

## Cover report to the Trust Board meeting to be held on 4 October 2018

| Trust Board paper M  |  |
|--|--|
| <b>Report Title:</b>   | <b>People, Process and Performance Committee – Chair’s Report</b> (formal Minutes will be presented to the next Trust Board meeting) |
| <b>Author:</b>   | Gill Belton – Corporate and Committee Services Officer   |
| <b>Reporting Committee:</b>  | <b>People, Process and Performance Committee</b>   |
| <b>Chaired by:</b>   | Vicky Bailey, Non-Executive Director (in the absence of Andrew Johnson, PPPC Chair and Non-Executive Director)                       |
| <b>Lead Executive Director(s):</b>   | Rebecca Brown – Chief Operating Officer<br>Hazel Wyton – Director of People and Organisational Development                           |
| <b>Date of last meeting:</b>   | 27 September 2018  |
| <b>Summary of key public matters considered by the Committee and any related decisions made:</b>   |  |
| <p>This report provides a summary of the following key issues considered at the People, Process and Performance Committee on 27 September 2018:-</p> <p><b>(1) <u>Performance</u></b></p> <ul style="list-style-type: none"> <li> <p>• <b>Urgent and Emergency Care Performance Report</b></p> <p>The Deputy Chief Operating Officer presented a report providing an update on the current position within emergency and urgent care. The report specifically detailed: progress against plan, key areas showing improvement and a list of actions which were at risk of not delivering to plan. Specific discussion took place regarding improving admitted breaches, which was dependent upon bed flow, and also regarding actions to improve non-admitted breaches (attention was specifically focussed, in the first instance, to those relating to primary care and injuries), with a trajectory for improvement in place. Two trials were currently in place in conjunction with DHU, the impact of which would be assessed. New on-call arrangements had also been implemented recently. Note was also made of the work on-going with regard to ‘stranded’ patients, with an acknowledgement that the definition of such was based solely upon length of stay and was not intended to imply that such patients no longer required treatment. The Trust would be working with community colleagues to determine available opportunities to deliver care outside of the acute hospital setting, where appropriate. Discussion also took place with regard to ED staff rotas, in terms of whether the rota was arranged on a team basis or individual staff member basis and it was suggested that this could potentially be an area for further exploration. The value of reviewing individual elements of the process when performance had gone well was also suggested, in order that this could be replicated.</p> <p>In conclusion, the PPPC received and noted the contents of this report, acknowledging the significant volume of activity and the encouraging underlying continuing improvement in performance. It was noted that future such reports would detail only exceptions against plan, rather than the plan in its entirety.</p> </li> <li> <p>• <b>Cancer Performance</b></p> <p>The Director of Operational Improvement presented a report regarding cancer performance recovery for 2018/19 with note made that UHL had consistently achieved 2 week wait, 31 day drug treatment and 31 day radiotherapy standards. The 62 day standard remained the Trust’s biggest challenge. Cancer performance had deteriorated in July 2018. The trajectory for all nine standards had been reviewed and re-set in August 2018. By November 2018, it was anticipated that six of the nine standards would have been achieved and that, by the end of March 2019, eight of the nine standards would have been achieved. A robust Recovery Action Plan (RAP) owned by the Clinical Management Groups would be reviewed fortnightly in the Cancer Task Force meeting. There would be additional deterioration in performance in August 2018 through to October 2018 where additional breach patients would be seen to facilitate recovery in November 2018. Risks had been considered and were highlighted in the paper. Transformation funding had been agreed and receipt was awaited. The Living With and Beyond Cancer programme was progressing to plan. In discussion on this item, members acknowledged the decrease in backlog against the 62 day standard over the past three weeks, which represented performance ahead of the planned trajectory and was welcomed. Particular discussion took place regarding the management of treatment pathways, consultant vacancies and the intention to develop a more comprehensive cancer strategy.</p> </li> </ul> |  |

- **UHL Winter Capacity Planning 2018/19**

The Chief Operating Officer presented a report which described how the Trust was proposing to respond to increased surges and / or service demands during the winter 2018/19 period. The report also appended the system wide (LLR) plan to-date, which required further work. The report noted that the bed gap had been identified and actions to bridge the gap had been identified (albeit there remained a bed gap over the winter period) and these actions were being progressed by the Clinical Management Groups. Weekly meetings were in place to ensure that actions were being identified and progressed in all areas. In discussion, the Chief Operating Officer noted her intention to submit the Winter Plan to the PPPC on a regular basis. Particular discussion took place regarding the ability to staff wards as being a key area of risk, progress made with the new ward on the Glenfield Hospital site and the introduction of new ways of working, which were currently in the planning stages. The Committee particularly emphasised the need for a joined up health community approach to winter 2018/19, with all parts of the system held to account.

*The UHL element of the Winter Plan 2018/19 is appended to this report.*

## **(2) Process**

- **Accountability and Performance Framework**

The Chief Operating Officer presented a first draft of a UHL Performance Management and Accountability Framework, the need to formalise such a framework having previously been the subject of discussion at the Executive Performance Board and People, Process and Performance Committee. The framework sought to codify the Trust's approach to performance management and document the Trust's accountability arrangements. It would both complement, and form an important component of, the Trust's overall Governance Framework. The framework incorporated the financial management accountability framework adopted in 2017/18 via the Finance and Investment Committee. In presenting this report, the Chief Operating Officer noted that the same report had been submitted for discussion at the Executive Performance Board meeting held on 25 September 2018, at which time a number of specific updates had been requested. It was therefore agreed that the draft framework would be updated as per the comments made at the EPB meeting, with the revised version then presented at the October 2018 meetings of both the EPB and PPPC for information.

- **Cyber Security Strategy**

The Chief Information Officer attended the meeting to present the Trust's draft Cyber Security Strategy 2018-2021 and requested feedback on the contents thus far. In discussion, the PPPC supported the implementation of an annual whole business test in order to highlight any updates required to business continuity plans. In concluding discussion on this item, it was agreed that the Chief Information Officer would submit an updated strategy and related plan, once finalised, at a future Trust Board meeting for formal approval. It was also agreed that the Chief Executive and Chief Information Officer would discuss, outwith the meeting, the governance structure in place relating to IT business, in terms of determining which Trust bodies (e.g. EIM&T Board, eHospital Board, Digital Strategy Board etc) held responsibility for which elements.

## **(3) People**

- **Workforce Race Equality Standard (WRES)**

The Deputy Director of Learning and Organisational Development presented the WRES 2018 comparative data report. The Trust had increased its focus and attention on race equality, making it an annual priority for 2018/19. The report demonstrated a steady improvement in indicators 1-4 (workforce metrics), a slight deterioration in indicators 5-8 (from the most recent staff survey) and no improvement in indicator 9 (Board representation). Steady progress and a great deal of momentum had been achieved over the past 12 months. This had coincided with the establishment of the Trust's Equality and Diversity Board chaired by the Chief Executive, development of an integrated Equality and Diversity Action Plan with a strong focus on WRES actions, establishment of a UHL BAME Voice staff network and system wide learning and development of positive action measures such as reverse mentoring. The PPPC received and noted the contents of this report, noting the significant progress made in some areas, which was very encouraging. The PPPC also expressed support for the implementation of actions detailed in the integration plan included within the report. Note was made that the issue relating to Board representation would be addressed through a report to the Remuneration Committee.

- **Guardian of Safe Working Quarterly Report**

The Deputy Director of Human Resources presented a report (copy appended for Trust Board produced in line with the requirements of the 2016 Junior Doctors Contract, whereby the Guardian of Safe Working (GSW) provides a quarterly report (April, July, October and January) on the management of exception reporting and rota

gaps. The PPPC received and noted the contents of this report, noting the upward trend in the reporting of exception reports which would be closely monitored.

*The Guardian of Safe Working Quarterly Report is appended to this report.*

- **Workforce and Organisational Development Set**

The slide deck accompanying this report to the Committee captured key workforce datasets for Month 5 (August 2018), the contents of which were received and noted. In presenting this report, the Deputy Director of Human Resources highlighted the inclusion of an additional slide featuring BME recruitment data. Specific note was also made in relation to improvement in the 'time to hire' metric and of the intended submission of the People Strategy to the October 2018 meeting of the PPPC.

