University Hospitals of Leicester NHS
NHS Trust

Cover report to the Trust Board meeting to be held on 1 July 2021

	Trust Board paper N3
Report Title:	**People, Process and Performance Committee (PPPC) – Committee Chair's Report**
Author:	Alison Moss – 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 – Chief People Officer Andy Carruthers – Chief Information Officer
Date of last meeting:	24 June 2021

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 virtual meeting held on 24 June 2021: - *(involving Col (Ret'd) I Crowe, PPPC Chair and Non-Executive Director, Mr B Patel, PPPC Deputy Chair and Non-Executive Director, Ms V Bailey, Non-Executive Director, Ms K Gillatt, PPPC Associate Non-Executive Director, 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. Mr B Collins, EPRR Manager, was in attendance for the discussion on the Emergency Preparedness, Resilience and Response update. Ms E Meldrum was in attendance for the discussion on the Nurse Establishment Review and Nursing and Midwifery Education.*

- **Minutes and Matters Arising** - the summary and minutes of the previous PPPC meeting held on 27 May 2021 were accepted as accurate records and the PPPC Matters Arising Log was received and noted. New actions as arising from the discussion would feature in the next iteration of the PPPC Matters Arising Log to be presented at next month's PPPC meeting.

- **Quality and Performance Report – Month 2**
  The Quality and Performance Report, Month 2 provided a high-level summary of the Trust's performance against the key quality and performance metrics, together with a brief commentary where appropriate. The exception reports were triggered automatically when identified thresholds had been met. The exception reports contained the full detail of recovery actions and trajectories where applicable.

  It was noted that going forward an Integrated Quality and Performance Report, including finance and people metrics, would be presented to the Trust Board.

  The Acting Chief Operating Officer noted the positive performance as set out in the report including good news on Clostridium difficile (Cdiff), Methicillin-resistant Staphyloccus aureus (MRSA), Venous thromboembolism (VTE), cancelled operations and training. The Acting Chief Operating Officer wished to highlight three areas where performance was challenged.

  With respect to Fractured Neck of Femurs operated on within 35 hours, performance was below the target of 72% at 52%. This was of particular concern as it impacted on the quality of the outcome for the patient. The reasons for missing the target were many and included an increase in patients presenting as lockdown restrictions had eased and people were going out more; insufficient theatre time, infection prevention controls that restricted patient flow and throughput. A number of actions had been identified to improve the performance, which included extended lists for weekends, a fast-track protocol for patients moving from the Emergency Department to the ward, planning surge capacity and rethinking theatre lists at Leicester Royal Infirmary.

  The Non-Executive Directors noted that there had been similar issues in the past, with respect to Fractured Neck of Femurs, discussed at Quality and Outcomes Committee. The issues had been around the workforce and contractual arrangements, and they sought assurance that these had been resolved.

The Acting Chief Operating considered the current performance was not caused by these issues and that it was more about balancing the prioritisation of urgent cases, restoring elective activity and an increase in referrals. She agreed to address the concern in future updates and provide further assurance at Trust Board.

It was reported that the performance for seeing patients experiencing strokes/transient ischemic attack (TIA) had not met the standard in April and May 2021 but was expected to be on target for June 2021. Performance had been affected by an increase in referrals and a high proportion of patients referred without having been seen by a GP. In addition, there had been a number of patients refusing their first appointment which could not be excluded from the statistics. There had been two bank holidays when patients would be seen by the on-call consultant; consideration would be given to increasing capacity for bank holidays.

It was noted that performance on the cancer metrics was still a concern, but that the Trust had performed well for drug treatment for cancer.

Ms K Gillatt, PPPC Associate Non-Executive Director, noted that the exception reports set out the actions to be taken to improve performance, but wondered if they could be SMART (Specific, Measurable, Achievable, Relevant and Time Bound) in order to assess the impact of the individual actions.

- **Performance Update for Elective and Diagnostic Services**
  The Acting Chief Operating Officer presented the report, which updated PPPC on the plan to recover elective and diagnostic services following the disruption caused by the COVID-19 pandemic.

  It was reported that the number of patients on the waiting list had continued to grow and was 94,605 in May 2021, of which 12,027 had waited more than 52 weeks. There had been a reduction in the number of patients waiting more than 52 weeks. This had been achieved through the increase in theatre capacity and the continued use of the independent sector. There had been a significant increase in elective admissions with the focus on treating priority (P2) and cancer patients.

  The risks to performance would be from an increase in COVID-19 admissions; staffing levels during the holiday period; winter pressures; the system's financial allocation for Quarters 3 & 4 2021/22 and associated planning guidance; and the ability to meet all the criteria for the Elective Recovery Fund.

  The next steps for elective care would be to develop trajectories to address 104+ waits, insourcing theatre staff and planning for use of the independent sector during Quarters 3 and 4 2021/22 including the use of Ramsey Health Group for orthopaedic patients.

  With respect to the transformation of outpatients it was noted that the Transformation Teams for UHL and Clinical Commissioning Groups had been merged and a Clinical Outpatient Lead had been appointed. Transformation would be achieved through a centralised model, video conferencing, robotic processes and validation of waiting lists.

  It was noted that the recovery of diagnostic services was challenging. The May 2021 performance, which measured waiting times for 15 key diagnostic tests or procedures, was 37.9% against a target of 1%. The overall diagnostic waiting times were expected to be recovered by March 2022. The plans for each modality were set out in the report. A bid for a diagnostic hub at Leicester General Hospital had been submitted.

  The Trust had met four of the 11 standards for cancer care in April 2021. Whilst there had been an increase in activity there had also been a significant growth in referrals and particularly a spike for breast, dermatology and ENT (head and neck) cancers. The conversion rate which had slightly increased would be monitored. It was noted that the picture was reflected nationally for the two week waits and two week breast wait performance. It was reported that the Maxillofacial pathway had been suspended, owing to staff illness, and patients referred to the neighbouring hospitals according to their postcode.

  Ms V Bailey, Non-Executive Director PPPC, acknowledged the significant work undertaken to recover services and asked about planning for future demand. There was a need, she thought, to provide more advice and guidance to GPs prior to making a referral. She asked whether the increase in presentation

for breast cancer was due to the fact the screening programme had been paused during the pandemic or whether there was a genuine increase in prevalence. She thought it was important to consider future demand in planning the transformation of services. Mr B Patel, Non-Executive Director, PPPC Vice Chair, asked about the co-ordination of the approach to restoration and recovery at a regional level. The Acting Chief Operational Officer reported that discussions were being had about the support 'accelerator' trusts would provide.

- **Performance Briefing for Urgent and Emergency Care**
  The Deputy Chief Operating Officer presented the report which updated PPPC on actions taken in relation to Urgent and Emergency Care. The Deputy Chief Operating Officer noted that attendances at the Emergency Department in May 2021 were back to the levels seen at May 2019 and on 14 June 2021 the Department had seen its highest number of patients, averaging 50 per hour. There were significant problems in processing the patients given the need for social distancing and infection prevention controls. The number of patients conveyed by ambulance had not increased.

  With respect to the new NHS standard 'the time to initial assessment' it was noted that UHL was performing above the expected target of 15 minutes and was assessing patients, on average, in 7 minutes.

  It was reported that the Same Day Emergency Care and the GP Assessment Unit had been effective and were seeing an increased number of patients. Discussions were being had about a pop-up Urgent Care Centre which would need to be located at the Emergency Department. The difficulty was in securing and funding GPs for the service. With respect to the Length of Stay, new standards had been set for patients staying over day 7 and 21 days. Although it was noted that the Trust would meet the standards further work was needed as there were medically fit patients in hospital waiting over 24 hours to be discharged.

  Mr B Patel, Non-Executive Director, PPPC Vice Chair, noted that the problems in relation to urgent and emergency care were long standing and wondered whether system partners were doing all they could. He noted that significant efforts to triage cases through NHS 111 and deflect patients to other services were not having a significant impact. The Deputy Chief Operating Officer noted that GPs had reported being overwhelmed and there was a need to work together as a system. It was suggested that patients were not persisting when trying to get a GP appointment, nor willing to wait, and attended Emergency Department because they knew they would be seen that day. Ms V Bailey, Non-Executive Director PPPC, wondered whether the pandemic had led to irreversible patterns of behaviour and whether there was a need to accept the new reality and change the narrative.

- **Emergency Preparedness, Resilience and Response (EPRR) Update**
  The EPRR Manager presented the quarterly report which updated PPPC on the work of the Emergency Planning Team.

  The Emergency Planning Team had ensured that the Trust's Incident Coordination Centre was available 5 days per week between the hours of 08:00 – 17:00 and supported a number of COVID-19 related projects. This involved logging and co-ordinating the response to numerous directives, assurance returns and Situation Reports (SITREPs) including a twice-daily return on the Delta variant of concern which was required 7 days per week. The Team was collating and archiving action logs and notes for potential use in the planned Public Inquiry. The Team had coordinated the debrief into the second wave of COVID-19 to identify lessons learnt which would be reported to the Trust Board. Support had been provided to Women's & Children's Clinical Management Group to develop an escalation framework in the event of a surge in either Respiratory Syncytial Virus (RSV) or COVID-19 which might result in increased demand for paediatric care.

  It was reported that despite the activity relating to COVID-19, good progress had been made on the action plan including an overhaul of the relatives' reception centre plan, business continuity toolkits, consideration of flooding risks and updating the heatwave plan. In addition, the team had coordinated the redevelopment of the Capacity, Flow and Escalation Plan including patient flow maps. The report set out the plans for the next three months. It was anticipated that the Trust would need to complete the annual self-assessment against EPRR core standings in July/August 2021 and the Trust would be able to demonstrate substantial compliance against the standards.

  Ms V Bailey, Non-Executive Director PPPC, noted that the Incident Coordination Centre had played a

vital role as the single point of contact and the team demonstrated 'logiest' and coordination skills; she thought that these could be usefully shared across the system. The EPPR Manager considered that this had been a relatively small part of the work undertaken but there was a need for greater coordination across the system noting that there had been some duplication when it came to management of the vaccination programme. The Acting Chief Operating Officer added that the coordination role performed, and curation of documentation would be important in preparing for the Public Inquiry and thanked the team for their work. It was noted that in light of the revised governance arrangements, the EPPR would be submitted directly to the Trust Board in future. The PPPC, Non-Executive Director, Chair, asked that as lead Non-Executive Director, he was sighted on the reports prior to submission.

- **Information Management & Technology (IM&T) Briefing**
  The Chief Information Officer presented a slide deck which highlighted the progress made with respect of the following key work areas: Electronic Patient Records (EPR); Digital Workplace; Project Portfolio Progress; Infrastructure and IM&T Service Transition.

  It was noted that the roll-out of the e-Meds function within NerveCentre had been well received. The planned roll-out at Glenfield Hospital had been paused pending a change to the workflows for .the completion of discharge summaries on the new system. It was intended to roll-out to Leicester Royal Infirmary as planned in early July and the date for Glenfield Hospital to be confirmed.

  It was reported that the service transition had been completed and had gone well.

- **Shared Care Record**
  The Chief Information Officer reminded PPPC that there had been a Ministerial directive for Integrated Care Systems to have a shared care record in place by September 2021. The requirements were above those planned for and an additional solution was required. In May 2021 the LLR Integrated Care System (ICS) IM&T Strategy Board approved joining the consortium / shared ownership model in partnership with Yorkshire and Humber ICSs to deliver a shared care record for LLR.

  The Chief Information Officer assured PPPC that the work would be undertaken in parallel with work on the Electronic Patient Record. Funding would be provided by NHSX but this would not cover all the technical resources required and this would be underwritten by the LLR ICS from its joint allocation.

- **Delivery of the UHL People Strategy**
  The Chief People Officer presented the update to the NHS People Plan and UHL People Strategy. The NHS People Plan had been published in July 2020 and had four chapters: 1) looking after our people; 2) belonging in the NHS; 3) new way of working; and 4) growing for the Future. The operational guidance for the Plan had been published in May 2021 and built on the deliverables and learning arising from the pandemic. Prior to the NHS People Plan, the Trust had developed a Cultural and Leadership Programme and the ten themes from the diagnostics had been incorporated in UHL's People Strategy.

  The Chief People Officer outlined the governance arrangements for the People Plan. She reported that the Directorate had undergone a management of change process and there was a revised management structure. HR Business Partners were embedded within Clinical Management Groups / Directorates and their focus had changed from transactional issues to supporting the implementation of the People Plan, these roles were now known as People Partners. An Associate Director of Transformational Services had been appointed to oversee the temporary staffing function, payroll, etc. The role of the Associate Director of System Leadership and OD would shift its focus to system working. A People and Culture Assessment framework would be developed to support the delivery of the People Strategy which would include metrics for monitoring.

  It was noted that the pandemic had presented new challenges. Health and wellbeing services, flexible working and system-wide working had come to the fore. This had included work on digital transformation, support for returning and new staff together with improving the leadership culture. There had been a work sharing agreement with health system partners which had been a great achievement and education and training had been delivered differently. It was noted that work was underway to embed the Equality, Diversity and Inclusion (EDI) Decision-Making Framework in the Trust, EDI and Health and Well-being underpinning delivery. There would be a quarterly NHS staff survey which would focus on the progress on the People Promise. The presentation set out the key deliverables for the four chapters which were underpinned by detailed action plans. There would be a risk register aligned to the

refreshed Board Assurance Framework.

Ms V Bailey, Non-Executive Director PPPC, acknowledged the significant amount of work involved in implementing the People Plan. She wondered whether more could be done to link performance challenges with people issues and the system. She suggested that this should be considered in relation to hospital discharge. The Chief People Officer noted that there was an LLR People Board and data was being collated. She cautioned that the social care sector, in particular, was fragmented and it was difficult to coordinate. However, a positive development had been the workforce sharing agreement.

Mr B Patel, Non-Executive Director, PPPC Vice Chair, asked whether there was scope for staff to be employed by the Integrated Care System. The Chief People Officer noted that the workforce sharing agreement was an interim step and there was a desire to develop career paths across the system and ideas were being considered by the LLR People Board.

Ms K Gillatt, PPPC Associate Non-Executive Director, asked about workforce planning and the forecasting of pay costs. The Deputy Chief People Officer noted that there was a workforce planning tool and the intention was to work more closely with Finance colleagues and ensure the planning tool was embedded.

- **Management and Oversight of Local Investigations / Case work / Just Culture update**
  The Deputy Chief People Officer presented an update on the management of local investigations and casework, aligned to the 'Just Culture' approach. The 'Just Culture' supported a culture of fairness, openness and learning in the NHS by making staff feel confident to speak up when things went wrong, rather than fearing blame. The report re-capped the national recommendations first published in May 2019 and the more recent work undertaken to review case activity within UHL against the Baroness Harding recommendations. It presented an initial assessment of the outcomes and trends. It was noted that an Executive Oversight Committee had been established and investigation training delivered. A review of trends noted an increase in the number of cases resolved informally. There had been a reduction in the number of BAME staff being subjected to disciplinary processes. There had been a reduction in the number of grievances and an increase in anti-bullying and harassment cases resulting in 'no case to answer'. The report set out the next steps to embed the change and the 'Just Culture' approach. There would be a focus on the investigations where there was 'no case to answer'; data reporting; and the time taken to conclude investigations.

  It was noted that the medical cases were managed separately but that there was shared learning to ensure consistency of approach. A separate Maintaining High Professional Standards report would be presented in August 2021.

  The PPPC, Non-Executive Director, Chair requested that future reports provide more detail to understand trends by Rank/Grade and Clinical Management Group/Directorate.

- **Junior Doctors Contract Guardian of Safe Working – Quarterly Report**
  In line with the requirements of the 2016 Contract the Chief People Officer presented the quarterly update on exception reporting activity at the Trust. All junior doctors (including Trust Grade Doctors) were encouraged to raise exception reports if there were concerns with their work patterns and/or education. From 1 March to 31 May 2021 a total of 105 exception reports had been recorded, 100 of which related to hours, working pattern and service support. There had been five education exceptions during this period.

- **Nurse Establishment Review**
  The Deputy Chief Nurse presented the report on UHL's Nurse Establishment Review undertaken in March 2021. It was noted that the review must be undertaken twice a year and reported to Trust Board in order to comply with the National Institute for Clinical Excellence (NICE) safe staffing, National Quality Board standards and the Royal College Nursing workforce standards. The establishment for all inpatient areas had been validated as follows: agreed nursing establishment by band; numbers of staff per shift, per band; skill mix ratios per shift (day and night) and nurse to patient ratios (day and night). The establishment review had not highlighted any significant concerns or gaps with the exception of a small number of wards not complying with nurse to patient ratios due to vacancies; the continuation of winter wards which were not permanently funded; and where the COVID-19 pandemic temporarily required an increased workforce.

- **Nursing and Midwifery Education**
  The Deputy Chief Nurse updated PPPC on the School of Nursing and Midwifery's programme of restoration and recovery. The workforce development priorities and funding streams were set out at appendix 1. The report provided updates relating to international recruitment, Continuing Professional Development (CPD) and Health Care Assistant (HCA) training. It was noted that funding had been allocated for the recruitment of 240 international nurses up until 31 March 2022. UHL would support LPT with the recruitment and Objective Structure Clinical Exam (OSCE) training provision for 30 international nurses in the first instance. With respect to CPD, UHL had been allocated £1.6m funding. It was noted that UHL had recruited 349 new HCAs and the vacancy rate was 141 full time equivalents with over 100 people waiting to start.

