

Cover report to the Trust Board meeting to be held on 5 July 2018

Trust Board paper M

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

Reporting Committee:	People, Process and Performance Committee
Chaired by:	Andrew Johnson, Non-Executive Director
Lead Executive Director(s):	Rebecca Brown – Chief Operating Officer Joanne Tyler-Fantom / Bina Kotecha – Joint Acting Directors of People and Organisational Development
Date of last meeting:	28 June 2018

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

This report provides a summary of the following key issues considered at the People, Process and Performance Committee on 28 June 2018:

- ***Emergency Performance and Organisation of Care Report***

This report provided an update on performance against the NHSI trajectory for emergency care, which improved in May 2018 and remained above the NHSI trajectory. The report provided an update on the actions to enable further improvement.

Specific discussion took place regarding:-

- a current lack of assurance as to the whether performance against the four hour trajectory could be sustained, particularly in light of the need to achieve against a higher trajectory later in the 2018/19 financial year – note was made of recent revisions to the ED action log which represented significant changes. The revised action log would shortly be issued as part of the weekly performance report;
- following the re-setting of the UHL 4 hour performance trajectory, the need now to revise the LLR wide performance trajectory was noted, as was the planned development of LLR-wide actions (a proportion of actions would require specific UHL action, whilst others would represent a ‘system-ask’). The LLR action plan was expected to be available for submission to the PPP Committee in August 2018;
- the benefit to be achieved if additional granularity of data re specific internal performance could be provided (in order to focus targeted interventions on those areas within UHL’s gift to resolve). The Committee particularly wished to see improvements made in relation to non-admitted breaches, primary care breaches within ED and breaches occurring between 8pm and 4am and they also highlighted the need for robust system-wide leadership;
- the positive achievements made in respect of ambulance handover performance and also in relation to stranded and super stranded patients, which was welcomed, and
- the need for the Trust to be cognisant of its national ranking in terms of the potential lessons to be learnt from elsewhere.

In conclusion, the People, Process and Performance Committee acknowledged the current achievement of 4 hour performance against the agreed trajectory, however expressed a current lack of assurance as to the sustainability of performance against the rising trajectory in future months without successful implementation of the specific actions identified and that these actions have the desired effect within the time available.

- **Winter Planning 2018/19, comprising:-**

- **Winter Capacity Planning**

This report detailed progress in respect of the Trust's capacity plans for Winter 2018/19 and specifically included information regarding unresolved issues to-date, the re-phasing of the plan, progress on outsourcing, planning for a modified profile of elective surgery, high level changes to the theatre plan, details of the specific groups undertaking work towards the winter plan for 2018/19, the anticipated bed gap, progress on the establishment of additional winter wards, plans in relation to frailty and the planned work programme. The Committee welcomed sight of these detailed plans at such an early stage in the year and suggested that it would be helpful to focus on frailty at a future Trust Board Thinking Day. In discussion, it was also agreed that the Director of Operational Improvement would review the possibility of adopting a 'gold standard' approach to the various aspects which comprised the timeline to discharge given the benefits this could yield both in terms of patient experience and bed capacity. Discussion took place on the LLR system initiatives to improve winter performance and it was agreed to invite Ms R Vyas, Head of Strategic Development, to attend the July 2018 meeting of the PPP Committee for the purpose of updating the Committee on the LLR initiative on the Community Services Bed Base Review, as she is leading this initiative.

- **Nurse Staffing Plan for Extra Capacity Winter Wards**

This report detailed a high level plan of activities to support additional nursing capacity from 1 October 2018 to 31 March 2019. Specific note was made of the Nursing Recruitment Day planned for Saturday 7th July 2018, and the Acting Chief Nurse was requested to provide an update at the next PPP Committee meeting in July 2018 as to whether it was likely that the Trust would be able to recruit to plan after the outcome of this event was known. Specific discussion took place regarding different and innovative ways of working, alterations of skill mix (where relevant), external assistance in the undertaking of statutory and mandatory audits, the use of Nurse Associates and the use of a pool of recently retired staff. In spite of all of the planned initiatives, it was still expected that there would be a sizeable nurse staffing gap and this information would be shared with NHSI. It was noted that this work all formed part of the Workforce Strategy due to be received at the July 2018 meeting of the PPP Committee.

- **Assurance of CMG Management Processes and Performance, - CMG Performance Review Process (utilising the MSS Assurance Performance Review meeting slides)**

This report made reference to the review and strengthening of the arrangements which the Executive Team had in place to oversee the performance management of the Clinical Management Groups following the constructive challenge provided by the PPP Committee over the past few months and detailed the new approach which would operate fully from June 2018. The PPP Committee would therefore receive the Executive Team's review of the performance of the CMGs at its July 2018 meeting. The Committee Chairman (and the wider Committee) noted that they were very encouraged by the progression of this work and considered this latest iteration a major step forward in assuring effective management of CMG performance. The Executive Team considered this a more enhanced data-driven process than that employed previously. The Committee Chairman noted that while the content of the management pack might change to reflect experience, the next major stage in the process would be the development of a process roadmap led by the Executive Team. He recommended that the Executive Team ensure that they now take steps to tie in the objectives of the individuals in the CMG leadership teams to the Annual Plan for each CMG.