- **Minutes received for information**

- Executive Performance Board Meeting of 28 August 2018.
- Executive Workforce Board Meeting of 17 July 2018.

**Joint PPPC and QOC session:**

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

Joint paper 1 detailed performance against quality and performance indicators as at Month 5 (period ending August 2018), the contents of which were received and noted. Particular discussion took place regarding: (1) elective care delivery, including the key commitment regarding the waiting list size (2) 52 week breaches (there were none in September 2018) (3) improvements in relation to cancelled operation performance (4) the SPC analysis detailed at pages 45 and 46, which would feature within the main body of the report from the next iteration (to be received in October 2018) onwards (5) reasons behind reported single sex accommodation breaches (mainly relating to prioritising patient safety over single sex accommodation during the pressured winter months) (6) the fact that PPPC members would find it helpful to see trends over time (it was agreed that Ms Bailey, Non-Executive Director and Acting PPPC Chair would brief the Director of Performance and Information, outside the meeting, as to which specific trends would be of most use for PPPC members to have sight of) (7) the agreement reached that the Director of Performance and Information would seek to separate out, in future reports, those GP referrals which could not be made via the electronic referral system for varying reasons (8) continuing good performance in respect of mortality data and (9) trust-wide sepsis performance and the electronic reporting of this from this month onwards.

- **CMG Performance Review Slides**

The Director of Performance and Information presented a report detailing a summary and ratings from the CMG Performance Review meetings, noting the proposal that the last slide (review ratings) from this report feature in future Q & P reports. In response to this proposal, Non-Executive Director members of the PPPC noted that they would value the summary of the key points in addition to the review ratings slide in order to provide them with full assurance regarding this matter, which the Chief Executive confirmed had been the previous agreement reached in terms of the provision of information to PPPC members re CMG performance.

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

***Recommendations for approval:-***

None

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

1. Improvements in cancer performance, specifically the reduction of the backlog relating to the 62 day standard, and
2. the need for a robust system-wide plan in relation to Winter 2018/19 (discussed under the Emergency and Urgent Care item).

**Matters referred to other Committees:**

None.

**Date of Next Meeting:**

25 October 2018

# Winter Capacity Planning 2018/19

Author: Sam Leak, Director of Operational Improvement

Sponsor: Rebecca Brown Chief Operating Officer

Date: 25 & 27/09/2018

## Executive Summary

## Paper L

### Context

Winter presents a challenge to UHL, LLR and to the NHS as a whole. Nationally, winter last year saw higher acuity, a later peak in demand (March) and sustained surges in respiratory conditions. This paper describes how UHL is proposing to respond to increased surges and/or service demands during the 18/19 winter period.

### Questions

1. Is the winter planning as robust as it can be for 2018 /19
2. Does the LLR plan provide sufficient support

### Conclusion

1. The bed gap has been identified across the CMGs
2. Actions to bridge the gap have been identified and are being progressed by the CMGs
3. Weekly meetings to ensure actions are being identified and progressed in all areas are in place
4. There remains a bed gap over the winter period

### Input Sought

The Committee/Executive team is asked to note the current planning position and comment on whether they are assured that sufficient/appropriate action is being taken. If not, colleagues are asked what actions would the committee like the programme to pursue that are not stated within the paper?

### For Reference

Edit as appropriate:

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

|  |     |
|--|-----|
| Safe, high quality, patient centred healthcare | Yes |
| Effective, integrated emergency care           | No  |
| Consistently meeting national access standards | Yes |
| Integrated care in partnership with others     | Yes |

|   |     |
|---|-----|
| Enhanced delivery in research, innovation & ed'           | No  |
| A caring, professional, engaged workforce                 | Yes |
| Clinically sustainable services with excellent facilities | Yes |
| Financially sustainable NHS organisation                  | Yes |
| Enabled by excellent IM&T                                 | Yes |

2. This matter relates to the following governance initiatives:

|                              |    |
|------------------------------|----|
| Organisational Risk Register | No |
| Board Assurance Framework    | No |

3. Related Patient and Public Involvement actions taken, or to be taken: None

4. Results of any Equality Impact Assessment, relating to this matter: None

5. Scheduled date for the next paper on this topic: 25/10/18

6. Executive Summaries should not exceed 1 page. My paper does comply

7. Papers should not exceed 7 pages. My paper does not comply

**University Hospitals Leicester NHS Trust**  
**WINTER RESILIENCE PLAN**  
**2018/2019**

**Version 1 - 21.9.18**

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## 1. Introduction

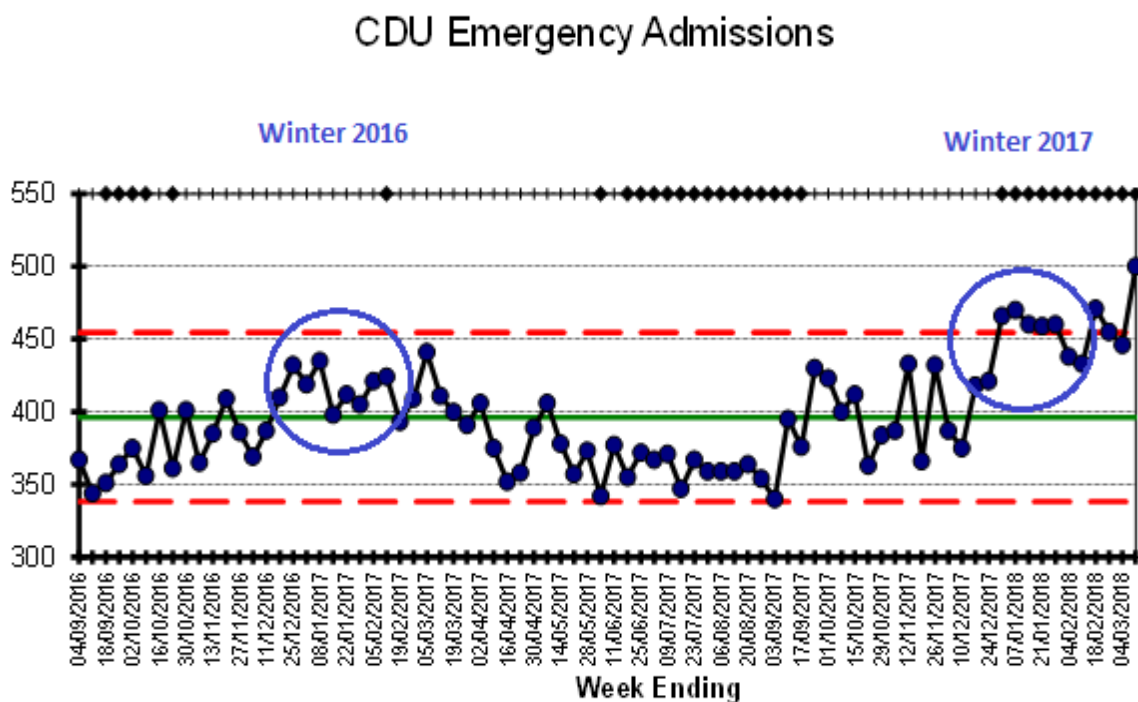
Winter presents a challenge to UHL, LLR and to the NHS as a whole. Nationally, winter last year saw higher acuity, a later peak in demand (March) and sustained surges in respiratory conditions. This paper describes how UHL is proposing to respond to increased surges and/or service demands during the 18/19 winter period. This is the first iteration of a document which will be updated monthly

## 2. Summary of previous Winter 17/18

Last winter was exceptionally difficult for the organisation because:

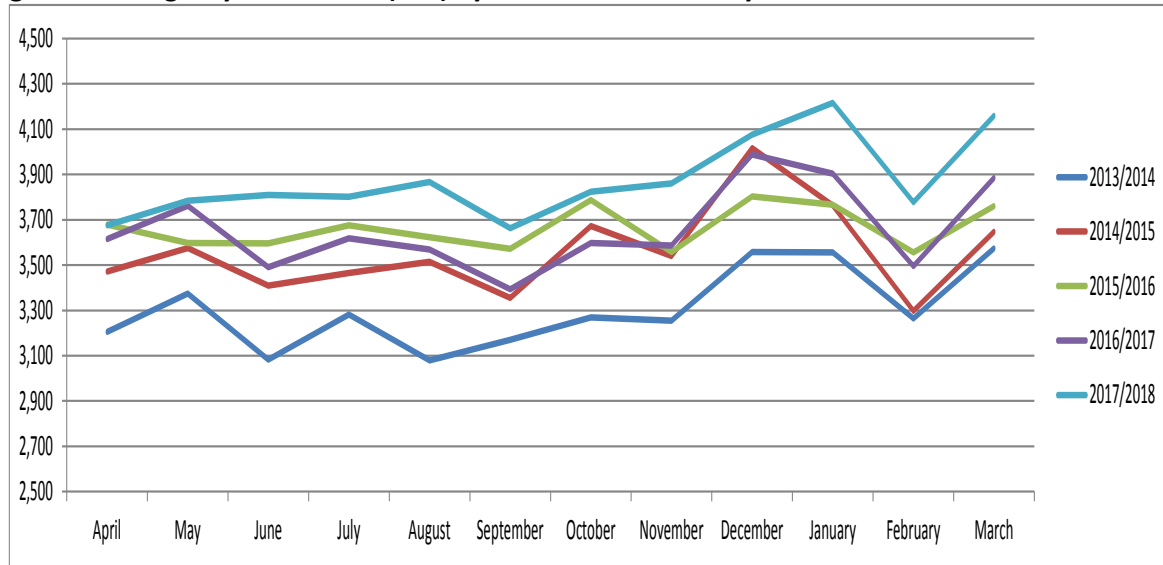
- Whilst ED attendances were broadly in line with previous years the acuity and frailty of patients resulted in much more input required in ED throughout the winter period (Fig 2)
- There was very limited flow through ED into the organisation which put significant pressure on staff throughout the period and particularly those in receiving specialties and at the front door. This is shown through the UHL midnight bed occupancy over winter ranged between 87% and 98% at the LRI.
- There was an increase in this period of the average Delayed Transfers of Care which was 1.9% or approximately 27 patients a day
- The daily number of emergency adult patients in bed overnight increased by approximately 100 between December 2017 and January 2018, 80 higher than the same period last year. This reduced the flexibility in the system and particularly the ability to outlie. This in turn contributed to pressure on beds and short turnaround times between patients.
- CDU at the Glenfield was under extreme pressure including a significant year on year increase in the number of admissions. This pressure also resulted in 'felt' pressure on ED as there was a delay in transferring patients to CDU and periods where CDU were on 'stop' (fig 1)

Figure 1: CDU admissions last winter





**Figure 2: Emergency Admissions (60+) by month and financial year**



### 3. Activity Planning

2018/19 UHL has taken a different approach to planning our capacity in response to anticipated demand. Previously UHL has sought to balance the needs of elective and emergency pathways. This has resulted in chaotic periods and large scale cancellations. This has led to a very poor patient experience and high levels of frustration amongst our staff. Given UHL is unable to provide all of the available capacity to meet the demand of both the emergency, cancer and elective patients there has to be a prioritisation of resources.

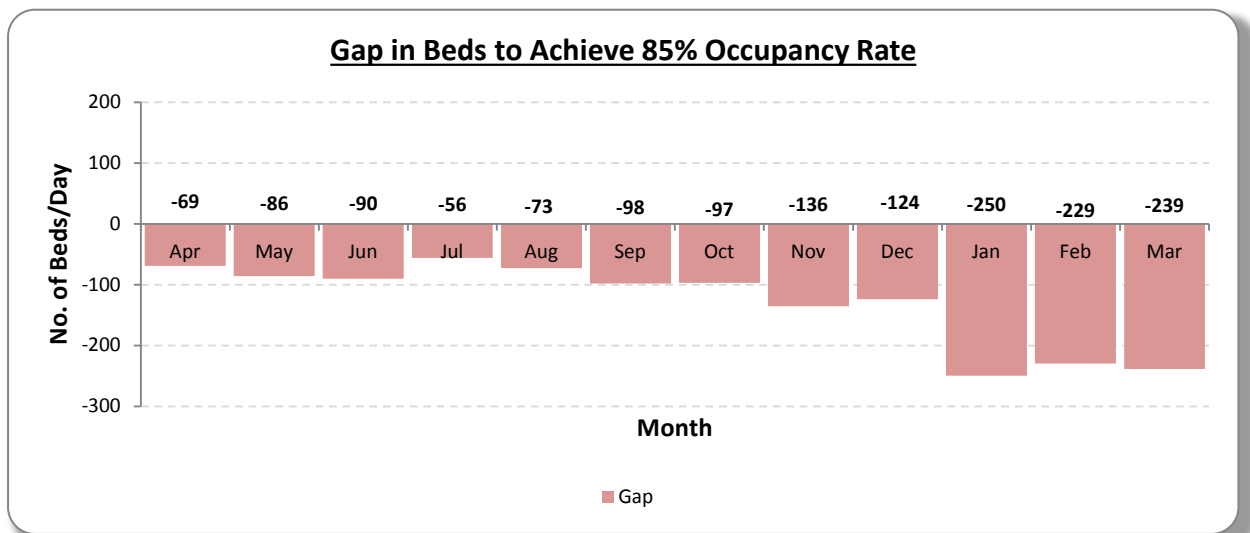
The approach taken across the LLR system has been to predict growth in emergency demand above the high levels seen in 17/18 then reversed out some of the impact of this winter and applied national planning guidance growth rates. The SLA plan took account of the subsequent available beds based on current occupancy and elective activity was reduced correspondingly. The trust is currently working with Four Eyes Insight on improving productivity in theatres and reviewing it's plan for the Orthopaedic activity at the LGH which will result in an improvement in the elective cases delivered. This will be presented in further iterations of the plan.

### 4. Bed gap

#### 4.1 Whole hospital unmitigated gap

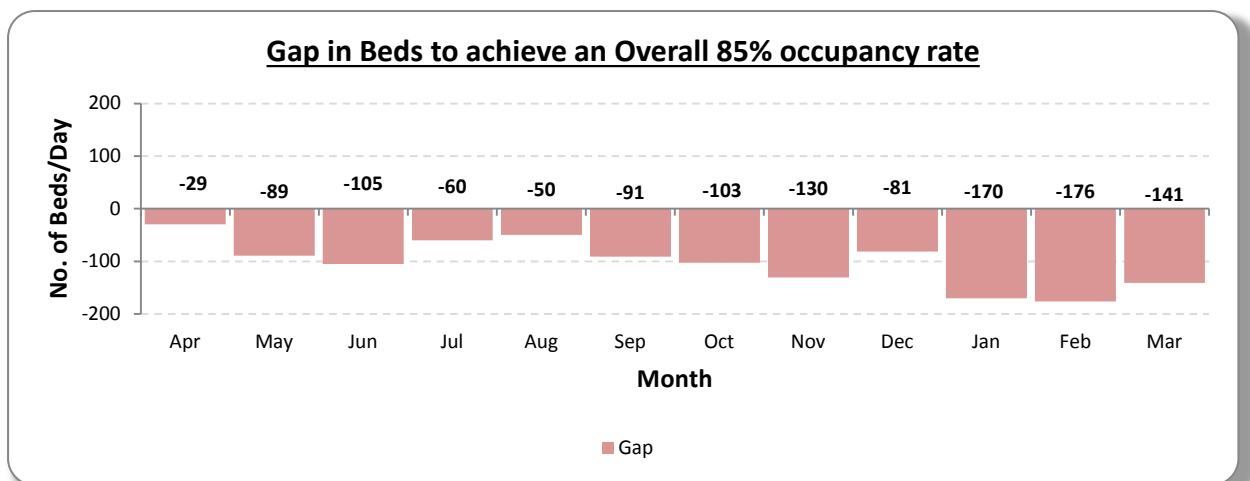
Below shows the total hospital bed gap (for all CMG's on all sites) prior to reducing the elective plan outlined above this is based on 85% occupancy for emergencies and elective patients. This represents the 'ideal' bed state for the hospital.

