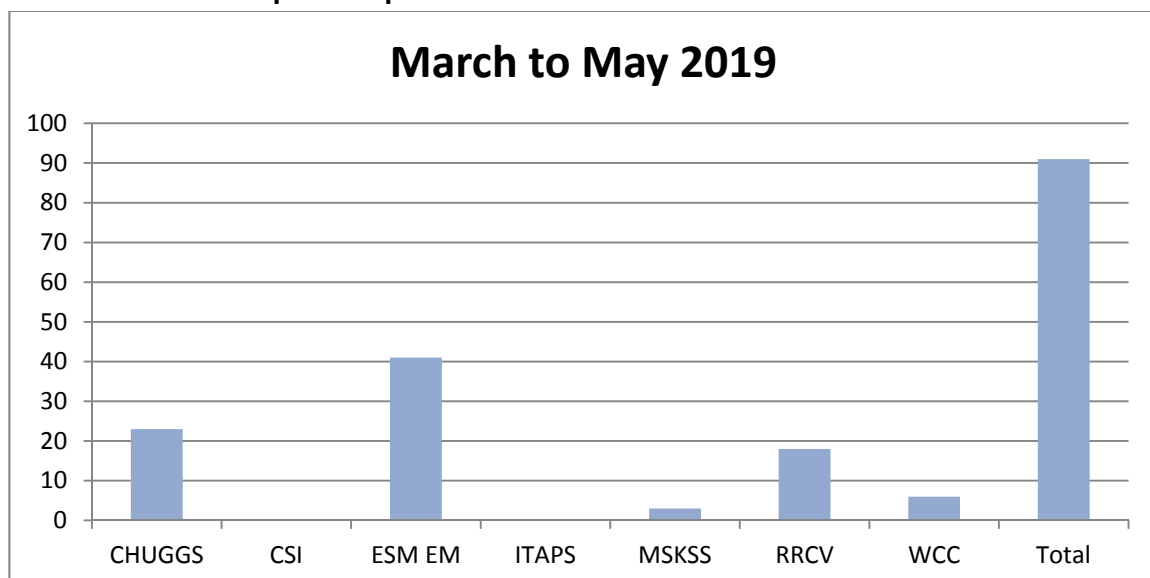
4.2 At UHL all junior doctors (including Trust Grade Doctors) are encouraged to raise exception reports if there are concerns with their work patterns and/or education.

5 Number of Exceptions Recorded

5.1 From 1st March to 31st May 2019, a total of 92 Exception Reports have been recorded, of which 1 was an Education exceptions.

5.2 Graph 1 provides an overview of the number of Work Pattern exceptions received by CMG in the last quarter.

Graph 1 Work Pattern Exception Reports



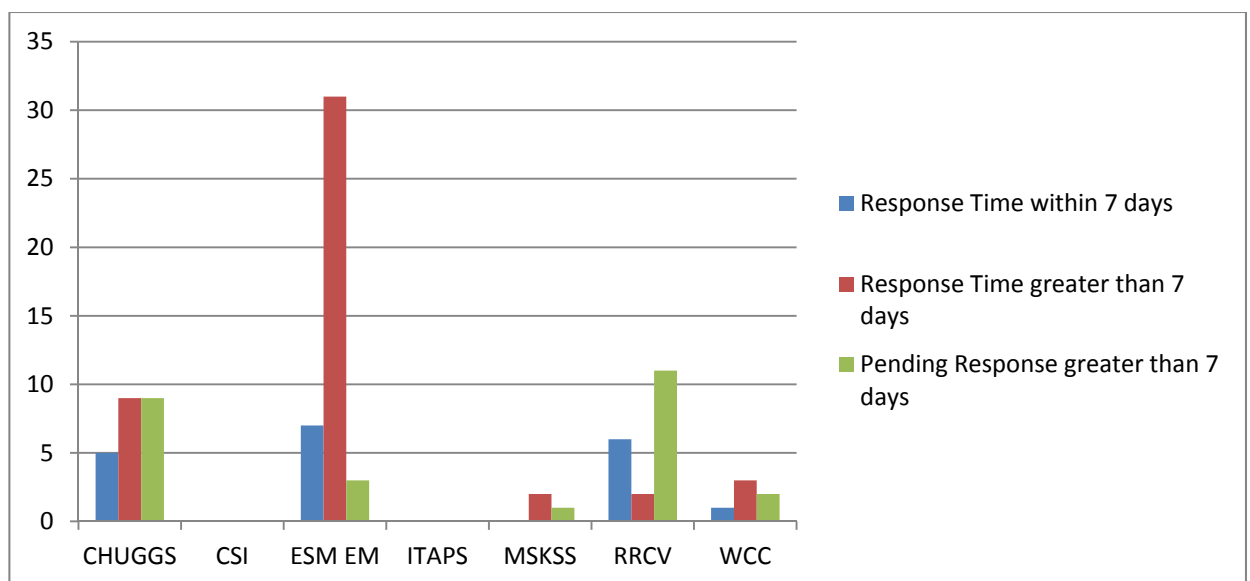
5.3 In this quarter there is a significant decrease in the number of exceptions recorded in RRCV as expected as issues have been addressed. In the last quarter 60 exceptions were recorded, in comparison this has reduced to 19 exceptions in this quarter. This is reflective of the active recruitment and successful on boarding on completion of the shadowing period in respiratory.