- **Medical Education Report**
  PPPC received a report on the implementation of the 2019-2021 UHL Medical Education Strategy. The report addressed the four themes of the Strategy: Theme 1: Ensure a Supportive Learning Culture Theme 2: Excellent learning facilities Theme 3: High Quality Education and Governance Theme 4: Support Workforce Developments and Initiatives.

  It was noted that there would be an increase in doctor numbers over the coming years. There would be an extra eight foundation level doctors in August 2021 and an extra 30-40 in August 2022. It was noted that Health Education England (HEE) had updated its education contract which required increased accountability for education funding. It was noted that the pandemic had impacted on the junior doctor training experience and that HEE had allocated £100k funding to support trainees whose progression had been adversely affected by COVID-19.

  The following reports were noted: -
  - **Workforce and OD Data Set**
  - **Update on Off-payroll/IR35 Position**
  - **Executive Finance and Performance Board (EFPB) Action Notes 25 May 2021.**

- **Any Other Business: -** There was no other business.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval: - None
- Junior Doctors Contract Guardian of Safe Working – Quarterly Report
- Nurse Establishment Review

Items highlighted to the Trust Board for information:
The following issue was highlighted to Board members ***for information only***:
- Performance Update for Elective and Diagnostic Services
- Performance Briefing for Urgent and Emergency Care

Matters referred to other Committees:

None.

From July 2021 PPPC meetings will be replaced by a People and Culture Committee (PCC). **Date of Next Virtual PCC Meeting:**	Thursday 29 July 2021 at 11.30am via MS Teams

Junior Doctors Contract Guardian of Safe Working Report

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

Paper J

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	
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	x
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		For information and any comment.
Trust Board Committee		
Trust Board		

Executive Summary

Context

In line with the requirements of the 2016 Contract; this report provides a quarterly update on Exception Reporting activity at the Trust.

Questions

1. How many Exception Reports have been received at UHL in the last quarter and how are Exception Reports being managed?

Conclusion

From 1st March to 31st May 2021, 105 exceptions reports have been recorded, which is an increase of 33 from the previous quarter.

Input Sought

The Board is request to:

- To note the progress being made and provide any comment.

For Reference** (edit as appropriate)**:

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

1. Quality priorities

Safe, surgery and procedures	[Yes /No /**Not applicable**]
Improved Cancer pathways	[Yes /No /**Not applicable**]
Streamlined emergency care	[Yes /No /**Not applicable**]
Better care pathways	[Yes /No /**Not applicable**]
Ward accreditation	[Yes /No /**Not applicable]**

2. Supporting priorities:

People strategy implementation	[Yes /No /**Not applicable**]
Estate investment and reconfiguration	[Yes /No /**Not applicable**]
e-Hospital	[Yes /No /**Not applicable]**
Embedded research, training and education	[Yes /No /Not applicable]
Embed innovation in recovery and renewal	[Yes /No /Not applicable]
Sustainable finances	[Yes /No /Not applicable]

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

- What was the outcome of your Equality Impact Assessment (EIA)? N/A
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required N/A
- 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: N/A

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

5. Scheduled date for the **next paper** on this topic: Sept 2021

6. Executive Summaries should not exceed **5 sides** [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 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 are also provided to the Local Negotiating Committee and the Trust Junior Doctors Forum for review and oversight management.

2. Management of Exception Reporting

2.1 In line with the Trust procedure for Exception Reporting, doctors that have transitioned to the 2016 contract will raise Exception Reports on work pattern or educational problems using a web based package.

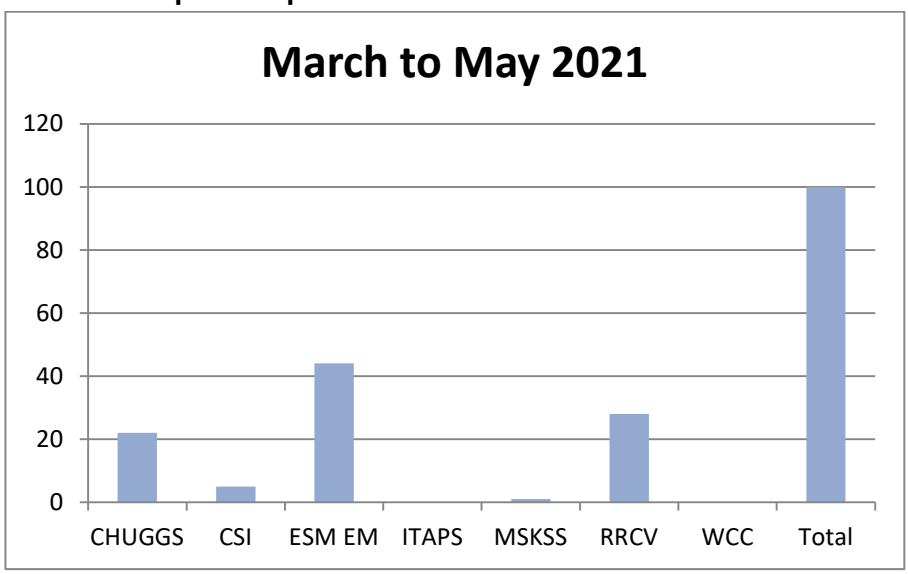
2.2 At UHL all junior doctors (including Trust Grade Doctors) are encouraged to raise exception reports if there are concerns with their work patterns and/or education, therefore this report includes exceptions raised by junior doctors in training and Trust Grade Doctors.

3. Number of Exceptions Recorded in this Quarter

3.1 From 1st March to 31st May 2021 a total of 105 Exception Reports have been recorded, 100 of which related to Hours, Working Pattern and Service Support. There were 5 Education exceptions during this period.

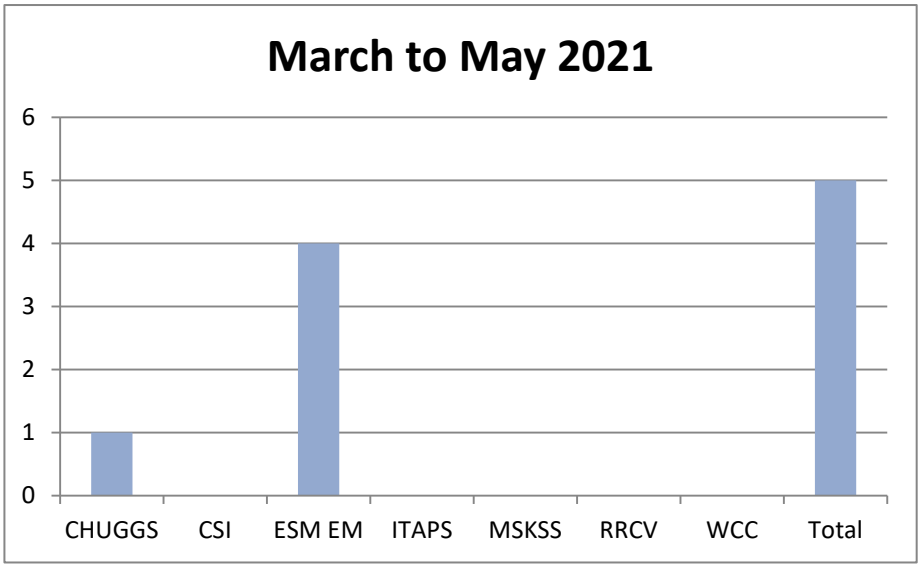
3.2 Graph 1 provides an overview of the number of Work Pattern exceptions received by CMG in the last quarter.

Graph 1 Work Pattern Exception Reports



3.3 Graph 2 provides an overview of the number of Education exceptions received by CMG in the last quarter.

Graph 2 Education Exception Reports



4.1 There were 5 Education exceptions raised in the last quarter, which is an increase of 3 in the previous quarter, 1 in Medicine, 1 in Haematology and 3 in ED.

4.2 There were 3 Immediate Safety Concern (ISC) exceptions raised, further details are provided below:

Date Issue Occurred, Grade and Specialty	Concern Raised by the Doctor	Service Response
ST5 14/05/21 Microbiology	Two additional hours worked on Infectious Diseases ward, due to many discussions required between different specialties to manage a un well patient on the ward.	Doctor advised he selected Immediate safety concern in error and has agreed it is not. Agreed with the doctor for time off in lieu.
28/05/21 F1 Urology	Only 2 FY1s were available to cover green, blue, orange, pink teams as well as Post Take Ward Round. No SHOs were available. This left the working standards unsafe and affected patient safety.	The Service was staffed with more than the minimum staffing levels during these two days; therefore adequate support would have been available. On Thursday 27th there were four F2/CT level doctors on duty providing cover to the wards and on-call cover. This was supported by six registrars on duty available for support. On Friday 28th there were five F2/CT level doctors in the morning and six in the afternoon. This was supported by five registrars.
27/05/21 F1 Urology	Only 2 FY1s were available to cover green, blue, orange, pink teams as well as Post Take Ward Round. No SHOs were available. This left the working standards unsafe and affected patient safety. This is a regular occurrence as rota gaps	

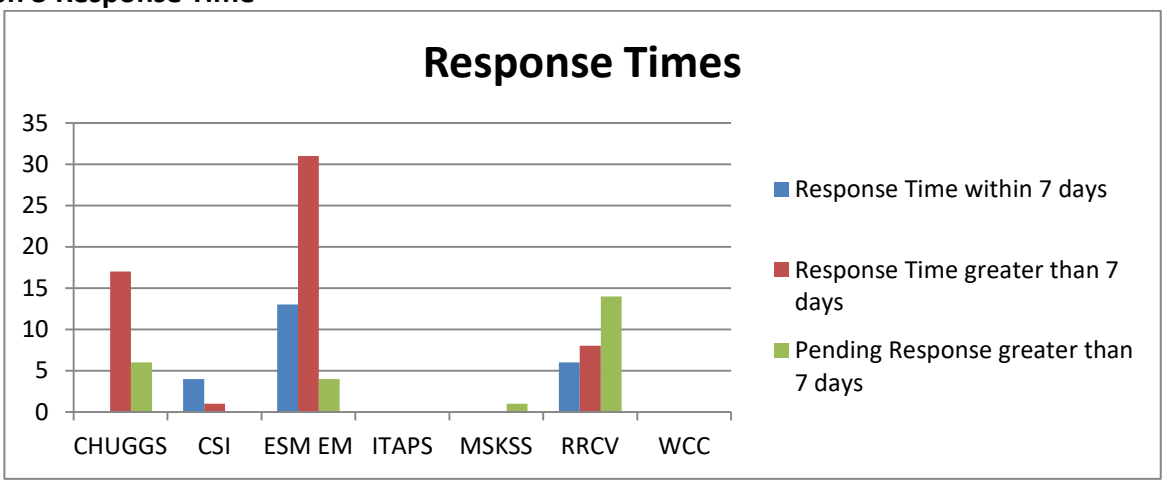
	leave things dangerous with not enough cover or time to recover.	Doctors will be reminded to also raise any concerns of staff shortages with a Senior Colleague, as support can be arranged

5. Outcome of the Exception Reports in this Quarter

5.1 For the majority of the Exception Reports time off in lieu (TOIL) is allocated. In the last quarter, out of the 105 work related exceptions received, TOIL has been allocated for 50 exceptions. 15 exceptions did not require any further action. There were 14 instances where exceptions raised resulted in payment being made for extra hours worked. There are 26 exceptions still open and requiring a response, the majority of these are for doctors in RRCV. Action to provide responses is being sought from CMGs.

5.2 Junior Doctors are required to raise Exception Reports with 14 days (7 days if payment is being requested) of the issue occurring. The response time for exceptions in the last quarter is detailed in the Graph 3 below.

Graph 3 Response Time



6. Work Schedule and Rota Template Changes

6.1 Imaging ST3 doctors have feedback and submitted exception reports to advise of difficulties in being able to take breaks during night shifts. A meeting has been held between Imaging trainees, consultants and Medical HR to create a revised rota template to include protected breaks at night time.

6.2 In preparation for August 2021 change over a further 29 junior doctors rota templates will be revised, to accommodate changes to training, service requirements and number of doctors as part of on-going work review.

7. Junior Medical Staff Vacancies

7.1 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	Establish-ment	FY1	FY2	CT1/2	TG F2/ CT1/2	ST3+	TG ST3+	Total	Percentage Vacancy
CHUGGS	**133**	2	0	1	1	1	0	**5**	**3.75%**
CSI	**63**	0	0	0	0	0	1	**1**	**1.58%**
ESM EM	**287**	0	1	1	12	3	0	**17**	**5.92%**
ITAPS	**84**	0	0	0	0	0	4	**4**	**4.76%**
MSKSS	**129**	0	0	2	5	0	0	**7**	**5.42%**
RRCV	**153**	0	0	0	1	0	2	**3**	**1.96%**
WCC	**172**	1.5	0	5.5	2.84	0.8	0	**10.64**	**6.18%**
Total	**1024**	3.5	1	9.5	21.84	4.8	7	**47.64**	**4.65%**

7.2 During this period there are a total of 47.64 vacancies which equates to 4.65% of the total junior medical staff establishment. In December 2020, the vacancies were at 3.9% of the total junior medical staff establishment.

7.3 Recruitment is being actively managed where gaps exist, to look to substantively fill posts and where possible avoid premium pay.

8. Conclusion

8.1 Exception reports are being reviewed and changes are being implemented as required, including enhancing Trust processes such as response time.

8.2 Safety concerns raised at the end of May are prioritised to provide the necessary assurances of resolution. The next Guardian of Safe Working report will be provided in September 2021.

9. Recommendations

9.1 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.

NURSE ESTABLISHMENT REVIEW (NATIONAL QUALITY BOARD)

Author: E.Meldrum Deputy Chief Nurse and D.McBride Assistant Chief Nurse
Sponsor: C.Fox, Chief Nurse

Paper K

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	
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	x
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)	8.6.2021	Nursing and Midwifery Board - discussion
Executive Board	16.06.2021	Executive People and Culture Board
Trust Board Committee		N/A
Trust Board		N/A

Executive Summary

This report provides the People, Process and Performance Committee (PPPC) with an update on the latest UHL nurse establishment review that was undertaken in March 2021. Nurse establishment reviews must be undertaken by Trusts twice a year and reported to Board in order to comply with the National Institute for Clinical Excellence (NICE) safe staffing, National Quality Board (NQB) standards and the RCN nursing workforce standards. The review must provide the Board with the assurance that the Trust has a nursing workforce with sufficient planned safe staffing resources to meet the patient care requirements.

The establishments for all inpatient areas have been validated as part of the review:

- Agreed Nursing establishment by band
- Numbers of staff per shift, per band
- Skill mix ratios per shift (day and night)
- Nurse to patient ratios (day and night)

This review confirmed that nursing and midwifery roster templates are correct and budgets are aligned to planned establishment and enable effective rostering.

The review confirmed that the wards planned establishments achieve the recommended nurse to patient ratios during the day (i.e. ratio of 1:8). Four wards did not achieve the nurse to patient ratios during the night (i.e. a UHL determined ratio of 1:10). These were MSS Ward 24 GH and ASU LRI, RRCV Ward 28 Cardiology GH and Women's Ward 31 Gynae LGH, four areas which manage

surgical pathways and have mitigation in place for additional staff moves or reduction in capacity to ensure patient safety.
The review acknowledged the two October 2019 additional winter capacity has seen funding from April 2020 (Ward 15 LRI and Ward 20 GH). The winter wards for 2020 to meet the Covid-19 and winter demand in capacity are recognised within the reviews and noted to have been temporarily funded through winter planning.

The Public Health England (PHE) guidance will necessitate service changes and establishment reviews and potential investment for same day emergency care (SDEC) and Out Patient Areas (OPA) to accommodate new infection prevention pathways.

Children's services plan an external review of services to benchmark and ensure they meet the respective guidelines to meet the Registered Children's Nurse to meet the (RCN 2020) patient ratio across all age groups within in patient wards.

The Covid-19 pandemic has required an increased support in the clinical areas by senior nurses which has delayed the progress by HON of the service change requirements and quality impact assessments due to be taken through the respective CMG boards.

Questions

Are the PPPC assured that we have a nursing workforce with sufficient planned safe staffing resources to meet the patient care requirements so complying with the National Quality Board safe staffing guidance?

Conclusion

The establishment review has not highlighted any significant concerns or gaps in:

- Nursing establishments by band
- Numbers of staff per shift, per band
- Skill mix ratios per shift (day and night)
- Nurse to patient ratios (day and night)

With the exception of

- A small, but reduced number of wards not complying with nurse to patient ratios due to vacancies mitigated on a daily basis to ensure patient safety.
- The Trust continues to have planned winter wards at the LRI and the GH within the winter plans but not permanently funded.
- Where the Covid-19 pandemic has temporarily required increased workforces, establishment uplift to meet the service and infection prevention pathways.