**Figure 3 - Do nothing whole hospital gap**



**Figure 4 – Post Elective adjustment**

This graph represents the bed gap to ideal occupancy figures at a Trust level after reducing the elective plan from the demand level in the way articulated in the planning section.



**4.2 Gap at 85% emergency occupancy and 90% elective occupancy (elective changes made) prior to any efficiencies for each of the bed holding CMG’s**

The table below shows the bed gap by CMG and site (where applicable). Based on the current SLA plan and at a level of occupancy that allows for the delivery of flow. These figures have been adjusted based on the first 6 months of activity and the current forecast for activity. Where a CMG has a positive bed position this is shown as 0 as often these beds cannot be used to offset a bed gap elsewhere. For example a positive bed position in the Children’s hospital does not off set a requirement for adult surgical beds.

Figure 5

|            | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan  | Feb | Mar |
|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|
| RRCV       | 0   | -17 | -27 | -21 | -14 | -15 | -20 | -40 | -29 | -71  | -87 | -79 |
| ESM        | -21 | -18 | -28 | -33 | -36 | -37 | -50 | -60 | -63 | -103 | -92 | -91 |
| CHUGGS LGH | -42 | -31 | -31 | -35 | -41 | -37 | -45 | -32 | -33 | -53  | -41 | -29 |
| CHUGGS LRI | -49 | -36 | -51 | -55 | -43 | -51 | -49 | -58 | -34 | -35  | -39 | -46 |
| MSS LRI    | -5  | 0   | -11 | -8  | -11 | -13 | -12 | -8  | -10 | -1   | -1  | -8  |
| MSS LGH    | 0   | 0   | -11 | -9  | -1  | -10 | -2  | -8  | -1  | 0    | 0   | 0   |
| W&C        | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0    | 0   | 0   |

#### **4.3 Gap at 92% emergency occupancy and 90% elective occupancy (elective changes made) prior to any efficiencies for each of the bed holding CMG's**

The table below shows the bed gap by CMG and site (where applicable). Based on the current SLA plan and at the current occupancy level. The caveats outline at 4.2 apply equally below.

Figure 6

|            | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ESM        | -3  | -15 | -10 | -16 | -18 | -19 | -32 | -41 | -44 | -82 | -72 | -71 |
| RRCV       | 0   | 0   | -7  | -2  | 0   | 0   | -1  | -20 | -8  | -47 | -63 | -56 |
| CHUGGS LGH | -28 | -32 | -18 | -21 | -27 | -24 | -31 | -19 | -18 | -37 | -26 | -16 |
| CHUGGS LRI | -33 | -36 | -34 | -38 | -27 | -35 | -32 | -41 | -18 | -19 | -23 | -30 |
| MSS LRI    | 0   | 0   | -2  | 0   | -1  | -3  | -2  | 0   | 0   | 0   | 0   | 0   |
| MSS LGH    | 0   | 0   | -10 | -8  | 0   | -9  | -1  | -8  | 0   | 0   | 0   | 0   |
| W&C        | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   |

The gap at both 85% and 92% emergency occupancy remains too high for key specialties therefore to mitigate the impact of winter and to allow more elective activity to continue through winter 18/19 we will:

- Open an additional 28 bedded ward at the Glenfield Hospital
- Open two 28 bedded wards at the LRI site
- Redesign and expand CDU
- Provide efficiencies across the bed base

#### **5. UHL winter plan**

Key elements of the winter plan include:

1. Maximising the efficiency of existing bed capacity, and decreasing occupancy as much as possible
2. Increasing capacity by creating additional beds with robust staffing plans to ensure they can be utilised at times of need.
3. Ensuring efficient discharge including transfer processes from health to social care.
4. Elective phasing (protection of ITU capacity) / switch off over winter
5. Robust intelligence on availability of urgent care alternative pathways (UCC, Pharmacy)
6. Robust workforce planning for nursing, medical and support staff including overnight workforce planning in ED, GPAU and CDU

**Figure 7 - Site summary**

| Glenfield site   | LGH site   | LRI site   |
|--|--|--|
| Reduction in elective activity for January for General Surgery and Breast. Cardiac and Vascular to continue as normal as dedicated bed base and delayed electives results in increased emergency pressure. | Maintain 3 Ortho wards to allow:<br>1) Ambulating Trauma operating to transfer from LRI –LGH<br>2) Trauma outlying in peak demand.<br>3) Continuation of elective Ortho programme dependent above. | EF2 and ED additional staffing to come on line September and October (medics, ANP, therapists) aimed at improving LoS and throughput through EF2.        |
| Additional modular Ward (28 beds) Will be ready in February. Contingency for January is reduced elective work and utilise ward 32  | Utilise day case at LGH and Gynae capacity to support day surgery activity for CHUGGS and MSS – Jan to March.  | Ward 33 opened as extra capacity   |
| Expanding CDU to improve the experience and flow (15 additional spaces).   | Red to Green programme across all surgical wards at LGH.   | Ward 21 prepared and made ready for Jan 1 <sup>st</sup> . 28 beds to be used bay by bay as required alleviating the need to utilise orthopaedics at LGH. |
| Increase in medical staffing (investment made in years) to improve CDU staffing and LOS.   |  | Reduction in elective activity for January for all specialties – Cancer and Day-case only Jan  |
| Respiratory and cardiac system pathway changes.  |  | Red to Green Programme – Reduction in LoS  |
| Red to Green fully rolled out  |  |  |

To address the winter pressure it is important to mitigate the capacity gaps on all three sites and all CMG's, the key pressure being RRCV and ESM.

**6. RRCV Efficiencies to bridge the gap to 85%**

**Figure 8 RRCV Plan to mitigate the gap at 85%**

|                                   | Apr | May | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | March |
|-----------------------------------|-----|-----|------|------|-----|-----|-----|-----|-----|-----|-----|-------|
| Pre-mitigation Gap                |     | -17 | -27  | -21  | -14 | -15 | -20 | -40 | -29 | -71 | -87 | -79   |
| Red to Green                      |     |     |      |      |     | 1   | 1   | 1   | 1   | 1   | 1   | 1     |
| Frequent attender nurse           |     |     |      |      |     |     | 1   | 1   | 1   | 2   | 2   | 2     |
| Additional Respiratory consultant |     |     |      |      |     |     | 1   | 1   | 1   | 3   | 3   | 3     |
| Additional Cardiology consultant  |     |     |      |      |     |     | 1   | 1   | 1   | 3   | 3   | 3     |
| Additional ward                   |     |     |      |      |     |     |     |     |     |     | 28  | 28    |
| Reduction in super stranded       |     |     |      |      |     |     |     |     |     | 0   | 0   | 0     |
| CDU changes                       |     |     |      |      |     |     |     |     | 15  | 15  | 15  | 15    |
| Post mitigation Gap.              |     |     |      |      |     | -14 | -16 | -36 | -10 | -47 | -35 | -27   |

### 6.1 Additional Ward (Feb 2019) CDU changes (December 2018)

28 bedded Modular Ward, to be opened as a short stay ward from Feb 2018 to help with the seasonality bed gap in respiratory. RRCV will also expand CDU to Ward 20 by converting the existing Triage area, the main CDU bedded area and the adjacent short stay ward (Ward 20) to create a larger, more sustainable CDU.

| Date    | Progress update                                       | RAG |
|---------|---|-----|
| 17.9.18 | The ward is on track to open 1 <sup>st</sup> February |     |