6. Outcome of the Exception Reports

6.1 For the majority of the Exception Reports time off in lieu (TOIL) is allocated. In the last quarter out of the 92 work related exceptions received, TOIL has been allocated for 35 exceptions. Six doctors will receive additional payment for extra hours worked. Further information has been requested from 15 doctors and 11 exceptions required no further action. There are 25 exceptions still open and require a response. Action to provide responses is being sought through CMG’s.

6.2 Junior Doctors are required to raise Exception Reports with 14 days (7 days if payment is being requested) of the issue occurring. The Trust has 7 days to provide a response. Delays in responses are being pursued with CMG’s, a process to review and ensure more timely responses will be undertaken. The response time for exceptions in the last quarter is detailed in the graph 3 below:

Graph 3 Response Time



7. Work Schedule Changes

7.1 There have no work schedule changes in the last quarter as a result of Exception Reporting.

7.2 Junior Doctors rota templates are routinely reviewed and adjusted as required. For August 2019 changeover, 30 junior doctor rota templates have been changed for various reasons, these include:

- Compliance with the 72 hours rest in every 168 hour period
- Feedback from junior doctors
- Changes to Service requirements

8. Junior Medical Staff Vacancies

- 8.1 Both trainee and trust grade vacancies are provided as they work on joint rotas, therefore any vacancies at this level will have an impact on trainee doctors. The number of junior medical staff vacancies currently is provided in table below:

CMG	Establishment	FY1	FY2	CT1/2	TG F2/CT1/2	ST3+	TG ST3+	Total	Percentage Vacancy
CHUGGS	133	0	0	2	3	0	4	7	9.3%
CSI	63	0	0	2	0	5	0	7	4.4%
ESM EM	287	1	5	0	2	7	0	15	5.2%
ITAPS	84	0	0	0	0	0	0	0	0%
MSKSS	129	0	0	2	7	0	10	21	16.3%
RRCV	153	0	3	0	2	6	4	15	9.8%
WCC	172	1	0	3	0	1	3	8	4.6%
Total	1024	0	5	7	13	16.5	19	73	7.13%

- 8.2 During this period there are a total of 73 vacancies which equates to 7.13% of the total junior medical staff establishment.
- 8.3 Recruitment is being actively managed where gaps exist, to look to fill substantively fill posts and where possible avoid premium pay.

9. Conclusion

- 9.1 Exception reports are being reviewed and changes being implemented as required, including enhancing Trust processes such as response time.
- 9.2 The next Guardian of Safe Working report will be provided in October 2019.
- 9.3 Further significant changes to the contract provisions are anticipated, which will be managed through the Task and Finish group to be re-established.

10. Recommendations

- 10.1 Trust Board members are requested to note the information provided in this report and are requested to provide feedback on the paper as considered appropriate.