Input Sought

We seek PPPC confirmation that they are assured that UHL has a nursing workforce with sufficient planned safe staffing resources to meet the patient care requirements

***For Reference** (edit as appropriate):*

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

1. Quality priorities

Safe, surgery and procedures	Not applicable
Improved Cancer pathways	Not applicable

Streamlined emergency care	Not applicable
Better care pathways	Not applicable
Ward accreditation	Not applicable

2. Supporting priorities:

People strategy implementation	Yes
Estate investment and reconfiguration	Not applicable
e-Hospital	Not applicable
Embedded research, training and education	Not applicable
Embed innovation in recovery and renewal	[Yes /No /Not applicable]
Sustainable finances	[Yes /No /Not applicable]

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

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

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	**Select (X)**	**Risk Description:**
Strategic: Does this link to a ***Principal Risk*** on the BAF?	x	Principal Risk 5 - Failure to recruit, develop and retain a workforce of sufficient quantity and skills
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register	X X	Risk 3148 Inability to recruit sufficient numbers of the right staff with the right skills Risk 3722 during the Covid-19 Pandemic there is dilution of registered nursing skill mix in adult wards and critical care, caused due to expansion of the bed base, reduction of staff availability and national directive to increase critical care capacity, then it may result in a detrimental impact on safety & effectiveness of patient care delivered, leading to potential harm and poor patient experience
New Risk identified in paper: What ***type*** and ***description***?		N/A
None		

5. Scheduled date for the **next paper** on this topic: October 2021
6. Executive Summaries should not exceed **5 sides** [My paper does comply]

1.0 NATIONAL GUIDANCE

1.1 It is a requirement that NHS providers continue to have the right people, with the right skills, in the right place at the right time to achieve safer nursing and midwifery staffing in line with the requirements of the National Quality Board (NQB, 2016) that states providers:

- Must deploy sufficient suitable qualified, competent, skilled and experienced staff to meet treatment needs of patients safely and effectively.
- Should have a systematic approach to determining the number of staff and range of skills required and keep them safe at all times
- Must use an approach that the reflects current legislation

1.2 The guidance also advises that boards must have a local dashboard that cross checks quality metrics and this should be reported monthly.

1.3 It should be noted that the paediatric establishment review in the Children's Hospital utilised the Royal College of Nursing (RCN 2013) and the NQB Safe, Sustainable Staffing (2018), both of which provide guidance / recommendations for nurse staffing levels and nurse to paediatric ratios.

2.0 METHODOLOGY FOR THE NURSE ESTABLISHMENT REVIEW

2.1 Throughout March 2021, a 'confirm and challenge' process with each Clinical Management Group Head of Nursing was undertaken by the Corporate Nursing Directorate using the tools and guidance within the Safer Nursing Care Tool (SNCT), NICE Guidance (2014) Safe Staffing for Nursing in Adult Acute Wards and Developing Workforce Safeguards to inform the process. This was in line with the Setting and Reviewing Nurse Staffing and Established Standard Operating Procedure as approved in October 2020. Due to COVID-19 online teams meetings were completed by the Chief Nurse to review the outcomes of the September reviews and business planning to gain assurance that the nursing establishments remain correct and investment identified in the initial reviews has been approved.

2.2 Appendix 1 presents the following data for every ward / unit that has been validated with each Clinical Management Groups (CMGs):

- Agreed Nursing establishment by band
- Numbers of staff per shift, per band
- Skill mix ratios per shift (day and night)
- Nurse to patient ratios day and night
- Narrative providing assurance to data

3.0 REVIEW OF CMG NURSE ESTABLISHMENTS

3.1 Roster templates and alignment to budget / establishment

3.2 The establishment reviews for all CMGs highlighted that roster templates continue to be aligned to budgets and enable effective rostering. All roster changes requested are

checked against budget in processing and follow the Standard Operating Procedure sign off process.

3.3 The Heads of Nursing (HON) provided assurance that Nursing Associates (NA) support the registered nurse to patient ratio and confirmed that on any planned or actual shift the NA will always be as a minimum the third registered professional.

3.4 Recommended registered 'nurse to patient' ratios remain in the establishment and minimally for the day (1:8) and at night (1:10), this is evident in the planned data from health roster. The establishments planned are compliant with this guidance to ensure patient safety. Five wards did not achieve the nurse to patient ratios during the night (i.e. a UHL determined ratio of 1:10). These were MSS Ward 24 GH and ASU LRI, RRCV Ward 28 Cardiology GH and Women's Ward 31 Gynae LGH, four areas which manage surgical pathways and have mitigation in place for additional staff moves or reduction in capacity to ensure patient safety. In addition SM Hampton Suite however this is presently repurposed as a medical ward and has increased night staffing to mitigate.

3.5 The establishment reviews confirmed and demonstrated specialty and individual skill mix ratios with the rationale and assurance of the planned nursing workforce. The skill mix has no negative impact on the NQB guidance of nurse to patient ratio. See detail in Appendix 1 and assurance.

3.6 <u>Roster management</u>

3.7 All CMG's provided assurance that Carter efficiencies are appropriately managed in line with the roster key performance indicators and no remedial actions were required. The HON identified from data presented in preliminary meetings where there were potential roster efficiency opportunities.

3.8 The 'Confirm and Challenge' meetings set monthly from December 2020 realise further benefits and roster efficiencies across the nursing teams. These meetings are led by the Assistant Chief Nurse and Lead Nurse for Rostering with the CMG Head of Nursing and identified members of the senior nursing team.

3.9 It is noted that the registered nursing vacancy position was affected by the increase in funded establishments for 2019 and 2020 winter wards (so increasing vacancies) and the impact of the pandemic. The position has been further challenged by the interruptions to international recruitment and the impact of the pandemic on newly qualified nursing supply (interruptions to placements and completion of training). There has been an increased reliance on the temporary nursing workforce to achieve the nursing establishments to maintain the delivery of safe care.

3.10 HON will take establishment data packs to their respective CMG Boards for shared information.

3.11 HON will submit any changes to rota templates, planned establishments, inside or outside of the budget process through the establishment change document to ensure full oversight and an enhanced governance process with HON, and CNO approval (see Appendix 2).

3.12 Critical funding to ensure the delivery of safe care, outside of the budget to be added as additional shifts with senior nurse approval. If required for ongoing overt safety an additional establishment review meeting to be organised with CNO. For ongoing audit trail to be brought to the future roster performance reviews

4.0 CMG HIGHLIGHTS

4.1 The CMG establishment reviews highlighted establishment issues for escalation from September 2020 and updated positions in March 2021; these are listed in Table 1 appendix 3. The table cites where resolution has occurred, and any progress of business cases, outcomes and where funding was realised or where ongoing escalation in place.

4.2 New investment seen in the establishment budgets for the 2019/2020 winter wards of Ward 15 at the LRI and Ward 20 at the GH. Winter plans and temporary funding were seen for the additional 2020 winter pressure and pandemic requirements for Hampton suite, Ward 22 at the LRI, an additional ward at GH under RRCV, ITU and Children's inpatient services.

4.3 The Public Health England (PHE) guidance will necessitate service changes and establishment reviews and potential investment for same day emergency care (SDEC) and Out Patient Areas (OPA) to accommodate new Infection prevention pathways and face to face appointments in ED/ GPAU and Ward 9 at the LRI, CDU at GH, and across CSI.

4.4 The establishment reviews confirmed ongoing reviews and monitoring of the service and acuity in three adult areas for feedback at the next Establishment review CHUGGS 26, EM SSU, MSS services.

4.5 Children's services plan an external review of services to benchmark and ensure they meet the respective guidelines to meet the Registered Children's Nurse to meet the (RCN 2020) patient ratio across all age groups within in patient wards.

4.6 Any service changes requiring establishment increases were confirmed as being taken through CMB business planning board with a quality impact assessments and business case, and recorded within the risk register.

4.7 Future establishment reviews will incorporate non inpatient areas to ensure total nursing establishment review captured and the identification of any risks, for example clinical nurse specialists, ambulatory pathways and theatre departments.

4.8 Retention of nursing and retirement projections continue to be highlighted as a risk to the nursing workforce in the next 5 years and with particular reference to clinical nurse specialists and then the consequential movement of ward based senior nurses into these positions. The Covid-19 pandemic has further highlighted this risk and potentially within the immediate future. Future reviews attrition information will be included alongside the citing of any departmental risks and plans to mitigate.

4.9 The Covid-19 pandemic has resulted in a very difficult 12 months for staffing with risks identified to the planned establishment and is predicted to impact on services and workforce requirements in 2021/2022. The expansion of bed bases and the increased capacity in critical care resulted in the dilution of registered nursing skill mix in adult wards and in critical care. The increased sickness, reliance on reduced temporary staff impacted on fill rates across all registered and health care assistants on shift and the variations reported in UHL care hours per patient day. This continues to require management on a daily basis by the senior nursing team to ensure safety is maintained across the Trust.

4.10 The Covid-19 pandemic throughout the year required the senior nurses to support the clinical areas and consequently cancel attendance at senior meetings. The HON noted delays taking service change requirements, quality impact assessments and business cases through the respective CMG boards for business planning.

5.0 CONCLUSION

5.1 The establishment review has not highlighted any significant concerns or gaps in nursing establishments and where service changes and increased establishments are required in 2021 they have been taken through the CMG business planning board with a Quality Impact Assessments.

5.2 New investment was funded and seen in the establishment budgets for the 2019/2020 winter wards of Ward 15 at the LRI and Ward 20 at the GH. Winter plans and temporary funding were seen for the additional 2020 winter pressure and pandemic requirements for Ward 22 at the LRI, an additional ward at GH under RRCV and ITU and Children's inpatient services.

5.3 The Public Health England (PHE) guidance will necessitate service changes and establishment reviews and potential investment for same day emergency care (SDEC) and Out Patient Areas (OPA) to accommodate new infection prevention pathways.

5.4 Children's services plan an external review of services to benchmark and ensure they meet the respective guidelines to meet the Registered Children's Nurse to meet the (RCN 2020) patient ratio across all age groups within in patient wards.

5.5 The Covid-19 pandemic has required an increased support in the clinical areas by senior nurses which has delayed the progress by HON of the service change requirements and quality impact assessments due to be taken through the respective CMG boards.

5.6 The PPPC is asked to note the work currently being undertaken and confirm that they are assured that there is compliance with national safe staffing guidance

6.0 APPENDIX 1

	RN's on E	RN's on L	RN's on LD	RN's on N	UnReg on E	UnReg on L/Mid	UnReg on LD	Un Reg on N	Max NA's on LD	Max NA's on N	Registrant to patient ratio (Day)	Registrant to patient ratio (Night)	Skill Mix Registrant: Unregistered Day	Skill Mix Registrant: Unregistered Night
GI Surgery/Medicine/Urology														
LGH-Wd 20 Surgery	1	1	2	2	0	0	3	2	1	0	5.67	8.50	57/43	50/50
LGH-Wd 22 Female surgery	2	2	1	2	1	1	1	2	1	0	6.67	10.00	75/25	50/50
LGH-Wd 23 Surgery Admissions (Day)	1	1	1	0	1	1	1	0	0	0	7.50	0.00	50/50	N/A
LGH-Wd 26 Urology Surgery	2	2	1	3	2	2	1	2	0	0	8.33	8.33	50/50	60/40
LGH-Wd 27 Surgery (& SACU)	2	2	3	3	1	1	2	3	1	1	4.60	7.67	63/37	50/50
LGH-Wd 28 Surgery/Urology Admission	1	1	3	4	1	1	2	2	1	1	6.25	6.25	57/43	50/50
LGH-Pre-assessment Wd 28a (Day)	0	0	6	0	0	0	6*	0	0	0	0.00	0.00	50/50	N/A
LGH-Wd 29 Surgery Admission	2	2	2	3	1	1	2	2	1	1	6.75	9.00	57/43	60/40
LRI-Wd 16 SAU (Previously Wd 8)	3	2	3	5	3	2	2	4	1	1	5.00	6.00	55/45	55/45
LRI-Wd 21 Surgery (Previously 22)	4	4	2	4	4	3	2	3	0	0	4.33	6.50	50/50	57/43
LRI-Wd 42 Gastro Med	2	2	2	3	2	2	1	2	1	1	7.00	9.33	57/43	60/40
LRI-Wd 43 Gastro Med/Hepat	2	1	3	3	0	0	3	2	0	0	5.60	9.33	63/37	60/40
Specialist Medicine														
LGH-Brain Injury Unit	1	1	2	2	1	1	1	2	0	0	3.00	4.50	60/40	50/50
LGH-NRU Neuro Rehab	1	1	2	2	1	1	2	2	1	0	5.33	8.00	50/50	50/50
LGH-Wd 1 Day Case	1	0	6	0	1	0	2	0	1	0	0.00	0.00	70/30	N/A
LGH-Wd 3 Stroke Rehab	1	1	2	2	0	0	3	2	0	0	5.00	7.50	50/50	50/50
LRI-Hampton Suite	2	2	1	2	2	2	2	3	0	0	8.00	12.00	60/40	40/60
LRI-Infectious Diseases Unit	2	2	1	2	1	1	1	2	1	0	6.00	9.00	60/40	50/50
LRI-Stroke Wds 25/26	2	2	5	5	2	2	3	4	1	1	5.14	7.20	58/42	55/45
LRI-Wd 23 Specialist Med	1	1	4	3	3	3	2	2	0	0	5.60	9.33	50/50	60/40
LRI-Wd 24 Specialist Med	1	1	4	3	1	1	4	2	1	1	5.40	9.00	50/50	60/40
LRI-Wd 29 Older People	2	2	4	3	2	1	3	2	1	1	4.83	9.67	55/45	60/40
LRI-Wd 30 Older people	2	2	3	3	1	1	3	2	0	0	5.80	9.67	55/45	60/40
LRI-Wd 31 Older People	2	2	3	3	2	2	3	2	0	0	6.00	10.00	50/50	60/40
LRI-Wd 33 (Medicine)	2	2	4	3	2	2	3	3	1	1	4.67	9.33	55/45	50/50
LRI-Wd 34 (Medicine)	2	2	3	3	2	2	3	3	0	0	5.20	8.67	50/50	50/50
LRI-Wd 36 Older People	1	1	4	3	1	1	4	2	1	1	5.60	9.33	50/50	60/40
LRI-Wd 38 Diabetes/Endocrine	2	2	3	3	1	1	3	2	1	1	5.60	9.33	55/45	60/40
ITAPS														
GH-ITU - Glenfield (General and Cardiac Ir	16	16	4	21	4	4	0	2	0	0	1.10	1.05	83/17	91/9
(Gen.Surgery,Urology,Gynae,Ortho & Renal Transplant)	13	13	0	13	2	2	1	0	1	1	1.15	1.15	82/18	100/0
LRI-ITU (Gen.Surgery,Haematology,Med,I	24	24	0	24	2	2	0	1	1	1	0.88	0.88	92/8	96/4