### 6.2 Additional cardiologists

- Markedly improve cardiac services, resolving several critically understaffed areas.
- Will allow front-loaded consultant opinion as part of a cardiology of the week (COW) model, thereby reducing unnecessary admissions and investigations.
- The move to a COW model will result in more effective use of beds for acute patients. This could be the stepping stone towards a radically redesigned acute service for medical patients across the Trust, contingent on other proposals which are currently in their infancy.
- Patient safety will be positively transformed in both inpatient care and clinic. Education gaps will be resolved.

| Date    | Progress update   | RAG |
|---------|---|-----|
| 17.9.18 | All posts are out to advert having been approved via Royal College. HR are in the process of setting up interview dates |     |

### 6.3 Additional Respiratory Consultants

- Provide increased time on base wards Monday to Friday which will improve patient flow and patient experience.
- Regular consultant ward presence with fewer patients to see on ward rounds will support the training and mentoring requirements for junior doctors and other medical training groups.
- Increased CDU improving efficiencies and driving quality services on CDU
- Additional consultants will be able to deliver our key out-patient short-comings including National lung cancer targets, delivery of the specialised services specifications for ILD and severe asthma, improve national performance for time to bronchoscopy/thoracoscopy, and support the implementation of the acute respiratory unit. This will decrease the number of patients deteriorating between OPA and therefore requiring admission

| Date    | Progress update   | RAG |
|---------|---|-----|
| 17.9.18 | All posts are out to advert having been approved via Royal College. HR are in the process of setting up interview dates |     |

### 6.4 GGH Frequent attender nurse

The top 40 frequent attenders between July 2016 and July 2017 visited the Glenfield 352 times, equating to 1769 days in hospital with an average length of stay of 5.03 days. A nurse will target these know patients who attend and are admitted on a regular basis to ensure a robust package of care and management plan to prevent admission. The minimal impact of the schemes is expected to be a reduction by 10% this would equate to 179.6 days saved in the year, 35 less visits and an average LoS reduction for these 40 individuals of 0.53%.

|         |  |     |
|---------|--|-----|
| Date    | Progress update  | RAG |
| 17.9.18 | Post is still awaiting for approval on TRAC from Recruitment board |     |

### 6.5 RRCV Red to Green Opportunity

|         |                               |     |
|---------|-------------------------------|-----|
| Date    | Progress update               | RAG |
| 17.9.18 | R2G is fully embedded on RRCV |     |

### 6.6 Reduction in Super stranded

|         |  |     |
|---------|--|-----|
| Date    | Progress update  | RAG |
| 17.9.18 | This is work in progress at present, further meeting to discuss, where a themed analysis will take place |     |

Being led by the DCOO, each CMG has a target for decreasing their super stranded and a trajectory for achievement. The total reduction is shared between LLR and UHL and as such 50% of the total numbers has been included in the plan. Detail on this action is provided in the Urgent Care paper.

## 7. Medicine efficiencies to bridge the gap to 85%

### Figure 9 medicine plan to mitigate the gap

|    |                          | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan  | Feb | March |
|----|--------------------------|-------|-----|------|------|-----|------|-----|-----|-----|------|-----|-------|
|    | Pre mitigation Gap       | -21   | -18 | -28  | -33  | -36 | -37  | -50 | -60 | -63 | -103 | -92 | -91   |
| SM | Red to green             |       |     |      |      |     | 1    | 3   | 5   | 5   | 5    | 5   | 5     |
| SM | additional ward 33       |       |     |      |      |     | 28   | 28  | 28  | 28  | 28   | 28  | 28    |
| SM | Additional ward 21       |       |     |      |      |     |      |     |     |     | 28   | 28  | 28    |
| SM | Frailty                  |       |     |      |      |     | 1    | 1   | 2   | 2   | 3    | 3   | 3     |
| SM | Super stranded reduction |       |     |      |      |     |      |     |     | 13  | 13   | 13  | 13    |
| ED | GPAU Efficiencies        |       |     |      |      |     |      |     | 1   | 2   | 2    | 2   | 2     |
| ED | EF2 Efficiencies         |       |     | 5    | 5    | 5   | 5    | 5   | 5   | 5   | 5    | 5   | 5     |
|    | Mitigated Gap            |       |     |      |      |     | -2   | -13 | -19 | -8  | -19  | -8  | -7    |

### 7.1 Medicine red to green opportunity

|         |                                    |     |
|---------|------------------------------------|-----|
| Date    | Progress update                    | RAG |
| 18.9.18 | Robust system in place in medicine |     |

### 7.2 LRI additional wards

|         |                 |   |  |
|---------|-----------------|---|--|
| Date    | Progress update | RAG   |  |
| 18.9.18 | Ward 33         | Has already opened  |  |
|         | Ward 16 / 21    | Recently agreed, plans need to be worked up to ensure robust staffing |  |

### 7.3 The LLR Frailty

|      |  |     |
|------|--|-----|
| Date | Progress update  | RAG |
| 14.9 | The LLR Frailty programme was launched in June 2018. Progress against the Programme plan has been positive, with systems agreed to identify frail patients |     |

|  |   |  |
|--|---|--|
|  | <p>in place at CCG level and community teams in place to conduct MDT assessments on specific cohorts of these high risk patients.</p> <p>However, despite the services being in place to provide holistic care to patients, identification and referral systems are not optimal currently to enable this to happen smoothly. Mitigating actions have been agreed and are part of the action plan. These include ensuring the consistent use of the CFS within the EF and wider hospital, identifying patients at risk of readmission within base wards and then easily communicating this to community MDT's via the patient's GP.</p> <p>KPI's: A full dashboard is currently under development.</p> <p>The proxy marker being used is the rate of admission for patients over 65 years of age with a LoS of over 6 hours. At month 4 (July 18), LLR CCG's saw +136 emergency admissions for this cohort compared to plan (17/18 actual + 1%) – this equates to +2 beds against a target of -1 bed.</p> <p><b>Total: +136 admissions at M4 (+2 beds)</b></p> |  |
|--|---|--|

#### 7.4 GPAU

- A number of patients continue to be seen in Majors when they could go straight to GPAU, this increases the risk of admission
- Freeing up time in Majors will enable time for decision making and decreased risk of admission
- Exploring the possibility of joint surgical and medical GPAU which will facilitate surgical space
- BB referrals can and do currently bypass GPAU
- Phone line for GP's in GPAU to decrease attendance / admissions and increase primary care education

| Date    | Progress update  | RAG |
|---------|--|-----|
| 18/9/18 | <ol style="list-style-type: none"> <li>1. There are a number of patients from majors that could go to majors. Currently there is a review first thing in the morning to see if there are patients that meet the criteria to move to GPAU. There is a review through the huddles to check that all appropriate patients are moved. The process needs to be embedded more to ensure this process is done in a routine way as oppose to being in escalation. This also needs to be embedded more at the front door in ambulance assessment.</li> <li>2. Further work needs to be undertaken around expanding GPAU, relating to using the area for surgery. Head of Operations is exploring whether the space required could be provided as this will mean displacing some outpatients to somewhere else</li> <li>3. An audit has taken place at a weekend regarding the GP referrals that might have not come to the department if advice was available to the GP on the phone. It was felt that this audit of a day needs to be repeated during the week as this is when most of the GP referrals will come to GPAU. Further work required.</li> </ol> |     |

## 7.5 EF2

Co-location of departments which constitute the Emergency Floor will facilitate collaborative working. For example, the location of units for frail patients in close proximity to Majors will enable rapid assessment and provide a specialist opinion at the start of the patient journey, therefore giving the patient the best opportunity to have the right care, in the right place, from the start.

| Date    | Progress update  | RAG |
|---------|--|-----|
| 18/9/18 | Although there are some efficiencies in some of the areas of EF2, the main concern in terms of how it is functioning is the AMU. A working group has been set up to review the processes and how this can be improved. |     |

## 8. CHUGGS plan to decrease the gap at 85%

Figure 10 CHUGGS LGH at 85% Emergency Occupancy and 90% Elective Occupancy

|                 | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | March |
|-----------------|-------|-----|------|------|-----|------|-----|-----|-----|-----|-----|-------|
| Unmitigated Gap |       |     |      |      |     | -51  | -49 | -58 | -34 | -35 | -39 | -46   |
| Red to Green    |       |     |      |      |     |      |     | 1   | 1   | 1   | 1   | 1     |
| Super stranded  |       |     |      |      |     |      |     |     | 5   | 5   | 5   | 5     |
| Mitigated Gap   |       |     |      |      |     | -51  | -49 | -57 | -28 | -29 | -33 | -40   |

The bed gap in the CHUGGS CMG appears artificially high because of the admissions to SAU which have a short turnaround. It should be noted that CHUGGS routinely operates with good flow at higher than 85% and this elements will be modelled for the next iteration.