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

The 2016 Junior Doctors Contract had been fully implemented at UHL and, in line with the requirements of the 2016 Contract; this report provided a quarterly update on Exception Reporting activity at the Trust. In presenting this report, Ms Tyler-Fantom, Acting Joint Director of People and Organisational Development highlighted the positive feedback received regarding the Trust's processes and noted the planned targeting of any CMGs who were late in returning exception reports. The Committee received and noted the contents of this report and recommended it onto the Trust Board for formal receipt and noting (as attached).

- **Update regarding Agenda for Change**

This report set out the updated position on the Agenda for Change Trade Union Consultation and the next steps for UHL. The full NHS Staff Council meeting to formally ratify the deal had taken place on 27 June 2018

and a formal announcement arising from that meeting was awaited. The Committee received and noted the contents of this report and specifically noted the funding arrangements to cover the additional costs arising from the pay deal.

- **Workforce and Organisational Development Plan Update**

The slide deck accompanying this report to the Committee captured key workforce datasets for Month 2 (May 2018). Specific note was made of the fact that the Workforce Plan was due to be submitted to the next PPP Committee in July 2018. Particular note was made of the usefulness of understanding any nuances in staff turnover figures (in terms of staff groups, seasonal variations etc.) and it was noted that this data was fed through the CMGs.

- **Minutes for Information**

The Committee received the following Minutes for information:

- Executive Performance Board (22 May 2018), and
- Executive Workforce Board – it was noted that the next meeting would be held on 17 July 2018, the action notes from which would subsequently be submitted to the PPP Committee for information.

Joint PPPC and QOC session:

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

This report detailed the quality and performance metrics as at month 2 (May 2018). Particular discussion took place relating to RTT, diagnostics (including the considerable growth in imaging requests and the detailed internal review and discussion being undertaken in relation to this), 52 week wait breaches, cancer performance (including the growth in cancer referrals and increase in cancer detection rates), 62 day thematic breach analysis and the review of first principles in terms of looking at previous decisions made with specific regard to unintended performance consequences.

Matters requiring Trust Board consideration and/or approval:

The Trust Board are specifically requested to note the following items:-

- **Emergency Performance and Organisation of Care Report** – in particular the current lack of assurance as to the sustainability of performance against the 4 hour trajectory, and
- **Junior Doctors Contract Guardian of Safe Working Report** – to formally receive and note the contents of the latest quarterly report (as attached).

Matters referred to other Committees:

None.

Date of next meeting:

26 July 2018.

Junior Doctors Contract Guardian of Safe Working Report

Author: Jonathon Greiff, Guardian of Safe Working, Consultant Anaesthetist and Vidya Patel, Medical Human Resources Manager
Sponsor: Joanne Tyler-Fantom, Acting Director of People and Organisational Development
PPPC: 28th June 2018

Executive Summary

Paper G

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

Context

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

In the last three month period from 1st March 2018 to 31st May 2018 there have been 125 exceptions recorded; a total of 545 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. To date 545 exceptions reports have been recorded. Twenty-three are related to education issues and others relate to work patterns. The Exception Reporting procedure was initially implemented in December. Following feedback from the Trust Junior Doctors Contract Forum the procedure has been revised and re-communicated in March 2018.
2. In the last quarter there are 68 vacancies on junior medical staff rotas. The majority of these gaps are being managed by backfilling with locum doctors. Active recruitment is on-going to fill any remaining gaps.

Input Sought

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

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

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

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

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

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

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

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

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

3. Related **Patient and Public Involvement** actions taken, or to be taken: [NA]
4. Results of any **Equality Impact Assessment**, has been undertaken and shared with the Executive Workforce Board on 17th January 2017.
5. Scheduled date for the next paper on this topic: October 2018
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 3rd 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