	RN's on E	RN's on L	RN's on LD	RN's on N	UnReg on E	UnReg on L/Mid	UnReg on LD	Un Reg on N	Max NA's on LD	Max NA's on N	Registrant to patient ratio (Day)	Registrant to patient ratio (Night)	Skill Mix Registrant: Unregistered Day	Skill Mix Registrant: Unregistered Night
MSS														
LGH-Wd 14 Elective Ortho	1	1	2	2	0	0	3	2	1	0	6.00	9.00	50/50	50/50
LGH-Wd 16 (Prev LRI-Wd 22)	0	0	4	2	0	0	2	2	0	0	5.00	10.00	57/43	50/50
LGH-Wd 18 Elective Ortho	1	1	4	0	1	1	1	0	0	0	3.40	N/A	71/39	N/A
LGH-Wd 19 Elective Ortho (Closed)	0	0	4	2	0	0	3	2	1	0	5.00	10.00	57/43	50/50
LRI-Wd 17 Spinal/Trauma Ortho	2	2	3	3	1	1	4	3	1	1	4.80	8.00	50/50	50/50
LRI-Wd 18 Trauma Ortho Admissions	1	1	4	3	0	0	5	3	1	1	5.60	9.33	55/45	50/50
LRI-Wd 32 Trauma Ortho	2	2	3	3	1	1	3	3	1	1	4.80	8.00	55/45	50/50
GH-Wd 24 Breast + Gen Surgery	0	0	5	2	1	0	1	1	0	0	4.40	11.00	71/29	66/34
LRI-ASU	0	2	3	2	0	0	2	1	1	0	10.00	15.00	75/25	N/A
LRI-Kinmonth Unit Head, Neck, ENT Surg	0	0	4	2	1	0	1	0	0	0	3.50	7.00	63/37	50/50
LRI-Wd 9 Spec Surg Admission	1	1	3	2	0	0	2	2	0	0	4.25	8.50	66/34	50/50
RRCV														
GH-Coronary Care Unit	0	0	7	6	0	0	2	2	1	1	2.71	3.17	77/23	75/25
GH-CDU	3	3	13	16	2	2	9	8	1	1	3.75	3.75	59/41	66/34
GH-Modular Respiratory Ward/20 (prev G	4	4	4	7	4	4	0	3	0	0	3.50	4.00	66/34	70/30
GH-Wd 15 Respiratory (prev 27)	2	1	3	3	1	1	3	2	1	1	0.00	0.00	55/45	60/40
GH-Wd 16 Respiratory	1	1	4	4	1	1	2	2	0	0	6.00	7.50	62/38	66/34
GH-Wd 17 Respiratory	1	1	6	5	1	1	3	3	1	1	4.29	6.00	55/45	62/38
GH-Wd 23	1	1	6	5	0	0	5	4	1	1	4.71	6.60	58/42	55/45
GH-Wd 26 Thoracic Surgery	0	0	5	4	0	0	3	1	1	1	5.00	6.25	62/38	80/20
GH-Wd 27 Cardiology (moved to GH 20)	0	0	4	4	0	0	2	1	0	0	3.50	3.50	66/34	80/20
GH-Wd 28 Cardiology	1	1	4	3	1	1	3	2	1	0	6.20	10.33	55/45	60/40
GH-Wd 29 Respiratory	1	1	3	3	0	0	3	1	0	0	6.25	8.33	57/43	75/25
GH-Wd 31 Cardiac Surgery	1	1	6	5	1	2	3	1	1	1	4.71	6.60	58/42	83/17
GH-Wd 32 Cardiology Procedures	0	0	4	2	1	0	2	0	1	0	4.75	9.50	57/43	100/0
GH-Wd 33 Cardiology	1	1	4	3	1	1	2	2	1	1	5.80	9.67	63/37	60/40
GH-Wd 33A Cardiology	0	0	3	2	0	0	2	2	0	0	6.67	10.00	60/40	50/50
LGH-Wd 10 CAPD Renal	5	5	0	2	4	3	0	2	1	0	3.60	9.00	55/45	50/50
LGH-Wd 15 High Dependency Renal	4	4	0	3	1	1	0	1	1	1	2.25	3.00	80/20	75/25
LGH-Wd 15 Nephrology Renal	4	4	0	2	2	2	0	2	0	0	4.25	8.50	66/34	50/50
LGH-Wd 17 Renal Transplant	3	3	3	2	2	2	0	1	0	0	2.33	7.00	60/40	66/34
Womens														
LGH-Delivery Suite	14	13	1	14	6	6	0	5	0	0	4.07	4.36	71/29	74/26
LGH-NICU Neo-Natal Intensive Care	0	0	3	3	0	0	0	0	0	0	4.00	4.00	100/0	100/0
LGH-Wd 11	2	1	4	0	2	2	2	0	0	0	2.00	0.00	50/50	N/A
LGH-Wd 31 Gynae	1	1	5	2	0	0	2	1	1	0	3.83	11.50	71/29	66/34
LGH-GSU	0	0	0	0	5	5	0	0	0	0	0.00	0.00	0/100	N/A
LRI-Delivery Suite	14	14	2	16	3	3	0	3	0	0	4.06	4.06	84/16	84/16
LRI-Wd 5	0	0	4	4	3	3	0	2	0	0	6.50	6.50	57/43	66/34
LRI-Wd 6	0	0	4	4	2	2	0	2	0	0	6.50	6.50	66/34	66/34
LRI-Wd 8 GAU & EPAU	0	0	3	2	0	0	3	1	0	0	4.00	6.00	50/50	66/34
LRI-Neo-Natal Unit	0	0	15	15	0	0	1	0	0	0	2.00	2.00	94/6	100/0

	RN's on E	RN's on L	RN's on LD	RN's on N	UnReg on E	UnReg on L/Mid	UnReg on LD	Un Reg on N	Max NA's on LD	Max NA's on N	Registrant to patient ratio (Day)	Registrant to patient ratio (Night)	Skill Mix Registrant: Unregistered Day	Skill Mix Registrant: Unregistered Night
Childrens														
GH-Paed ITU - Children's Cardiac Intensiv	0	0	9	9	0	0	1	1	1	0	0.78	0.78	90/10	90/10
GH-Wd 30 Childrens Cardiology (1-3)	3	3	0	3	1	1	0	1	1	0	5.67	5.67	66/34	80/20
LRI-Childrens Day Care Unit	0	0	4	0	5	0	0	0	1	0	0.00	0.00	44/56	N/A
LRI-Childrens Intensive Care Unit (1-1)	0	0	7	7	1	1	0	1	1	0	0.86	0.86	88/12	88/12
LRI-Wd 10 Childrens Surgery (1-4)	1	1	4	2	1	1	2	1	1	0	4.00	10.00	63/37	75/25
LRI-Wd 11 Childrens Med (1-3)	2	2	2	3	1	1	1	2	1	0	4.50	6.00	63/37	63/37
LRI-Wd 12 Childrens Med (HDU 1-2, Resp	2	2	3	5	1	1	0	1	1	0	2.40	2.40	71/29	83/17
LRI-Wd 14 Childrens Med (1-3)	3	3	0	3	3	3	0	1	1	0	6.00	6.00	57/43	66/34
LRI-Wd 19 Childrens Surgery (1-4)	7	4	0	2	4	3	0	1	1	0	2.29	8.00	70/30	75/25
LRI-Wd 27 Childrens Onc & Haem (1:3)	5	5	0	3	2	2	0	1	1	0	2.40	4.00	71/29	80/20
EM														
LRI-A & E Paeds	0	0	12	16	0	0	2	2	1	1	N/A	N/A	86/14	88/12
LRI-AFU	2	2	2	3	0	0	4	3	1	1	4.00	5.33	50/50	50/50
LRI-AMU & Wd 7 Annex	4	4	12	16	4	5	14	14	0	0	4.38	4.38	50/50	53/47
LRI-ED	7	7	18	31	1	1	9	13	1	1	N/A	N/A	68/32	70/30
LRI-EDU	1	1	2	3	0	0	2	1	0	0	4.00	4.00	60/40	60/40
LRI-EFU	2	2	2	3	0	0	3	3	0	0	4.00	5.33	50/50	50/50
LRI-GPAU	0	0	2	4	0	0	1	0	0	0	N/A	N/A	66/34	80/20
LRI-SSU Emergency Admissions	2	2	3	3	4	2	3	3	0	0	5.60	9.33	45/55	50/50
ALLIANCE														
Alliance Endoscopy	14	14	0	0	6	6	0	0	0	0	N/A	N/A	70/30	N/A
Coalville OPD	3	2	0	0	2	2	0	0	0	0	N/A	N/A	60/40	N/A
Hinckley & District OPD	4	4	0	0	3	3	0	0	0	0	N/A	N/A	57/43	N/A
Hinckley Surgical Unit	0	0	ndant	0	0	0	4	0	1	0	N/A	N/A	71/29	N/A
Loughborough OPD			5	0	6	6	0	0	1	0	N/A	N/A	50/50	N/A
Loughborough Surgical Unit			3	0	2	2	0	0	0	0	N/A	N/A	83/17	N/A
Market Harbrough & Fielding Palmer OPD			2	0	3	3	0	0	0	0	N/A	N/A	50/50	N/A
Melton & Rutland OPD			3	0	7	7	0	0	1	0	N/A	N/A	36/64	N/A
Melton Surgical Unit			4	0	0	0	1	0	0	0	N/A	N/A	80/20	N/A

6.1 APPENDIX 2

University Hospitals of Leicester NHS Trust

Establishment Template Change Request Form (Inpatien

Form to be completed by Matrons or above and sent to CMG Finance Lead to validate budget and costings

Any queries please contact Electronic Rostering Team on Tel: 7238

Person Requesting The Change:

Name:		Job Title:	
Phone Number:		E-Mail:	
CMG:	Ward/Department:		Cost Code
Reason for Change		Give details of change, including cost centres:	
Can the change be made within the current budget?			
If No, where is the funding coming from?			
		Please provide details and links to evidence to provide proof of funding	
Current RN to Patient Ratio			
Current skill mix		Proposed RN to Patient Ratio	
Current guidance skill mix		Proposed skill mix	
Provide link to guidance		Current guidance RN to Patient Ratio	

Input the number of Registered Nurses and Unregistered Nurses required on each shift and to be recorded on your roster

This will give you the opportunity to check you establishment numbers against your budget.

MOC Agreed Shift's			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	Start	Finish	Reg Numbers	Unreg Numbers	Reg Numbers	Unreg Numbers	Reg Numbers	Unreg Numbers	Reg Numbers	Unreg Numbers	Reg Numbers	Unreg Numbers	Reg Numbers	Unreg Numbers
Early														
Late														
Night														
Long Days														
Other														
Other														
Other														
Other														
Other														
Other														

NOTE: If you have any additional clinical shifts not covered on the above table please contact us prior to submitting the form.

Add in your budget for Reg and Unreg (budget to reflect above change)

Budgeted WTE Reg		Budgeted WTE Unreg	

**Please select Lunch break (hours) on the below (table), all the other details should be picked up automatically based on the input (Hours & Budget) abov

Shift	Shift Hours	Lunch Break	Reg Hours in a week	Unreg Hours in a week
Early	0.00		0.00	0.00
Late	0.00		0.00	0.00
Night	0.00		0.00	0.00
Long Day	0.00		0.00	0.00
Other	0.00		0.00	0.00
Other	0.00		0.00	0.00
Other	0.00		0.00	0.00
Other	0.00		0.00	0.00
Other	0.00		0.00	0.00
Other	0.00		0.00	0.00
Total hours			0.00	0.00

Total WTE Reg (Week)	0.00	Total WTE Unreg (Week)
Total WTE Reg (Week + 23%)	0.00	WTE Unreg (Week + 23%)
Budgeted WTE Reg	0.00	Budget WTE Unreg

Finance Lead to complete details below:

Financial Impact of change :

Approved by CMG Finance Lead			
Name:		Date	

Finance Lead to send to CMG Head of Nursing once Finance check is complete and approved

Approved by CMG Head of Nursing			
Name:		Date	

Head of Nursing to send to Assistant Chief Nurse for workforce once professional judgement and establishment complete and approved

Approved and supported by Assistant Chief Nurse for Workforce			
Name:		Date	

Assistant Chief Nurse for workforce to record and validate and send to Chief Nurse for final approval

Approved and supported by Chief Nurse			
Name:		Date	

Chief Nurse to send to electronic.rostering@uhl-tr.nhs.uk for changes to be made to live rosters once appro

6.2 APPENDIX 3

Table with CMG establishment planned changes / review March 2021

CMG	Establishment Changes/Review/Outcome	Escalation Route
Alliance	Recovery plan , activity cost pressure	HON delay but plans to take to CMG board financial gap
	Reduced nursing budget without agreement – Resolved	
CHUGGS	Ward 21 – LGH Split function due to Covid-19 requires increased establishment, winter pressure. Ongoing HON review	
	Ward 16 SAU – LRI Triage extended hours, pressure in the evening N – Twilight CNO approved 09/2020 action completed.	
	Ward 29 – LGH 4 Extra beds at night- Resolved	
	Budget transfers between wards for quality and safety, no increase in funded establishment - CNO approved 09/2020. Remaining change forms to be submitted for approval to CNO	
	Ward 26-LGH Review of acuity and establishment by CMG in year. Ongoing HON review and feedback at next Est Review Sept 2022.	If required additional review to be arranged with CNO
	New- Reconfiguration plans and potential increased workforce 16.7 WTE	CMG Board and Trust for business planning
	New- HON informed CNO of Clinical Nurse Specialist service growth, hospital avoidance, KPI , patient experience in Chemo, Neuroendocrine and Macmillan	Business case / QIA , Risk register to CMG Board for business planning 2021
Specialist Medicine	Ward 25/26 –LRI Stroke, HASU nurse to patient ratios.	Business case / QIA , Risk register to CMG Board approved but not yet funded, awaiting update
	Winter Ward 15 (34) –LRI recruiting to, mitigation plans and redeployments to safely staff in interim for 2020 winter. Funded form April 2020	
	Hampton suite –LRI Winter plan 2020 -Service change to medical ward requires uplift of establishment, no date to revert. Funded temporarily in winter plan.	HON , Business Case /QIA Risk Register to CMG Board for business planning 2021
	Ward 22 – LRI Winter plan 2020, no date to close. Funded temporarily in winter plan.	HON, Business Case to CMG Board for business planning 2021.
	New – HON noted budget transfers between wards to align funding across CMG, no increase in funded establishment - CNO approved 03/2021, pending change forms for CNO approval	

Emergency Medicine	SSU-LRI – increased acuity with additional assessment beds	Funded 2020, HON monitoring
	GPAU –LRI- function changing to Ambulatory Care Centre, scaling down with new plan to become 24 hour bed waiting will require 12wte RN , 12wte HCA – part of the Same day emergency care application	HON informed CNO taken through CMG Board for business planning as a priority
	ACP posts in ED –LRI- Service changes.	Funded 2020
	AMU /Ward 7 – LRI- to be combined roster / service, no skill mix, ratio affect, Practical roster, acuity purposes. New-HCA shift realignment to budget. CNO approved 09/2020	
	New- ED and Minor Illnesses -Infection Prevention guidance on streaming patients will potentially require establishment increase.	If required additional workforce review to be arranged with CNO
MSS	Ward 18-LRI- Acuity reported as changing. HON monitoring however now with all wards due to repurposing post Covid-19 service changes.	
	Ward 9- LRI- Triage service increase into Night, same day emergency care pathway service growth	HON to confirm workforce uplift and take through CMG Board for business planning as a priority
RRCV	Ward 20- GH- Winter ward 2019, redeploying and recruiting to safely staff. Funded from April 2020	
	Renal – LGH/ GH – Service reconfiguration of renal services and dialysis. Some skill mix changes plans ongoing.	
	Winter Ward 2020- GH – Funded temporarily in 2020 if recurrent plan but a space issue presently being reviewed.	Will if planned require HON, Business Case to CMG Board for business planning 2021.
	New- CDU service change in line with Same day emergency care. Review and workforce being worked through. Potential uplift 10wte.	HON to take Business Case to CMG Board for business planning 2021 as a priority.
	New- Cardiac Cath Lab noted as an outlier to National standards and requires 4wte RN.	HON to take Business Case to CMG Board for business planning 2021/22.
	New- Covid-19 impact on respiratory services, system impact, hospital avoidance and reduced LOS. HON reviewing establishment against activity for ART, NIV, home ventilation, pleural services and Ward 35 AGP. HON to discuss with ITAPS any opportunities.	HON to take Business Case to CMG Board for business planning 2021/22.
ITAPS	ITU-LGH- 4 annex beds not funded, removed and resolved.	
	ITU- LNR 10 extra funding and bed request, HON update CNO/ DHON	
	Theatres – All sites Restoration and recovery plan – increase RN 9.4wteHCA 16.8 wte	HON taken Business Case to CMG Board for business planning
	ITU- all sites Don and Doff Role was funded temporarily 2020	
	New- CNO informed of service reviews and	HON to ensure QIA's, risk register and

	establishment impact for ITU, ECMO, Theatres, TAPS, DART (discuss with RRCV), Out of Hours. Feedback at next establishment review.	Business Cases to CMG Board for business planning 2021/22.
Children	Ward 10 – winter pressure to open all beds funded 2020	
	Ward 19- winter pressures to open all beds funded 2020	
	Ward 12 – winter pressure to open all beds funded 2020 -service change increase HDU Nurse to child ratio incrementally to 12 beds	HON taken CMG Board , QIA for funding in the business planning round awaiting outcome
	Ward 27- increase establishment to meet Nurse to Child ratio - CNO requested HON to benchmark, external review	
	Ward 14- increase establishment to meet Nurse to Child ratio- CNO requested HON to benchmark, external review	
	24 hour bleep holder to support all children's services- postponed plan- resolved	
	Diana district nursing predicted reduced service- no risk	
Women	Maternity review, CNO requested HON to obtain quote for an external review to guide UHL, complete service review in line with Better birth and Birth rate Plus. HON to feedback to CNO	If funding required ,QIA AND Risk Register, to be taken through CMG Board for business planning
	Neonatal unit – LRI increase in establishment to meet BAPM standards , workforce plan in progress following service review to BAPM standards- ongoing	
CSI	*New*- Service and establishment review by HON recognising new PHE guidance in regard of OPA and face to face appointments.	HON to take through CMG Board , QIA for the business planning round

Performance Update – Elective and Diagnostics

Author: Darryl Davison, Head of Performance Sponsor: Debra Mitchell, Acting Chief Operating Officer

Paper D

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	
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	X
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		
Trust Board Committee		
Trust Board		

Executive Summary

Context

The UHL Performance briefing provides updates on assurances and actions taken in relation to the following areas.

- Elective Inpatient and Day case Surgery
- Theatre Utilisation
- Outpatients
- Diagnostics
- Cancer

The report focuses on the impact on our performance, progress on the last month, and key actions and programs of work taking place.

Questions

1. Does PPPC support the actions the Trust is taking to track and improve performance?

Conclusion

In May 2021 the amount of COVID-19 patients within UHL has continued to reduce and allowed the organisation to increase elective capacity further. The third phase of the theatre recovery program has now been enacted. This means activity has now returned to 78% of May 2019 levels and has over achieved on the 2021/22 activity plan by 6%. The focus remains on improving the Cancer and Urgent (P 1 & 2's) patients. Overall our P2's have decreased by 428 (52 behind trajectory) since 31st March 2021, clinical validation of urgent elective surgery continues across the organisation.