### Actions

- Review single point of ambulatory access surgery and T&O
- Gynae and surgery to be one bed base over the winter which will provide additional capacity
- Investigate how ward one can be used to maximum potential over winter

## 9. MSS plan to decrease the gap at 85%

Figure 11 MSS LRI at 85% Emergency Occupancy and 90% Elective Occupancy

|                 | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | March |
|-----------------|-------|-----|------|------|-----|------|-----|-----|-----|-----|-----|-------|
| Unmitigated Gap |       |     |      |      |     | -13  | -12 | -8  | -10 | -1  | -1  | -18   |
| Red to Green    |       |     |      |      |     |      |     | 1   | 1   | 1   | 1   | 1     |
| Super stranded  |       |     |      |      |     |      |     |     | 5   | 5   | 5   | 5     |
| Mitigated Gap   |       |     |      |      |     | -13  | -12 | -7  | -4  | +5  | +5  | -12   |

Although MSS is in a positive position from November we continue to work on the below efficiencies:

- Elective pre and post-operative LOS reduction
- Emergency pre and post-operative LOS reduction
- Joint replacement opportunity
- Ophthalmology community movement



## ITAPS, CSI and W&C

These CMG's play a vital role in ensuring capacity and flow for the whole plan. Their key focus is outlined below.

**Figure 12**

| ITAPS   | CSI   | W&C  |
|---|---|--|
| Ensure Step downs occur   | Staffing additional wards   | Flexibility of capacity in Gynae for surgery to use  |
| Escalation areas available to ensure flow out of theatres             | TTO's   | The surgical bed base reduces to provide safer staffing for the medical beds and increase capacity. This model was implemented last winter with good effect and Children's managed to accommodate a proportion of elective surgical activity when other CMG electives were cancelled. This was a significant improvement on the previous year. |
| Ensure theatre activity is maximised through the efficiency programme | Support to the Red to Green programme   | Launch of Red2Green process with corporate support from the beginning of August.   |
|   | Support the Weekend discharge programme   | Regular safety huddles between medical staff in Children's ED and Children's hospital ward to ensure adequate cover and timely discharge of patients   |
|   | 7 day imaging - Imaging provided additional weekend cover for MR, CT and ultrasound across LRI and GGH during         | The new Children's front door supporting a reduction in admissions   |
|   | Additional SpR - Aim to provide 2nd Imaging SpR overnight in ED for hot reporting.                                    | Daily review of nurse staffing levels against bed capacity in the Children's hospital  |
|   | Ring fenced imaging portering - Implement plan to trial ring fenced portering cohort 24/7 for emergency floor and CSI | Monthly monitoring of staffing for PICU and forecasting bed capacity and cardiac elective activity   |
|   | 7 Day therapy & pharmacy  | Rolling nurse recruitment programme with new starters October, November and February to support additional bed capacity  |
|   |   | Retention LIA is planned in the autumn to inform the strategy going forward  |

### **10. Ensure robust workforce planning**

CMG's will be required to comply with Annual Leave processes to ensure adequate cover over the Christmas period. Where shortfalls are identified mitigations will be required to ensure optimal service delivery. Between now and the start of next winter there needs to be a considerable and

concerted effort to lower our Registered Nurse vacancies and manage sickness and absence so there is not a repeat of the issues we have seen in recent months.

### **11. UHL Governance process**

A schedule of meetings is in place to firstly meet with workforce, chief nurse (or representative) Medial director (or representative) workforce, head of site management, Infection prevention and control and the Director of operational improvement, meetings are then in place with 2 CMG's at a time to discuss and challenge ways of working to identify additional schemes and processes to mitigate the gap further over winter.

We are currently trialing a new on call process which provides increased seniority and cover later in the day; if successful this will be implemented before winter.

### **12. LLR Plan**

LLR Urgent and Emergency Care Resilience Planning for Winter 2018/19 is attached, however we have yet to receive the LLR detailed winter plan. NHSE has agreed the transformation funding for both Urgent Care and Elective Care for each STP. This allocation is based on last year's allocation for Urgent Care and a weighted population fair share methodology for Elective Care. The aim of the funding is to support STPs in the delivery of their Elective and Urgent Care Transformation programmes. Our allocation for 2018/19 is:

| <b>STP Breakdown</b>                  |   |             |                 |              |
|---------------------------------------|---|-------------|-----------------|--------------|
| <b>STP</b>                            | <b>Lead CCG<br/>(To receive the allocation)</b> | <b>UEC</b>  | <b>Elective</b> | <b>Total</b> |
| Leicester, Leicestershire and Rutland | West Leicestershire CCG                         | £369,000.00 | £72,000.00      | £441,000.00  |

The plan needs to be developed together to ensure a system wide approach and needs to be signed off by the AEDB Chair. Key areas of focus set out by NHSE are:

- 'Helping Mavis': those aged 75 and over arriving by ambulance, with multiple health issues, as part of our regional preparations for winter
- Delivering National Priorities: reducing long hospital stays by up to 25%
- Delivering local UEC priorities that support delivery of the Assurance Statements.
- NHS Mail for Care Homes
- Accelerating transformation programmes to ensure winter readiness
- Delivery of DToC and super stranded patient reduction
- Winter Operational Control Room at Trust or STP level

### **13. Communications and Engagement**

The Trust will develop a comprehensive communication plan leading up to the winter period. The plan will communicate to staff and the local community.

#### **14. Conclusion**

A capacity gap remains over the winter period. CMG's are ensuring efficiencies are maximised. The UHL plan needs to be linked with the LLR plan to establish the overall risk over the winter months.

#### **15. Key Actions**

- Full engagement with LLR for progression of plan which will be reflected into one plan
- Staffing for additional wards
- Delivery against plan
- Key risks and mitigations to be identified

# Junior Doctors Contract Guardian of Safe Working Report

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

Date 27 September 2018

## Executive Summary

## Paper J

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

### Context

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

In the last three month period from 1<sup>st</sup> June to 31<sup>st</sup> August 2018 there have been 154 exceptions recorded; a total of 653 exceptions since Exception Reporting was first implemented at UHL in December 2016.

### Questions

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

### Conclusion

1. From December 2016 to 31<sup>st</sup> August 2018 653 exceptions reports have been recorded. The Exception Reporting procedure was initially implemented in December.
2. As at 1<sup>st</sup> August 2018 there are 63 vacancies on junior medical staff rotas. The majority of these gaps are being managed by backfilling with locum doctors. Active recruitment is ongoing to fill any remaining gaps.

## Input Sought

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

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

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

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

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

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

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

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

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

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

## **1. Introduction**

- 1.1 In line with the requirements of the 2016 Junior Doctors Contract, the Guardian of Safe Working (GSW) will provide a quarterly report to the Trust Board (April, July, October, and January) with the following information:
- Management of Exception Reporting
  - Work pattern penalties
  - Data on junior doctor rota gaps
  - Details of unresolved serious issues which have been escalated by the GSW
- 1.2 These reports shall also be provided to the Local Negotiating Committee and the Trust Junior Doctors Forum.

## **2. Background**

- 2.1 The 2016 Junior Doctors Contract came into effect on 3<sup>rd</sup> August 2016. In line with the national timescales transition of doctors in training to the new contract at UHL has been as follows:
- December 2016 - All Foundation Year 1 doctors
  - February to April 2017 - All F2, CT, ST3+ doctors in Paediatrics, Pathology and Surgery
  - August 2017 - All remaining doctors with the exception of doctors in training whose contract of employment expiry was beyond August 2017.