Overall our waiting list numbers have continued to grow within May to 94605 of which 12027 are 52+ week breaches. We have though seen a reduction for 52+ weeks (315), this has been achieved through the increase in theatre capacity and the continued utilisation of the independent sector. UHL continues to build on the strong relationships in place with our surrounding Independent Sector hospitals. In, June plans for H2 will start to be developed to assist recovery of UHL waiting lists.

Outpatients have made further progress in restoring service with a delivery of 106% against the 2021/22 activity plan and 92% against May 2019 Levels. Further transformation programs are in place to improve utilisation.

Input Sought

The recommendation is that the Committee:

- Acknowledge the continued challenges during COVID-19 2nd wave in the delivery of key targets.
- The significant impact on our performance and services.
- The mechanisms to monitor and track performance.
- The progress in recovery through innovation and support from the wider system.

For reference

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

1. Quality priorities

Safe, surgery and procedures	[Yes ~~/No /Not applicable~~]
Safely and timely discharge	[Yes /~~No /Not applicable~~]
Improved Cancer pathways	[Yes /~~No /Not applicable~~]
Streamlined emergency care	~~[Yes /No~~ /Not applicable]
Better care pathways	[Yes ~~/No /Not applicable~~]
Ward accreditation	~~[Yes /No /~~Not applicable]

2. Supporting priorities:

People strategy implementation	[~~Yes /No /~~Not applicable]
Estate investment and reconfiguration	[~~Yes /No /~~Not applicable]
e-Hospital	[~~Yes /No~~ /Not applicable]
More embedded research	[~~Yes /No~~ /Not applicable]
Better corporate services	[~~Yes /No~~ /Not applicable]
Quality strategy development	[~~Yes /No~~ /Not applicable]

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

- What was the outcome of your Equality Impact Assessment (EIA)?

  Not applicable
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required

  Not applicable
- How did the outcome of the EIA influence your Patient and Public Involvement?

  Not applicable
- 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:
Strategic: Does this link to a ***Principal Risk*** on the BAF?	x	Failure to deliver key performance targets
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register		
New Risk identified in paper: What ***type*** and ***description***?		
None		

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

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

Performance Update for Elective Care and Diagnostics

1. Purpose of the Paper

This briefing paper gives an update to the People, Process and Performance Committee on current performance related to waiting list management, elective activity, diagnostics and cancer pathways to support patients receiving essential treatment and care during Restoration and Recovery from the COVID-19 2nd wave.

2. Elective Recovery

Waiting list numbers have continued to grow within May to 94605 of which 12027 are 52+ week breaches. We have seen a reduction for 52+ weeks (315), this has been achieved through the increase in theatre capacity and the continued utilisation of the Independent Sector.

Key Points:

- There has been a significant increase of elective admissions with the focus of the organisation on treating P2's and Cancers.
- We have seen a reduction of 634 52 + week breaches through utilising the Independent Sector and theatre utilisation.
- Overall our P2's have decreased by 428 (52 behind trajectory) since 31st March, clinical validation of urgent elective surgery continues across the organisation.
- We are continuing to identify Urgent Elective Surgery patients who can be treated in the Independent Sector.
- Plans agreed to start utilising Ramsey Health Group for orthopaedic patients.

2.1 Elective Activity

The following table shows an increase in elective activity against April's positions. This aligns with the third phase of the theatre recovery plan and demonstrates that we are above plan by 6%.

		May 21 Actual as a % of May 21 Plan								
Activity Type	**Actual Management**	**Alliance**	**CHUGGS**	**CSI**	**ESM**	**ITAPS**	**MSS**	**RRCV**	**W&C**	**Grand Total**
IP	Day Case	105%	105%	149%	110%	149%	87%	127%	94%	104%
	Inpatient	n/a	123%	133%	582%	100%	103%	160%	100%	118%
IP Total		**105%**	**106%**	**149%**	**112%**	**144%**	**92%**	**140%**	**96%**	**106%**

Overall we are delivering 78% of May 19 actuals for elective care.

		May 21 Actual as a % of May 19 Actual								
Activity Type	**Actual Management**	**Alliance**	**CHUGGS**	**CSI**	**ESM**	**ITAPS**	**MSS**	**RRCV**	**W&C**	**Total**
IP	Day Case	76%	84%	98%	84%	66%	62%	65%	68%	78%
	Inpatient	n/a	85%	n/a	200%	86%	77%	85%	80%	82%
IP Total		**76%**	**84%**	**99%**	**85%**	**67%**	**66%**	**73%**	**72%**	**78%**

2.2 Clinical Priority Recovery

The focus on Cancer and Urgent P 1 & 2's) patents is being maintained. Overall our P2's have decreased by 428 (52 behind trajectory) since 31st March, clinical validation of urgent elective surgery continues across the organisation.

The table below outlines the specific timelines by specialty that have seen the biggest increase in P2's across the last year and the progress against them.

Trajectory - Urgent Recovery - P2 (Feb 20)

	Target	03-May	10-May	17-May	24-May	31-May	07-Jun	14-Jun	21-Jun	28-Jun	05-Jul	12-Jul	19-Jul	26-Jul	02-Aug	09-Aug
CHUGGS																
GS	182	350	359	402	370	361	287	266	245	224	203	182				
Urology	713	1106	1107	1043	982	996	956	929	902	875	848	821	794	767	740	713
MSS																
Opthalmology	112		54													
Orthopeadic	62	143	151	125	74	71	62									
RRCV																
Cardiac	67			111	116	104	103	94	85	76	67					
Cardilogy	95	157	166	146	142	140										
W&C																
Peads Surgery	27	118	93	85	83	82	54	45	36	27						
Peads Urology	9	14	15	10												
Gynae	109	271	265	232	212	203	205	181	157	133	109					

On Tajectory Off Trajectory Trajectory

Next Steps:

- Continuous clinical validation of P2 patients.
- Identify any P2 patients who can be treated in the Independent Sector.
- Ensure all theatre capacity is fully utilised.

2.3 52+ week Recovery

At the end of May 2021 there were 12027 52+ week breaches (admitted & non-admitted) which is a reduction of 315 from April's positions and is, 95 above trajectory. There has been an increase of clock stops across both admitted and non-admitted activity.

INCOMPLETES					
	Within 18 weeks	**18+ Weeks**	**TOTAL CLOCK STOPS**	**% < 18 Weeks**	**52+ weeks**
UHL	*44661*	*41671*	*86332*	*51.73%*	*11526*
Genetics data	*619*	*25*	*644*	*96.12%*	*0*
UHL Incl Genetics	45280	41696	86976	52.06%	11526
ALLIANCE	4061	3568	7629	53.23%	501
COMBINED	**49341**	**45264**	**94605**	**52.15%**	**12027**

ADMITTED CLOCK STOPS					
	Within 18 weeks	**18+ Weeks**	**TOTAL CLOCK STOPS**	**% < 18 Weeks**	**52+ weeks**
UHL	1813	1061	2874	63.08%	429
ALLIANCE	253	79	332	76.20%	13
COMBINED	**2066**	**1140**	**3206**	**64.44%**	**442**

NON-ADMITTED CLOCK STOPS					
	Within 18 weeks	**18+ Weeks**	**TOTAL CLOCK STOPS**	**% < 18 Weeks**	**52+ weeks**
UHL	*8580*	*3808*	*12388*	*69.26%*	*964*
Genetics data	*128*	*29*	*157*	*81.53%*	*1*
UHL Incl Genetics	8708	3837	12545	69.41%	965
ALLIANCE	508	446	954	53.25%	65
COMBINED	**9216**	**4283**	**13499**	**68.27%**	**1030**

There are a number of potential risks in delivering activity as outlined below:

- Further waves of COVID -19
- Staffing levels to be able to deliver 100% theatre sessions
- Winter pressures (utilisation of elective wards to support emergency flow)
- Funding for Independent Sector for H2
- Growth within urgent and cancer demand
- Premium pay changes
- H2 planning guidance
- Achievement of Elective Recovery Fund

2.3.1 Next steps

- Development of 104+ trajectories
- Commence planning for H2 independent sector
- Transfer of Orthopaedic patients to Ramsey Group (IS)
- Maintain level of IPT patients to independent sector Providers
- Focus on P2 recovery Trajectories, recover the position in General Surgery and Paediatrics.

Trajectories will be managed through the Weekly Access Meeting and reported into the monthly Planned Care Committee.

2.4 Outpatients

The early cut position for outpatients show we have made further progress in restoring Outpatient's service which will be essential in reducing the growth with the non-admitted waiting list. It shows we are now delivering 106% against the 21/22 activity plan and 92% against May 2019 Levels.

		May 21 Actual as a % of May 21 Plan								
Activity Type	**Actual Management**	**Alliance**	**CHUGGS**	**CSI**	**ESM**	**ITAPS**	**MSS**	**RRCV**	**W&C**	**Grand Total**
OP	Outpatients (F2F & NF2F)	131%	107%	122%	107%	90%	94%	125%	112%	108%
	Outpatient Procedures	204%	134%	120%	53%	48%	90%	245%	127%	97%
	Admission Unit Attendances	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
OP Total		**141%**	**108%**	**121%**	**101%**	**85%**	**93%**	**125%**	**113%**	**106%**

		May 21 Actual as a % of May 19 Actual								
Activity Type	**Actual Management**	**Alliance**	**CHUGGS**	**CSI**	**ESM**	**ITAPS**	**MSS**	**RRCV**	**W&C**	**Total**
OP	Outpatients (F2F & NF2F)	96%	98%	721%	102%	70%	85%	107%	94%	95%
	Outpatient Procedures	108%	108%	92%	45%	84%	81%	28%	97%	81%
	Admission Unit Attendances	n/a	n/a	n/a	0%	n/a	n/a	n/a	n/a	0%
OP Total		**98%**	**98%**	**269%**	**89%**	**71%**	**84%**	**106%**	**94%**	**92%**

We have achieved a number of key actions in May as outlined below:

- Formal merger of CCG and UHL transformation teams
- Formal recruitment of Outpatient Clinical Lead
- Development of action plans for Utilisation improvement schemes within CMGs
- Identification of services to be included within wave 1 for PIFU implementation

2.4.1 Next Step for Outpatients

- Development of workshops for the creation of a full system Outpatients model
- Finalisation of a proposal on centralising of Outpatient services
- Roll out of PIFU within Respiratory
- Finalisation of Video Conferencing review within UHL
- Roll out of additional Video Conferencing equipment
- Reviewing potential opportunities using RPA (Robotic Process Automation**)**
- Finalisation of 2021/22 plans

3 Diagnostics

The May 2021 performance reported in the DM01 (measures the current waiting times of patients still waiting for 15 key diagnostic tests or procedures) is 37.9%. Which is a slight reduction compared to April.

The overall DM01 diagnostic waiting times are expected to be recovered by March 2022 (see Appendix A). The detail of recovery times by test are shown below along with actions taken to recover the waiting times.

Modality	**Actions**
Magnetic Resonance Imaging - 6+ week recovery to be achieved by March 2022	• 2 vans in place with plan to extend for the rest of the 2021/22. • Retained 2 days support from Nuffield. • Exploring potential changes to social distancing to increase capacity.
Computed Tomography - Revised 6+ week recovery to be achieved by March 2022	• Procurement plans for vans now complete – awaiting Trust approval. • Additional van has been provided by NHSI/E with a June start date.

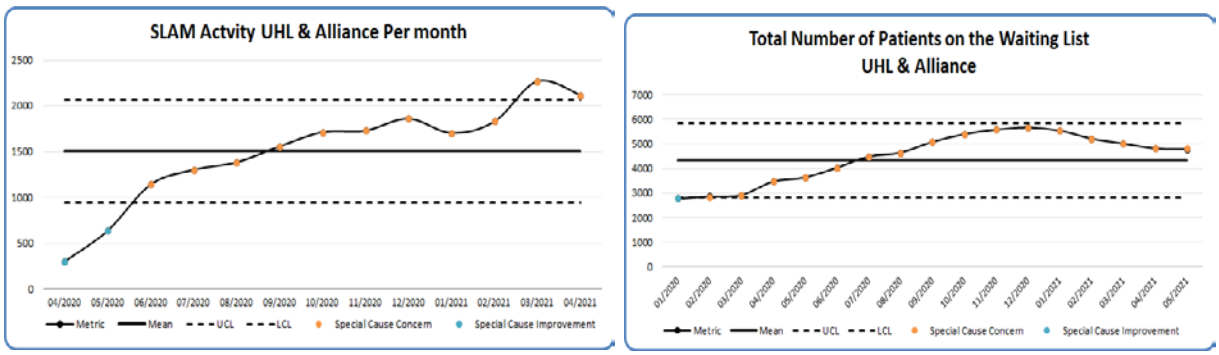
Non-obstetric ultrasound - Revised 6+ week recovery to be achieved by September 2021	• Additional agency staff appointed, however, high turnover of staff is hampering progress.
DEXA Scan - Revised 6+ week recovery to be achieved by September 2021	• Service has been transferred to LGH and clinics are up and running. • Setting up new service at National Centre for Sports and Exercise Medicine at Loughborough.
Audiology Balance - 6+ week recovery to be achieved by March 2022	• Service resumed February 2021 • Increased capacity and investment in equipment allowing 2 clinics to run in parallel. • Increased capacity due to expansion of clinic and WLI's. • Vacancy to be appointed to.
Audiological Testing - 6+ week recovery to be achieved by August 2021	• Service resumed March 2021. • Increase capacity utilising all LLR capacity and WLI's. • Source extra venue at Burbage Health Centre. Still in progress. • Vacancy to be appointed to.
Cardiology – echocardiography - 6+ week recovery to be achieved by September 2022	• PCL contract has been renewed until end of June 21 (outsourcing between 100 and 125 patients a week). • Plan to extend the PCL contract beyond June 21. • Looking at all options to outsource. • IP requested to review current working processes to identify any opportunities to increase capacity. Action plan to be implemented post review. • ECHO capacity extent with the PCL for another 3 months and increased capacity to 200 per week
Neurophysiology - peripheral neurophysiology - 6+ week recovery achieved	• Continued service provision throughout the COVID-19 pandemic has ensured no increase in wait times for clinical investigations. • Paediatric Video-telemetry is now operational
Adult Respiratory physiology - sleep studies - 6+ week recovery achieved	• Continued service provision throughout the COVID-19 pandemic has ensured no increase in wait times for clinical investigations.
Urodynamics - pressures & flows - 6+ week recovery achieved	• New consultant appointed will review this group of patients putting patient level management plans in place.
Adult Gastroenterology - 6+ week recovery to be achieved by December 2021	• Vanguard has been extended with a contract for 12 months with a clause for early release after 9 months or a further extension if required. • Ventilation work for both the LRI and LGH have been completed, GGH is due to be completed in May 2021.

Cystoscopy - 6+ week recovery to be achieved by December 2021	• Following agreement at the CMG Performance Review Meeting the service is changing the use of Bay 2 on Ward 29 at the LGH to be an extended waiting room for Cystoscopy patients. This will increase capacity by up to 24 patients a week.
Paediatric Respiratory physiology - sleep studies - Revised 6+ week recovery to be achieved by June 2021	• The purchase of a 3rd sleep diagnostic device will allow the service to have a greater flexibility to conduct investigations • Review of staff resources is being under take to assess if more diagnostic sleep studies can be carried out each week.
Paediatric Gastroenterology - 6+ week recovery to be achieved by April 2021	N/A - Achieved target

3.1 Endoscopy

The estates work has now been completed and an extension of the vanguard has been agreed which will support the recovery of the endoscopy waiting list. The endoscopy transformation work stream is focusing on efficiencies to increase capacity and ensure sustainability.

Figure 17 Endoscopy Waiting List and Activity



Endoscopy has seen a significant improvement in performance with a reduction in its waiting list of 1276 since its peak in November 2020. This reduction has continued into the new financial year and since the start April it has reduced by further 164. The amount of patients waiting above 6+ weeks has reduced by 8% since March 2021.

4 Cancer

4.1 April Cancer Performance (Fig 1)

In April UHL achieved 4 standards as shown below. A prospective (non-validated) view of May is also shown; this is subject to change throughout June.

Figure 1– April Cancer Performance

Standard	Target	Apr Position	Pts treated in target	Pt treated after target	YTD performance	May Provisional As of 04.06.21 Not validated
2WW	**93%**	**89.0%**	3,199	396	**89.0%**	**90.3**
2WW Breast	**93%**	**76.7%**	125	38	**76.7%**	**93.2**
31 Day 1st Treatments	**96%**	**82.6%**	356	76	**82.6%**	**85.0**
31 Day SUB Surgery	**94%**	**53.7%**	65	56	**53.7%**	**64.5**
31 Day DRUGS	**98%**	**100%**	78	0	**100%**	**97.9**
31 Day Radiotherapy	**94%**	**95.5%**	126	6	**95.5%**	**94.1**
62 Day	**85%**	**71.1%**	166	67.5	**71.1%**	**69.0**
62 Day Screening	**90%**	**46.7%**	19	16	**46.7%**	**47.4**
28 Day FDS 2WW	**75%**	**81.5%**	3,105	704		**83.2**
28 Day FDS Breast 2WW	**75%**	**97.7%**	168	4		**97.1**
28 Day FDS Screening	**75%**	**65.3%**	160	85		**76.1**
Consultant upgrade	**No National target**	**51.7%**	55	19	**51.7%**	**78.6**

4.2 Cancer Activity – Growth

2WW referrals are significantly higher than the same time last year; with a spike in referrals in March (mainly in Breast) this will have significant impact on pathways over the following months as the conversion rate is also high (figure 3). We have also seen a drop in WLI uptake in ENT and skin in May, June and July which will have an impact on future 2WW performance.

Figure 2 – Cancer Referrals

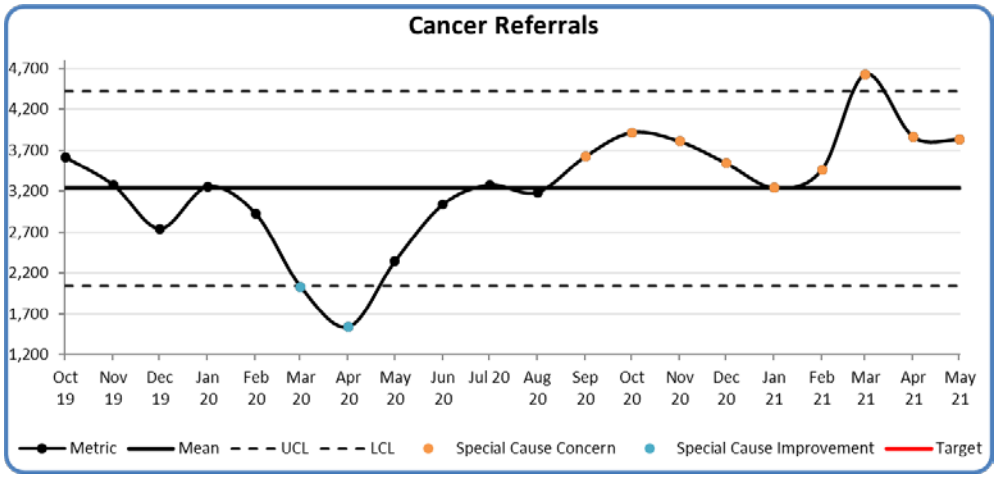
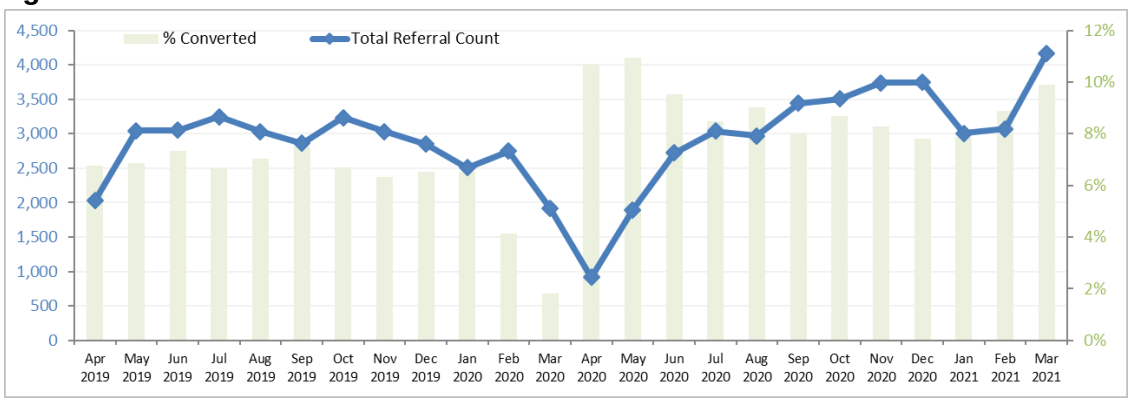


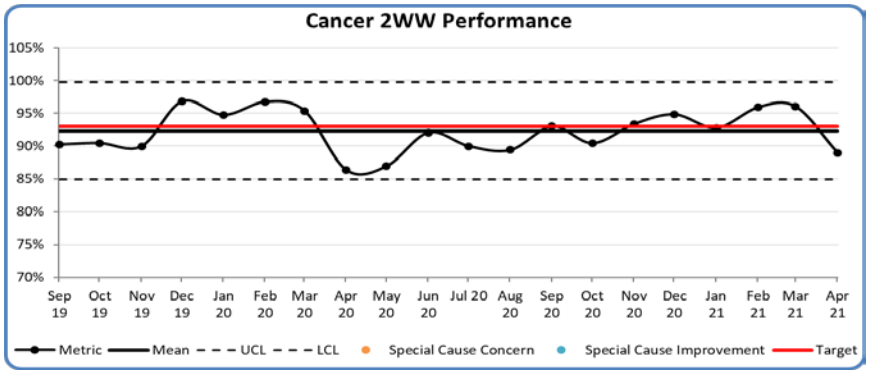
Figure 3 – Conversion from Referral to Cancer



4.3 2WW (Fig 4)

In April UHL did not achieve the target, performance was 89.0%. UHL peer ranking is 7/18 and National ranking 69/127. Performance is at risk for May June and July due to decreased capacity and high demand.

Figure 4 – UHL 2 Week Wait Performance all Tumour Sites



Due to short notice sick leave of a Max Fax Consultant we have had to close the service to 2ww referrals and to Max fax cancer surgery. The Cancer Team and the CMG have worked closely with other Regional Trusts to ensure that 2ww referrals and surgical patients are seen at Derby, Nottingham, Northampton and Coventry. We have ensured that the temporary pause of the service (approx. 4 months) will not delay patients care by:

- Matching geographical locations for patients
- Providing transport for patients that meet the transport criteria
- Communications have gone to GP's, CCG, regulators and specialised commissioning
- All patients referred by a GP must be seen face to face prior to referral
- Every patient on our current pathway has had a call explaining the situation
- A Regional meeting has taken place to ensure processes are safe and support is provided in an equitable way
- A robust tracking process for patients
- Patients will return to UHL for oncological, chemotherapy and radiotherapy services
- UHL will provide diagnostics where alternative providers are not able to provide this capacity

A spike in Dermatology referrals coinciding with a decreased uptake in WLI has resulted in patients breaching the 2ww for dermatology. There is a robust action plan managed by the CMG; some of the actions taking place are:

- Primary care support providing GPwSI clinical capacity
- Alternative providers
- An application for financial support to pump prime tele dermatology

ENT continues to struggle with the increase demand and the decrease in WLI update by the clinical team. We are currently exploring alternative provider support alongside diverting resource from general outpatients to 2ww's to help address the issue.

4.4 2WW Breast (Fig 5)

In April UHL did not achieve the target performance was 76.7%. In April our Peer and National ranking improved compared to the previous month with our peer ranking at 4/17 and National ranking 52/104. We have seen higher demand than pre COVID; combined with reduced treatments due to decreased surgical capacity and IP restrictions resulting in an increase in the number of patients waiting (Fig 6). Currently there are 340 more patients waiting, than pre-covid (173% increase).

Figure 5 – Performance 2 Week Wait Symptomatic Breast

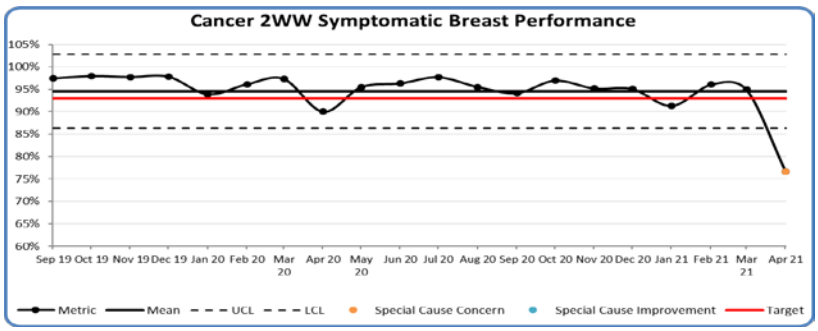
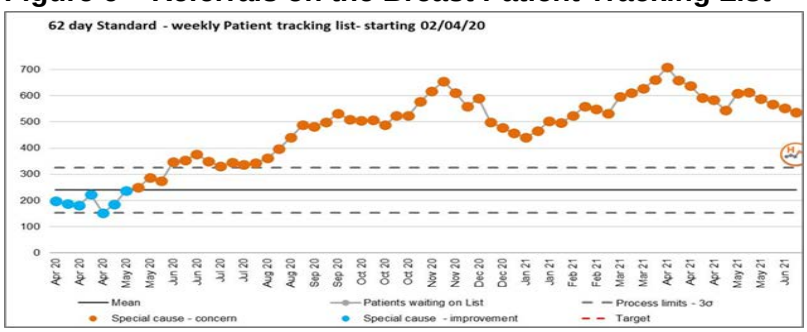


Figure 6 – Referrals on the Breast Patient Tracking List

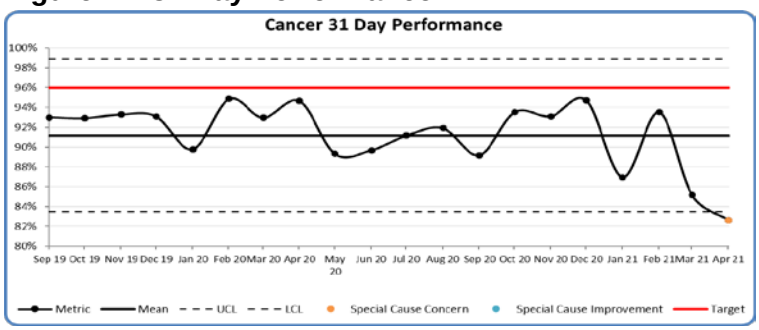


4.5 31 Day

We are seeing deterioration in performance as more patients are now being booked after breach, this is decreasing the longest waiters but we are likely to see a continued deterioration then plateau before we see an improvement.

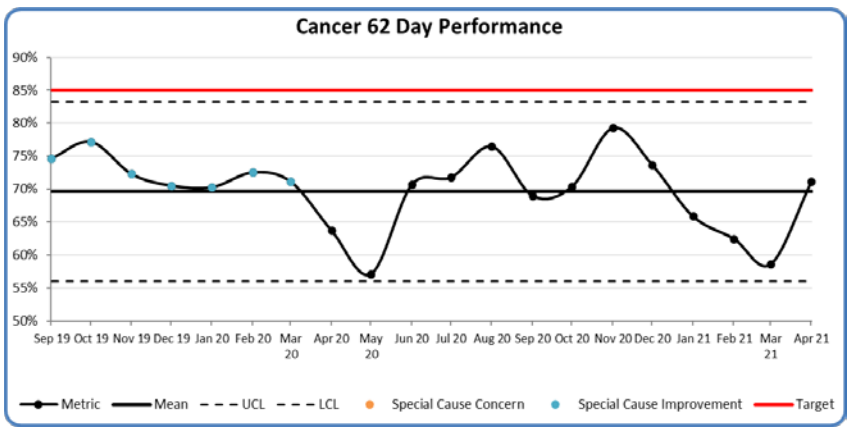
- 31 day first achieved (Fig 7) 82.6% peer ranking was 17/18 and National ranking 139/141
- 31 day drugs achieved 100% (Fig 8) peer ranking was 1(joint)/17 and National 1(joint)/126
- 31 day surgery (Fig 9) was 53.7% peer ranking is 17/18 and National ranking 133/136
- 31 day Radiotherapy (Fig 10) achieved 95.5% peer ranking is 11/14 and National ranking 42/54

Figure 7 – 31 Day Performance



4.6 62 Day Performance

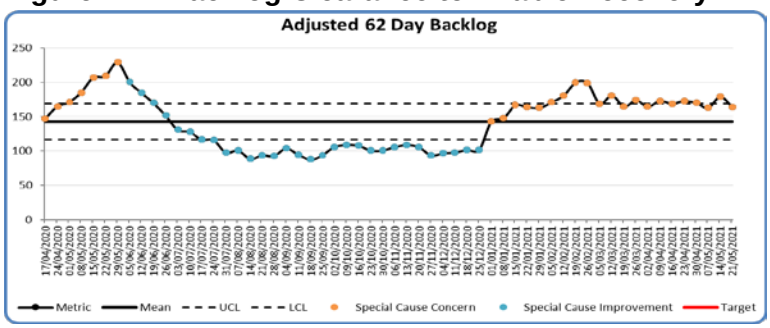
62 day performance in April was 71.1% (Fig 12). UHL peer ranking is 7/18 and National ranking 95/136. 62 day performance by major tumour sites can be seen in the appendix. 62 day screening (Fig 13) achieved 46.7% in April, UHL peer ranking is 18/18 and National ranking 107/129.



4.7 62 Day Backlog

62 day backlog has begun to stabilise following a significant increase in January and February. On a weekly basis, all 62 day breaches are reviewed by the tumour sites and analysed with the Cancer Centre, mapping out all pathway delays in accordance with Next Steps. Where a pathway is in excess of 62 days a breach map is carried out to elicit themes and situations where inefficiencies in the process have occurred once the patient has been treated.

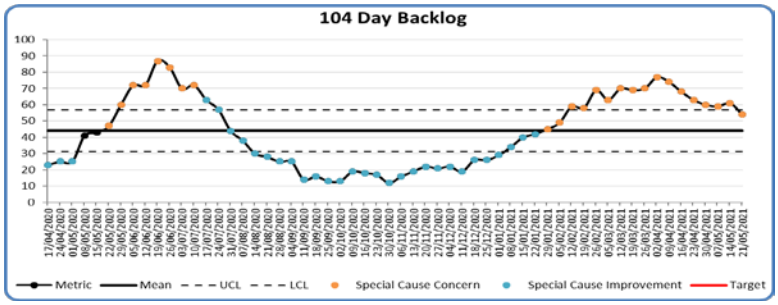
Figure 14 – Backlog Clearance to Enable Recovery



4.8 104 Days (Figure 15)

The 104 day backlog numbers have started to decrease. UHL peer ranking is 7/18 and National ranking 82/136.

Figure 15 – 104+ Days



4.9 Recovery

Figure 16 shows the proposed recovery trajectory which has been discussed with all the tumour sites. In light of the current issues in 2ww there are some alterations that need to be made but we are confident this will be finalised for next month's board.

Figure 16 – Proposed Cancer Trajectory

KPI	Scenario	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend
2 Week Wait Performance %	*Worst Case Senario (Base Forecast)*	93.0%	93.0%	91.2%	91.4%	91.1%	92.5%	91.9%	90.5%	89.6%	92.1%	93.0%	93.0%	
	Most Likely	93.0%	93.0%	92.2%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	
	2019 2020 Performance	95.7%	93.4%	91.0%	91.8%	91.4%	90.3%	90.5%	90.0%	96.8%	94.7%	96.7%	95.4%	
	2020 2021 Performance	85.0%	86.9%	92.1%	89.7%	89.2%	93.0%	90.4%	93.4%	94.8%	92.7%	95.9%	96.0%	
	Target	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	
31 Day Performance	*Worst Case Senario (Base Forecast)*	90.5%	88.5%	89.1%	88.7%	86.6%	87.9%	88.6%	89.1%	89.6%	84.6%	89.4%	86.8%	
	Most Likely	94.5%	92.5%	93.1%	94.7%	92.6%	93.9%	96.0%	96.0%	96.0%	94.6%	96.0%	96.0%	
	2019 2020 Performance	94.8%	93.7%	93.9%	92.9%	88.5%	93.0%	92.9%	93.3%	93.1%	89.8%	94.9%	93.0%	
	2020 2021 Performance	94.1%	89.5%	89.7%	91.1%	92.1%	89.2%	93.5%	93.1%	94.7%	87.2%	93.2%	85.2%	
	Target	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	96.0%	
62 Day Performance	*Worst Case Senario (Base Forecast)*	66.7%	64.5%	65.7%	67.7%	64.9%	63.6%	67.1%	65.3%	67.3%	63.5%	61.1%	61.3%	
	Most Likely	70.7%	68.5%	69.7%	73.7%	70.9%	69.6%	75.1%	73.3%	75.3%	75.5%	73.1%	73.3%	
	2019 2020 Performance	75.8%	74.8%	74.4%	76.3%	72.3%	74.6%	77.1%	72.2%	70.5%	70.6%	72.4%	71.1%	
	2020 2021 Performance	63.7%	57.1%	70.6%	71.5%	77.0%	68.9%	70.4%	79.2%	73.6%	65.8%	62.1%	58.6%	
	Target	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	
62 Day Backlog	*Worst Case Senario (Base Forecast)*	158	155	157	157	164	168	166	159	165	190	186	195	
	Most Likely	158	141	130	121	117	112	104	93	92	100	93	93	
	2019 2020 Performance	82	78	80	81	90	98	95	94	93	121	122	110	
	2020 2021 Performance	171	229	131	98	93	106	101	94	143	163	199	165	

The RAP was paused during COVID as there was not capacity for transformation on top of the changing pathways to meet the National and Society pathway requirements that needed to be implemented. We have recently restarted the RAP and are working with the CMG's on the priority actions to support the reduction in the backlog, some of these include:

- Exploring different skill mixes to undertake clinical tasks / procedures eg Template biopsies
- GPwSI to provide capacity in dermatology
- Robotic prostatectomies in Coventry
- Business case for additional clinical support in sarcoma
- A review of the breast pathway
- Increased pre op swabbing for endoscopy / upper GI
- Use of the IS in Kettering for endoscopy
- Continuation of non-face to face where clinically appropriate
- Telemedicine for dermatology
- EMCA funding to pump prime transformation initiatives

4.10 Risks

- LLR has historically been a late presenter of cancer which has resulted in poorer outcomes, it is likely that this will be further impacted as a result of the pandemic
- We are seeing increased number of 2ww referrals in breast and skin
- Backlogs are still growing and the theatre capacity is a return to pre COVID levels which will make recovery challenging
- Max fax has a consultant who has taken planned leave which has resulted in a closure of the service to 2ww referrals

Next Steps:

- Continue prioritisation and ensuring internal delays are minimised
- Ensuring all available capacity is utilised
- CMG ownership and delivery of the trajectory
- Progress tumour site actions that have been prioritised by the CMG's

5 Conclusion

In May 2021 the amount of COVID-19 patients within UHL has continued to reduce and allowed the organisation to increase elective capacity further. The third phase of the theatre recovery program has now been enacted. This means activity has now returned to 78% of May 2019 levels and has over achieved on the 21/22 activity plan by 6%. The focus has still been on improving the Cancer and Urgent P 1 & 2's) patents. Overall our P2's have decreased by 428 (52 behind trajectory) since 31st March, clinical validation of urgent elective surgery continues across the organisation.