## **3. Management of Exception Reporting**

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

## **4. Reporting on the Number of Exceptions**

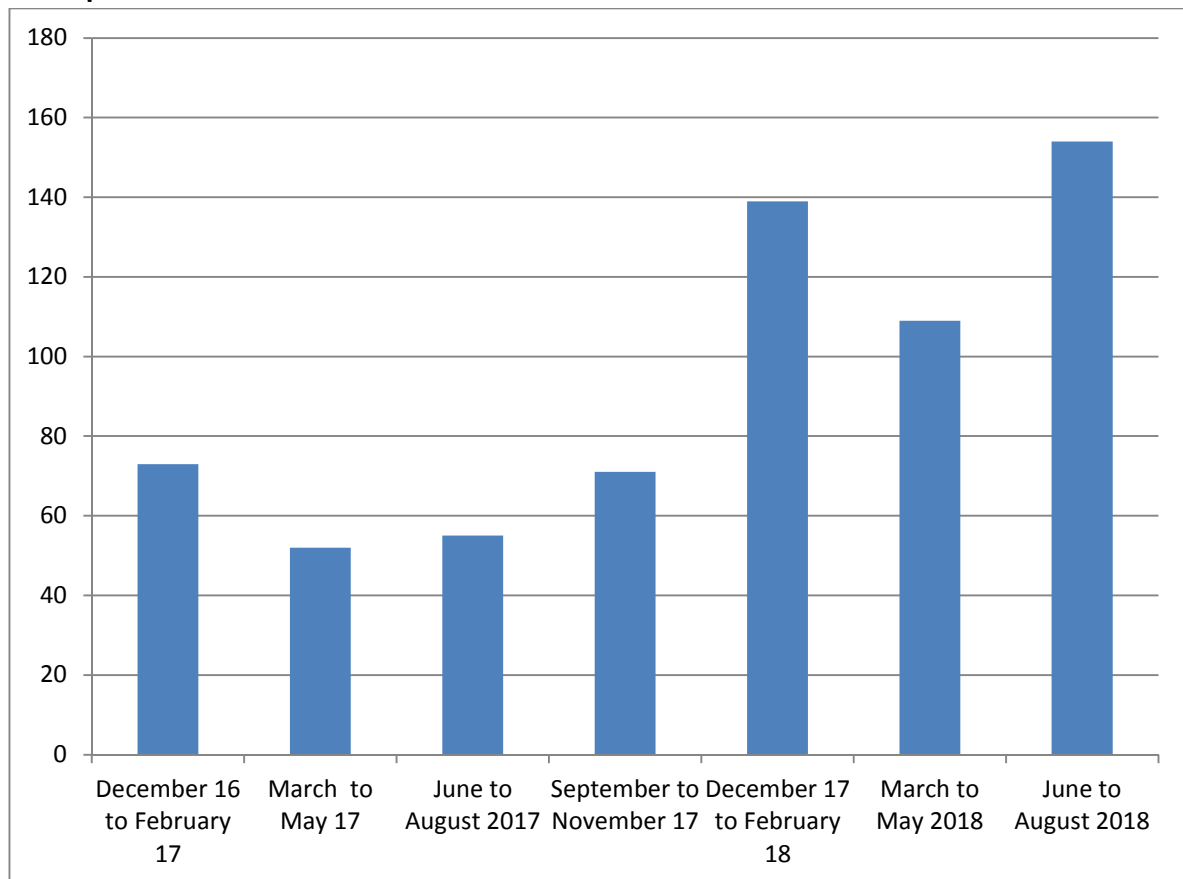
- 4.1 Please note that the method for reporting the number of Exceptions reports received has changed. From December 2016 to December 2017 a manual counting process was in place where each episode was being counted as an exception report (multiple episodes can be reported under one exception). From January 2018 the reporting function from the software package allowed for an automated process for counting the number of exceptions received, from this date the number of exceptions recorded has been counted as an exception (within an exception there may be more than one episode). For this report and to allow for future comparison, the number of exception received has been recounted using the automated reporting function via the software package.
- 4.2 At UHL all junior doctors (including Trust Grade Doctors) are encouraged to raise exception reports if there are concerns with their work patterns and/or education.

**5 Number of Exceptions Recorded**

5.1 From 6<sup>th</sup> December 2016 to 31<sup>st</sup> August 2018, a total of 653 Exception Reports have been recorded, of which 154 were received in the last quarter (1<sup>st</sup> June to 31<sup>st</sup> August 2018).

5.2 Graph 1 demonstrates the number of exceptions received each month. The number of exceptions has increased since reporting commenced in December 2016. This is to be expected as more doctors moved onto the new contract, with majority of doctors transferring to the new contract in August 2017. There is an increase in the number of exceptions being recorded during the winter months, which will be reflective of the additional service pressures during these periods. Excluding the two winter periods, there has been a steady increase in the number of exceptions being recorded in each quarter. An increase number of exceptions reports is considered to be due to better reporting and that the exception reporting process is better embedded at the Trust.

**Graph 1 Exceptions Recorded in Each Quarter**

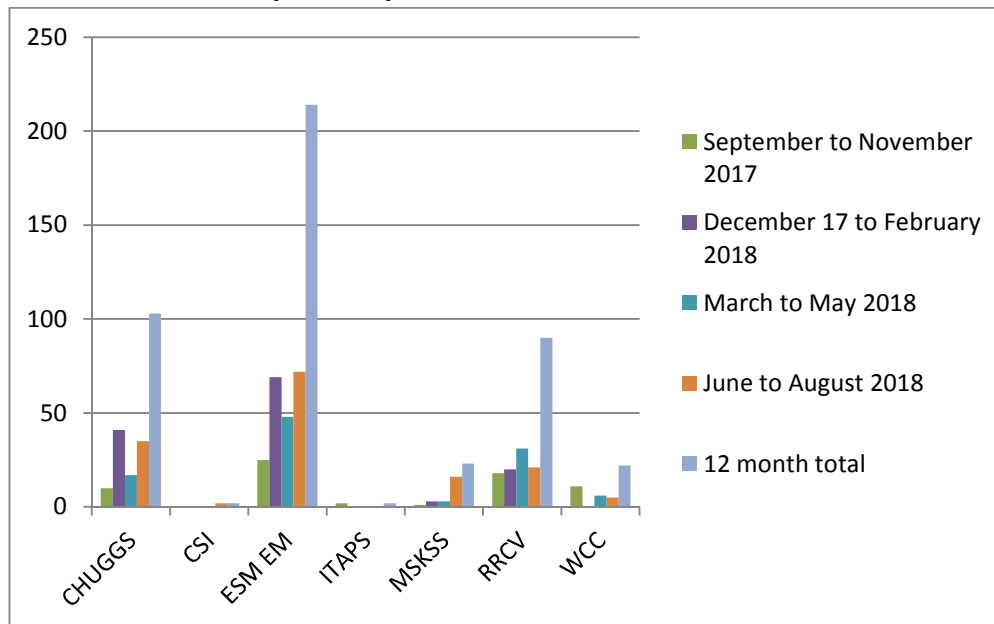


5.3 Data is currently being gathered to benchmark if number of exceptions received at UHL is aligned with other Trusts, this information will be provided in the next report.

5.4 There are two main types of exception reports, Work Pattern and Education exceptions, the following paragraphs provide a breakdown for each category.

5.5 Graph 2 below provides an overview of the number of work pattern exceptions received by CMG for each quarter and in the 12 month period.