Waiting list numbers have continued to grow in May to 94605. There are now currently 12027 52+ week breaches. We have seen a reduction for 52+ weeks (315), this has been achieved through the increase in theatre capacity and the continued utilisation of the Independent Sector. UHL continues to build on the strong relationships we have with our surrounding Independent Sector hospitals, within June plans for H2 will start to be developed to assist recovery of UHL waiting lists.

Outpatients have made further progress in restoring outpatient's service. We are now delivering 106% against the 21/22 activity plan and 92% against May 2019 Levels. Further transformation programs are in place to improve utilisation.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST
PEOPLE, PROCESS AND PERFORMANCE COMMITTEE
24/06/2021

Performance Briefing for Urgent and Emergency Care

Authors: Fiona Lennon, Deputy COO, John Roberts, Assistant Director of Information, Victoria Demery, Senior Improvement Lead and Ellen Osborne, Strategy and Partnerships Manager Sponsor: Debra Mitchell, Acting Chief Operating Officer

Paper E

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	
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	X
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	Tuesday 22 June	Executive Finance and Performance Board
Trust Board Committee		
Trust Board		

Executive Summary

Context

The UHL Performance briefing provides updates on assurances and actions taken in relation to the following areas:

- Urgent and Emergency Care

The report focuses on the impact on our performance, progress on the last month, and key actions and programs of work taking place.

Questions

1. Does PPPC support the actions the Trust is taking to track and improve performance?

Conclusion

Emergency Department attendances during May 2021 are now back to the same levels as at May 2019, which is the first time the numbers are at a pre COVID-19 level. In the first week of June attendances were over 300 (7%) higher than the same week in 2019.

The UHL (Type 1 and 2) performance for May was at 67.5% and the provisional performance for UHL + LLR at 76.1%. Weekly national ranking ranged between 96 and 109.

There are a wide range of schemes developed to assist in reducing attendance, improving inflow and improved discharge coordination.

Input Sought

The recommendation is that the Committee:

- Acknowledges the continued challenges of COVID-19 in the delivery of key targets including the significant impact on our performance and services.
- The mechanisms to monitor and track performance.
- The progress in recovery through innovation and support from the wider system.

For reference

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

1. Quality priorities

Safe, surgery and procedures	[~~Yes /No /~~Not applicable]
Improved Cancer pathways	[~~Yes /No /~~Not applicable]
Streamlined emergency care	[Yes /~~No /Not applicable~~]
Better care pathways	[Yes ~~/No /Not applicable~~]
Ward accreditation	~~[Yes /No~~ /Not applicable]

2. Supporting priorities:

People strategy implementation	[Yes /~~No /~~Not applicable]
Estate investment and reconfiguration	[~~Yes /No /~~Not applicable]
e-Hospital	[Yes /~~No /Not applicable~~]
Embedded research, training and education	[~~Yes /No~~ /Not applicable]
Embed innovation in recovery and renewal	[Yes /No /Not applicable]
Sustainable finances	[Yes /No /Not applicable]

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

- What was the outcome of your Equality Impact Assessment (EIA)?
  Not applicable

- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required

  Not applicable
- How did the outcome of the EIA influence your Patient and Public Involvement?

  Not applicable
- 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:**
Strategic: Does this link to a ***Principal Risk*** on the BAF?	x	Failure to deliver key performance targets
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register	x	
New Risk identified in paper: What ***type*** and ***description***?		
None		

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

6. Executive Summaries should not exceed **7 sides** My paper does not comply 6 pages

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

TO	**People, Process and Performance Committee**
FROM	**Fiona Lennon, Deputy Chief Operating Officer**
DATE:	**24 June 2021**
RE:	**Performance Briefing for Urgent and Emergency Care**

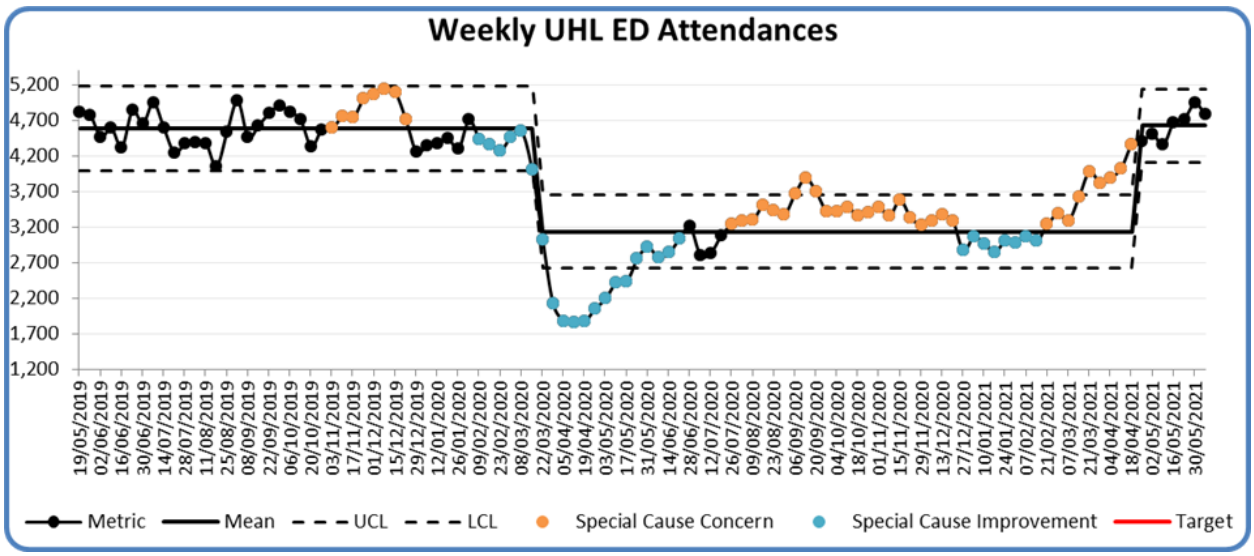
1. Purpose of the Paper

Ensuring the patients of University Hospitals Of Leicester (UHL), who require urgent and non-planned care are seen and treated in the right place, at the right location and only remain in an acute hospital bed for as long as medically required, is a key focus for both operational /corporate transformation leads across the organisation. This briefing paper gives an update to the People, Process and Performance Committee on current performance relating to Urgent and Emergency Care (UTC).

2.0 Urgent and Emergency Care

2.1 ED Performance

Emergency Department attendances during May 2021 are now back to the same levels as May 2019 which is the first time the numbers are at a pre COVID-19 level. In the first week of June attendances were over 300 (7%) higher than the same week in 2019.

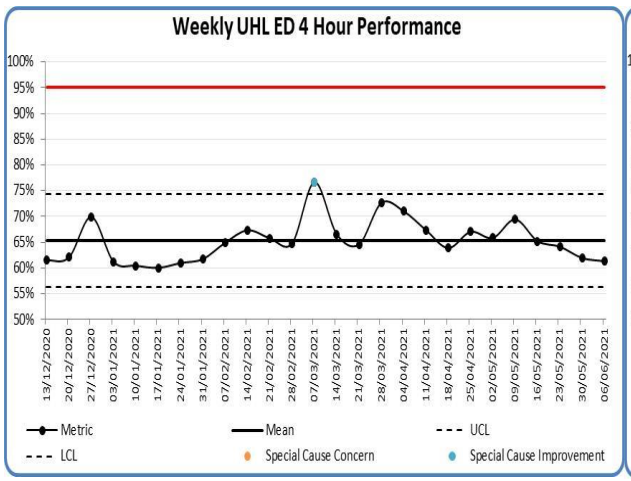


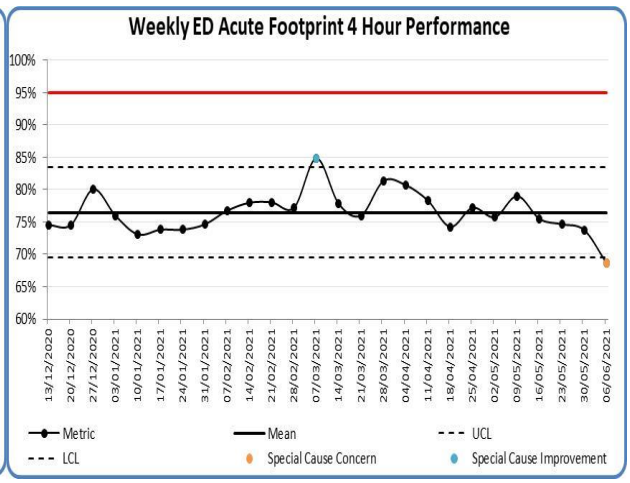
Three of the top 10 busiest days in ED occurred during this period: Monday 17th May, Monday 24th May and Monday 7th June. All of the top 20 busiest days in the department occurred on a Monday.

The table below shows the number of attendances attending at ED by the hour of arrival on those dates. On each of these days there are in excess of 50 arrivals an hour multiple times through the day. Occupancy in the department peaked between at 226 patients on the 7th June.

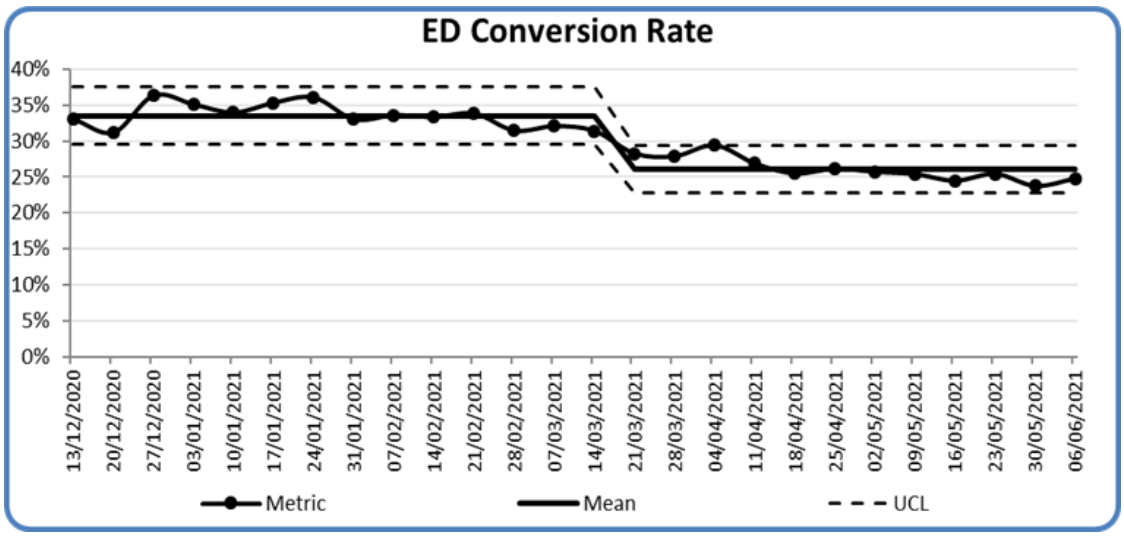
Date/Time	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
17/05/2021	13	14	12	7	15	12	5	18	17	36	38	47	76	38	45	40	56	68	52	61	37	36	23	21	787
24/05/2021	14	17	11	9	5	15	8	9	12	53	60	49	51	46	43	55	55	61	45	48	37	33	26	29	791
07/06/2021	15	19	10	9	7	18	10	6	20	47	44	57	51	54	47	57	45	66	56	48	43	28	21	23	801

The UHL (Type 1 and 2) performance for May was at 67.5% and the provisional performance for UHL + LLR at 76.1%. Weekly national ranking ranged between 96 and 109.





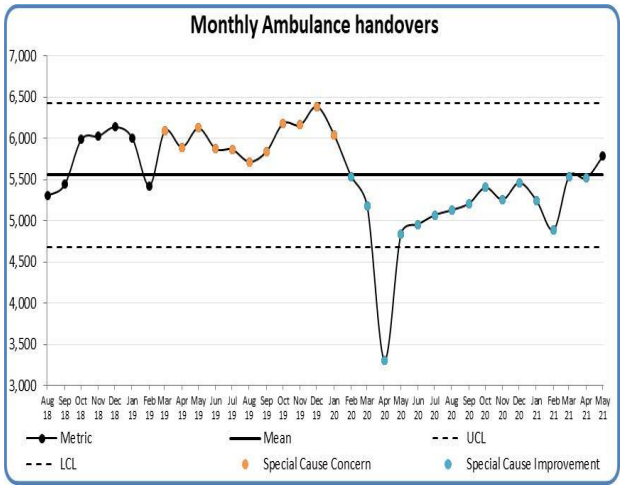
Even though there has been an increase in attendance the emergency admissions have remained static and are still lower than the same period in 2019, which has led to the conversion rate reducing as below:

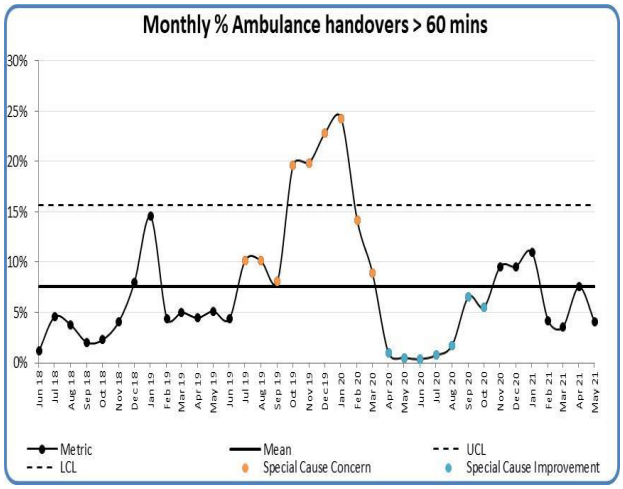


2.2 Ambulance Performance

During May the daily number of ambulance handovers ranged between 148 and 201.

Ambulance handovers are currently at 94% of May 2019 numbers, with ambulance handovers greater than 60 minutes at 4.4%.

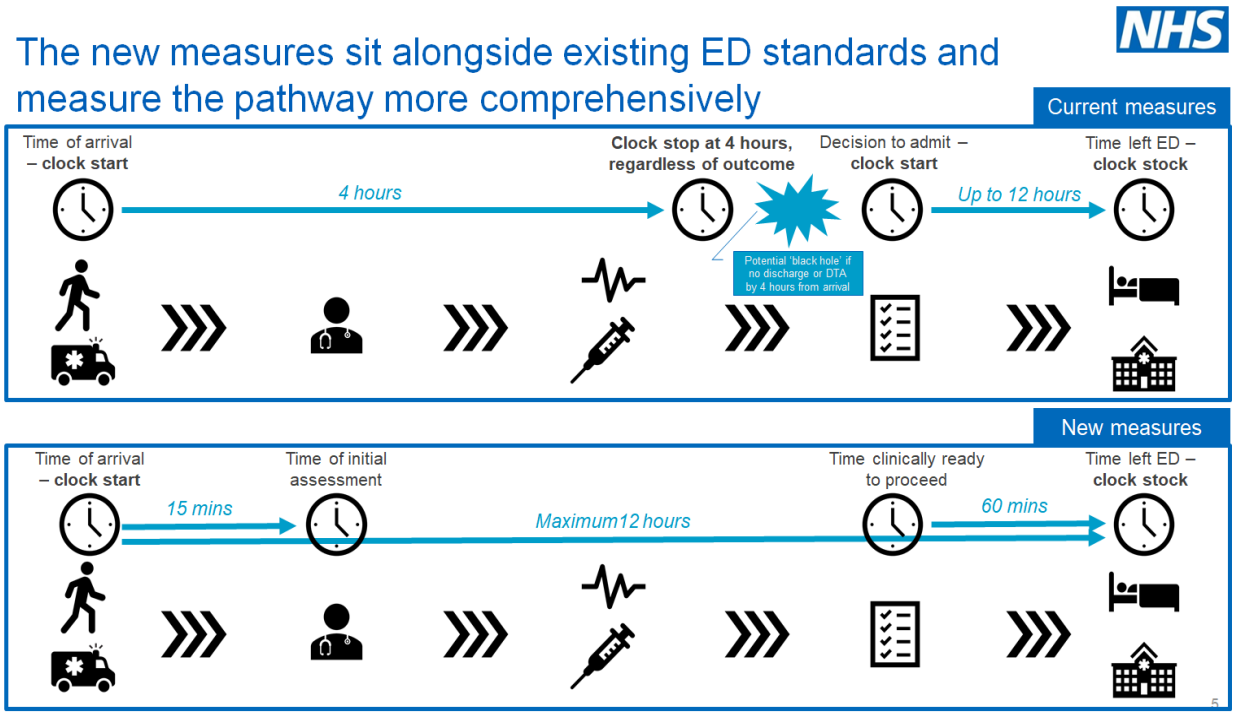




3.0 Implementing the New UEC measures

The 21/22 priorities and operational planning guidance asks systems to roll out new data collections. The guidance states: 'To assess the level of pressure within urgent and emergency care systems and monitor their recovery, systems are asked during Q1 to roll out the Emergency Care Data Set (ECDS) to all services and implement the collection of those measures that are not already in place, including:

The time to initial assessment for all patients presenting to ED	• Measures the efficiency of streaming and triage of patients • Provides assurance that patients' needs are quickly assessed so they are treated in the right place, at the right time
The proportion of patients spending more than 12 hours in ED from time of arrival	• There is no valid reason a patient should spend more than 12 hours in an ED • Any incidence of patients spending this length of time in ED is suggestive of wider system problems as patients are unable to be transferred to services more appropriate for their needs
The proportion of patients spending more than one hour in ED after they have been declared Clinically Ready to Proceed	• Measures the efficiency and flow out of the ED • Ensures patients receive timely onward care and aims to reduce crowding in departments



Changes have been implemented on NerveCentre to ensure we can record the information and submit via the Emergency Care Data Set (ECDS) where the new measures will be reported from. Daily reports have been setup and validation is taking place to ensure we are capturing the data accurately.

4.0 Inflow and Admission Avoidance

The next steps continue to be taken through a program of major works for inflow and admissions.

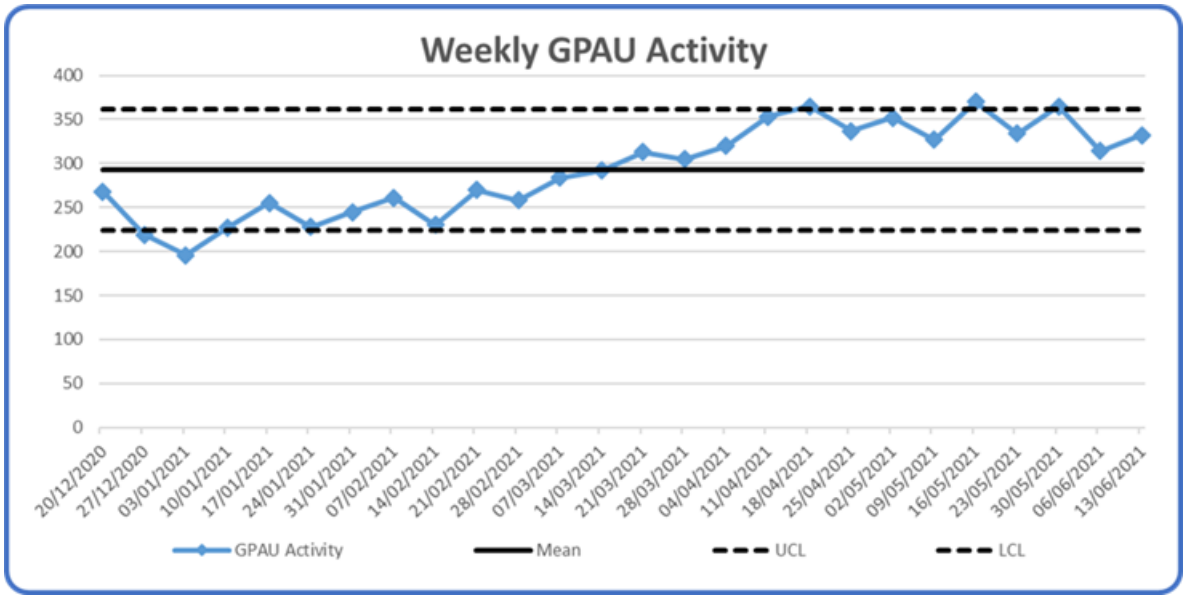
4.1 Same Day Emergency Care (SDEC) - allows for direct streaming from GP's via bed bureau, EMAS and the ED

Glenfield SDEC is currently streaming Cardio Respiratory patients who attend the Clinical Decisions Unit (CDU). Current capacity is for 10 patients at any one time due to COVID-19 restrictions that are in place and it currently utilises historic staff from the CDU to operate. Initial discussions are planned for June with regards to the unit receiving direct inpatient admissions from the ED. The expansion of the unit to be able to operate 7 days / week for 12 hours per day is business case dependant.

Table 1 – shows the performance activity throughout May 2021 through the Glenfield SDEC

Weekly Performance	2 May	9 May	16 May	23 May	30 May
SDEC patients seen	80	63	82	69	78
SDEC patients % seen but admitted	10%	19%	7.3%	8.7%	6.4%

Gynaecology Assessment Unit SDEC - Flow diagrams have now been sent out to EMAS for them to stream direct to the unit.



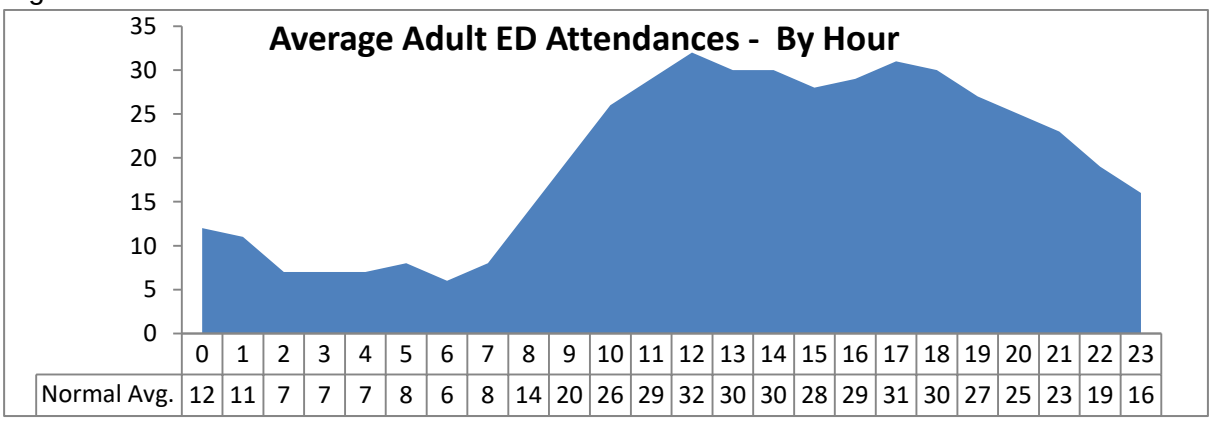
The above table demonstrates an increase in medicine SDEC due to creating a focus working group, using improvement methodology, good leadership from the consultant lead, working closely with ED staff and improved pathways.

4.2 ED Ambulatory Stream

At some hours of the day, walk-in patients at the front door can reach in excess of 45 patients. Alongside the ambulance activity, this impacts on the overall department and therefore directly impacts adversely on ambulance handovers. When the department is crowded, there is no space to review sick patients who walk-in leading to potential patient safety risks.

Figure 1 displays the average adult ED attendance across the 24 hour period. This demonstrates how inflow builds over the course of the morning and remains high well into the evening.

Figure 1



	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Normal Avg.	12	11	7	7	7	8	6	8	14	20	26	29	32	30	30	28	29	31	30	27	25	23	19	16

There has been some focused work on the ambulatory stream at the front door to manage the high inflow of patients requiring primary care and alternative specialist pathways. A new process has been introduced whereby ED ambulatory patients are triaged within 15 minutes of

their arrival by a nurse, Advanced Clinical Practitioner (ACP) or a stat clinician. This is working well and the department has seen a 10% rise in patients being assessed within those first 15 minutes, this enables patients to be streamed to the most appropriate area in a safe and timely manner, and reduces overcrowding within the department.

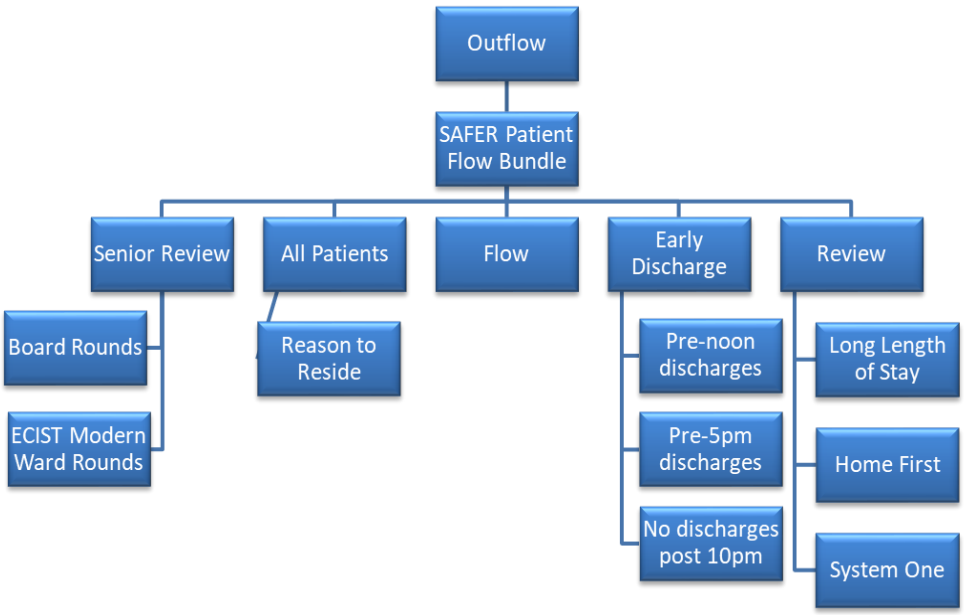
Initial discussions have taken place to introduce a new co-located primary care stream at the LRI and a working group has been set up with UHL and our system partners to develop the proposal with a view to implementing phase one of the stream (adults only) in July / August 2021 and will include a series of Plan Do Study Act (PDSA) cycles for improvement, and phase two (which will include Paediatrics) in September as part of the Winter Plan.

4.3 Actions for June include the following

- Continued work with wider system to improve access to alternative pathways.
- Neonatal Jaundice – this is a 7 day service rapid access clinic. A business case is being developed to recruit Advanced Neonatal Practitioners.
- Construction work starts in June on upgrading the GPAU environment and creating an additional five multi-purpose treatment bays. This work is alongside the work already completed to create eight further consultation rooms.
- Summary proposal for the development of a pop up primary care stream. Once agreement has been sought, continue with plans / implementation with an aim to open in July 2021.
- PDSA cycles with radiology to improve timely diagnostics in ward areas for non-elective patients on the day of admission.
- Complete business case for a clinician in the super bed bureau.
- Embed EMAS direct access to ‘fit to sit’.

5.0 Improved Discharge Coordination.

The outflow work stream of the Urgent and Emergency Care programme uses the NHSI Rapid Improvement Framework to guide quality improvement across our ward areas. The ‘SAFER’ bundle blends five elements of best practice and builds upon the established work of the ‘Red and Green Days’ approach that is already embedded at UHL. When followed consistently, length of stay reduces and patient flow and safety improves. The below diagram outlines the current outflow priority projects that are underway to deliver the SAFER bundle in partnership with the CMGs.



5.1 SAFER projects

Board Rounds

Launched at the beginning of June, 4 wards across ESM are now trialling the new Board Round framework supported by the revised and relaunched standard operating procedure. A lead clinician is engaging with teams to embed its use in practice with weekly audits in each trial ward to monitor improvements in Estimated Date of Discharge (EDD) 'Reasons to Reside' and reasons for delayed discharge.

Ward Rounds

The NHSE/I Modern Ward Rounds Collaborative, is supporting 15 NHS organisations to deliver the Royal College of Physicians and the Royal College of Nursing *Modern ward rounds: Good practice for multidisciplinary inpatient review* (RCP, 2021). CDU and the Renal Ward are the two pilot wards undertaking this collaborative at UHL and are both clinically led with the support of the CMG Management Team. Through a practical Quality Improvement approach, the MDTs will be supported to complete rapid cycles of change to identify and test improvements in their ward round processes with the ambition of cascading this learning across all specialties in time.

Home First Referral process

The Nerve centre 'Home first' referral form that provides an electronic patient referral route into the LLR Discharge Coordination Hub is currently under revision. A project is being clinically led to work with health and social care partners to refine the form in order that relevant clinical information is provided to prevent follow up ward phone conversions. This form is currently be piloted on an LPT ward with pilots planned for UHL over July.

System Wide Tracking Process

In order to ensure that the LLR system is able to provide robust data on out of hospital discharge pathways at the end of May the 'SystmOne LLR Discharge Hub module' was launched as the key patient tracking and live flow work stream programme for progressing a patient's discharge pathway for all partner organisations. It is anticipated that this will further streamline and reduce discharge delays with system working. Due to having one shared communication tool and that discharge outcomes are uploaded onto the system in real time as opposed to waiting for a twice daily update.

Long Length of Stay Reduction

The Long Length of Stay patient work stream continues with its focus in speciality medicine. Organisational development work is currently being planned to be undertaken to strengthen the family centred care approach to patient discharge planning and to reduce 'over' investigation of patients.

From June 2021 nationally there are now new LLOs aspirations for patients over day 7 and 21. The tables below demonstrate that UHL are mainly achieving these.

Long Stay Patients 7+ Days			Target <40%		
Date	Long stay 7+ days	G&A Bed Occupancy	% Long Stay 7+ Days	Target number to achieve 40%	Variance between Target and Actual
05/05/2021	551	1330	**41.40%**	532	-19
12/05/2021	517	1336	**38.70%**	535	18
19/05/2021	518	1311	**39.50%**	525	7
26/05/2021	516	1352	**38.20%**	541	25
02/06/2021	540	1375	**39.30%**	550	10

Long Stay Patients 21+ Days			Target <12%		
Date	Long stay 21+ days	G&A Bed Occupancy	% Long Stay 21+ Days	Target number to achieve 12%	Variance between Target and Actual
05/05/2021	152	1330	**11.40%**	160	8
12/05/2021	156	1336	**11.70%**	161	5
19/05/2021	168	1311	**12.80%**	158	-10
26/05/2021	150	1352	**11.10%**	163	13
02/06/2021	157	1375	**11.40%**	165	8

Data as at the end of 09/06/2021

In support of reducing the length of stay of our patients at the end of May during nurses week "Stand up Shimmy and Shine" was launched across the Trust that aimed to educate our clinical teams on reducing hospitalised deconditioning and the harmful effects that deconditioning has on our patients.

The aim of the campaign was to encourage patients to get out of bed each day and get moving to aid the speed of their recovery and discharge from our hospitals. The week was full of fun educational activities; step challenges, fit2Sit discussions, and live audits ending the week with a “Shimmy Day” We encouraged patients to wear their own clothes rather than nightwear and Shimmy along with all staff in the trust. We aim to continue the promotion of this work stream.

5.2 Actions for June include the following

- Medicine CMG MDT workshop on refining discharge processes
- Focus on pre-noon & 5pm discharges with all CMGs
- LLR Discharge System Lead commences in post
- Pilot of a ‘pre-discharge’ screening tool on wards 31 and ward 30 at the LRI
- ‘Discharge Support Assistant (DSA’s) training has been planned

6.0 Conclusion

ED attendances during May 2021 are back to the same levels as May 2019. Even though there has been an increase in attendance the emergency admissions have remained static which has led to the conversion rate reducing compared to the rates earlier in the year

The new Urgent and Emergency Care standards are being implemented which sit alongside the existing ED standards.

SDEC activity throughout the organisation continues to improve with the Glenfield and Medical SDEC showing increased admissions.

To reduce ambulatory attendances discussions have commenced in regards to the onsite pop-up primary care stream, this will be for ambulatory patients where primary care is the most appropriate stream.

There are a wide range of schemes developed to assist in reducing attendance, improving inflow and improved discharge coordination.