**Graph 2 Work Pattern Exception Reports**



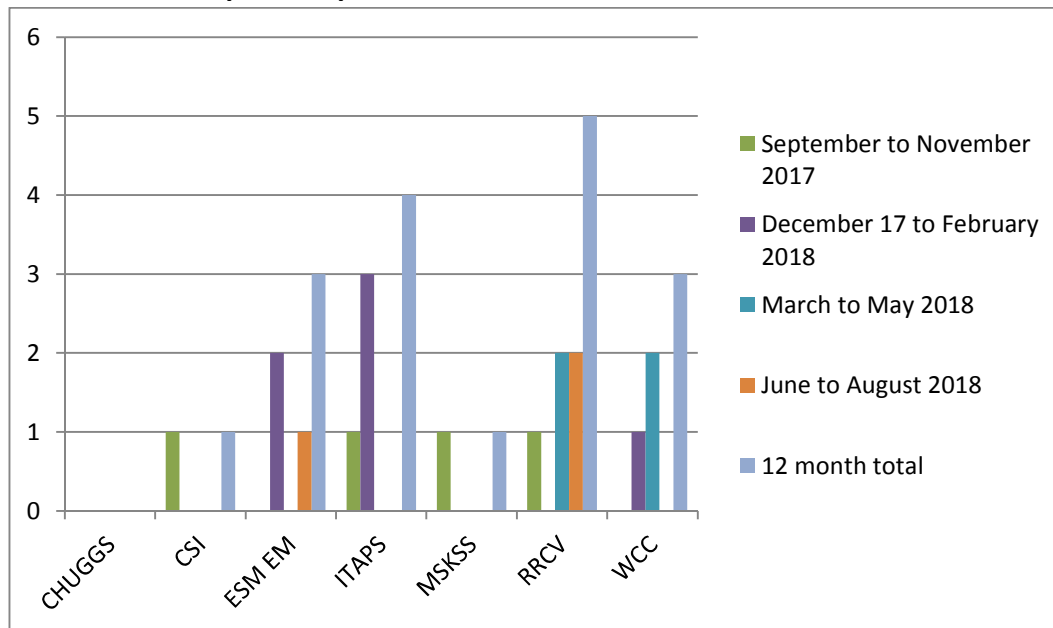
5.6 There is significant increase in the number of exceptions recorded in MSSS. Of the 16 exceptions recorded in MSSS, 11 are from two doctors working in Ophthalmology. At present there are no plans to alter the work schedule/rota template, however both doctors have been advised that this will be monitored closely and should the Service or doctors consider a change is required a meeting will be organised with the doctors to review and implement a change in work pattern.

5.7 Majority of the exception reports in CHUGGs are from the F1 doctors working in Surgery at the LGH site. Following an increase of exceptions recorded during the period December 2017 to February 2018, a new rota template was implemented in April 2018, which resulted in reduction in the number of exceptions being recorded between March to May 2018. Unfortunately, there has been another rise in the number of exceptions being recorded in the last quarter. Out of the 35 exception recorded in CHUGGS, 28 exceptions were received from F1 doctors working in Surgery. The Service is currently reviewing the work arrangements and staffing levels, an update will be provided in the next Trust Board report.



5.8 Graph 3 provides an overview of the number of education exceptions received by CMG for each quarter and in the 12 month period.

**Graph 3 Education Exception Reports**



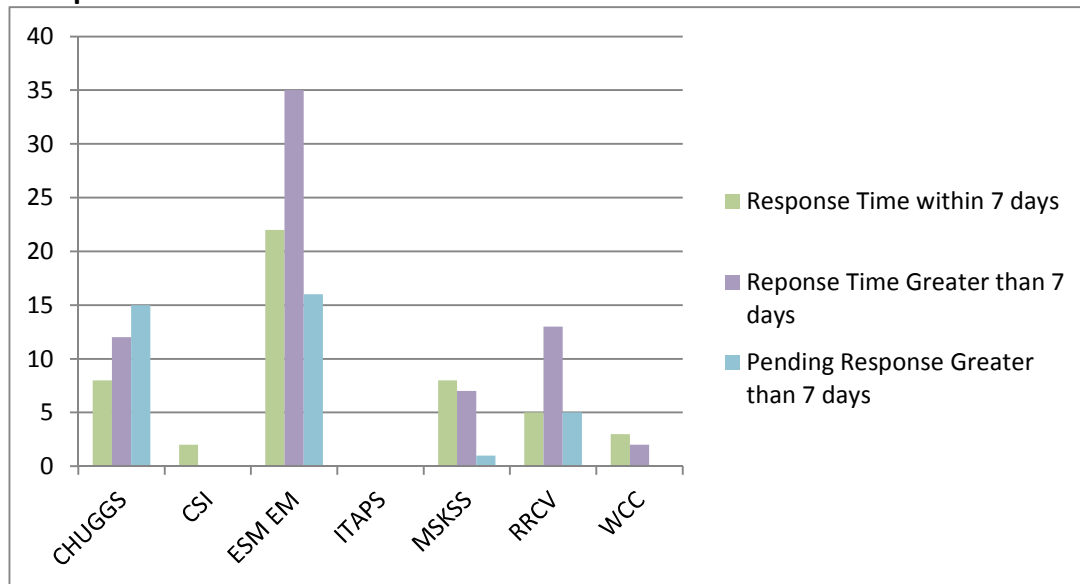
5.9 The three education exceptions recorded during this quarter were due to doctors not being able to attend teaching sessions. Two were from doctors in RRCV who could not attend due to staff shortages. One was from a doctor in ESM who was unable to attend due to a sick patient on the ward.

**6. Outcome of the Exception Reports**

6.1 For the majority of the Exception Reports time off in lieu (TOIL) is allocated. In the last quarter out of the 154 exceptions received, TOIL has been allocated for 59 exceptions. Thirty three doctors will receive additional payment extra hours worked, which is a significant increase from last quarter when 12 doctors were paid for the extra hours worked. Further information has been requested from 24 doctors and 25 exceptions required no further action. There are 13 exceptions still open and require a response.

6.2 Junior Doctors are required to raise Exception Reports with 14 days (7days if payment is being requested) of the issue occurring. The Trust has 7 days to provide a response. The response time for exceptions in the last quarter is detailed in the graph 4 below:

**Graph 4 Response Time**



6.3 It is still taking longer than 7 days to respond to the majority of the exceptions. Following discussions at the Trust Workforce and Education Group Meeting, it has been agreed that an escalation procedure should be implemented to make improvements.

**7. Work Schedule Changes**

7.1 There have no work schedule changes in the last quarter.

**8. Junior Medical Staff Vacancies**

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

| CMG          | Establishment | FY1      | FY2      | CT1/2     | TG F2/CT1/2 | ST3+      | TG ST3+   | Total     | Percentage Vacancy |
|--------------|---------------|----------|----------|-----------|-------------|-----------|-----------|-----------|--------------------|
| CHUGGS       | 133           | 0        | 2        | 2         | 7           | 1         | 0         | 12        | 9%                 |
| CSI          | 63            | 0        | 0        | 1         | 0           | 1         | 0         | 2         | 3%                 |
| ESM EM       | 287           | 0        | 1        | 3         | 3           | 9         | 7         | 23        | 8%                 |
| ITAPS        | 84            | 0        | 0        | 0         | 0           | 0         | 0         | 0         | 0%                 |
| MSKSS        | 129           | 0        | 0        | 0         | 6           | 1         | 5         | 12        | 9%                 |
| RRCV         | 153           | 0        | 1        | 2         | 1           | 1         | 3         | 8         | 5%                 |
| WCC          | 172           | 0        | 1        | 3         | 0           | 2         | 0         | 6         | 3%                 |
| <b>Total</b> | <b>1024</b>   | <b>0</b> | <b>5</b> | <b>11</b> | <b>17</b>   | <b>15</b> | <b>15</b> | <b>63</b> | <b>6%</b>          |

8.2 During this period there are a total of 63 vacancies which equates to 6% of the total junior medical staff establishment. This is slightly lower than in the last quarter.

8.3 Recruitment is being actively managed where gaps exist, to look to fill substantively fill posts and where possible avoid premium pay. A joint medical education and workforce committee has been established to provide oversight and management of the medical workforce agenda.

## **9. Conclusion**

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

9.2 The next Guardian of Safe Working report will be provided in January 2019.

## **10. Recommendations**

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