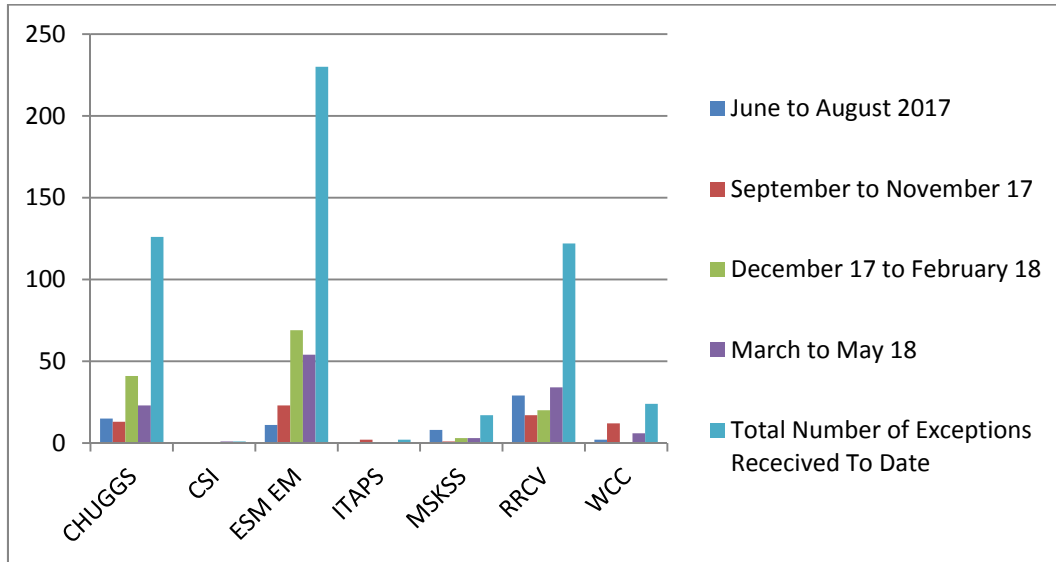
- 3.1 In line with the Trust procedure for Exception Reporting, doctors that have transitioned to the new contract will raise Exception Reports on work pattern or educational problems using a web based package.

4. Number of Exceptions Reported

- 4.1 From 6th December 2016 to 28th February 2018, a total of 545 Exception Reports have been received of which 125 were received in the last quarter (1st March 2018 to 31st May 2018). In total 23 exceptions relate to educational opportunities and the remainder relate to work pattern or support issues.

5.2 Work Pattern and Support Exception Reports

5.2.1 The graph below provides an overview of the number of work pattern exceptions received by CMG for each quarter and in the 12 month period.

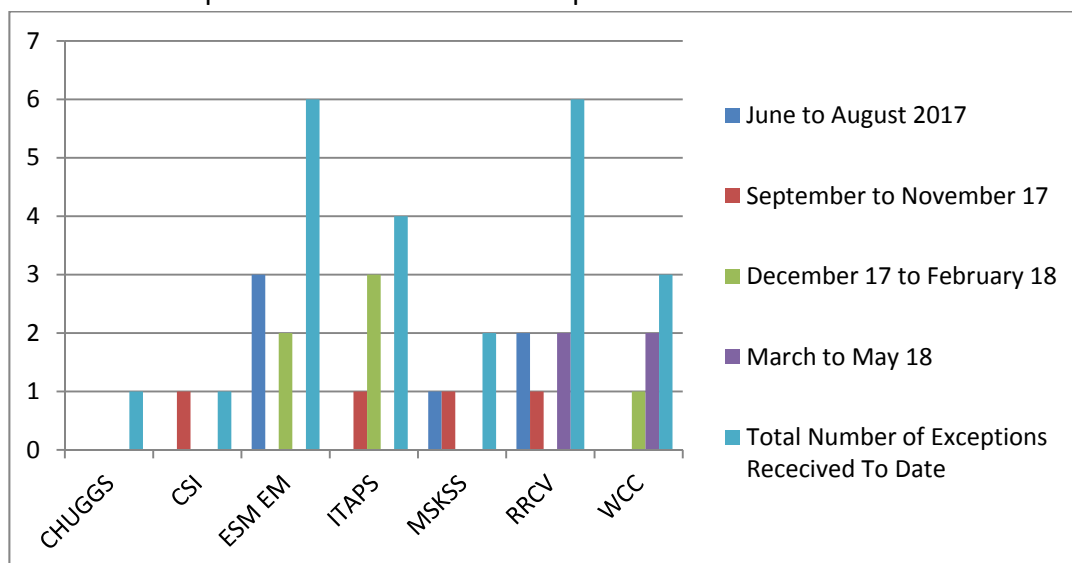


5.2.2 There is slightly fewer work pattern exception in the last quarter, 121 during the period March to May 2018, in comparison to December 2017 to February 2018 when we received 133 exceptions. This could be as a result of the end of the winter work pressures.

5.2.3 The number of exception reports recorded in CHUGGs has reduced in comparison to the previous quarter; this may be due to a new rota template being implemented in April 2018.

5.3 Education Exception Reports

5.3.1 The graph below provides an overview of the number of education exceptions received by CMG for each quarter and in the 12 month period:



5.3.2 Of the four education exceptions recorded during this quarter, two are from one surgical doctor who was required to cover a medical ward, the Head of Service is aware and will review the training opportunities lost and whether these can be re-arranged. The other two are individual cases of missed training opportunities which have been managed.

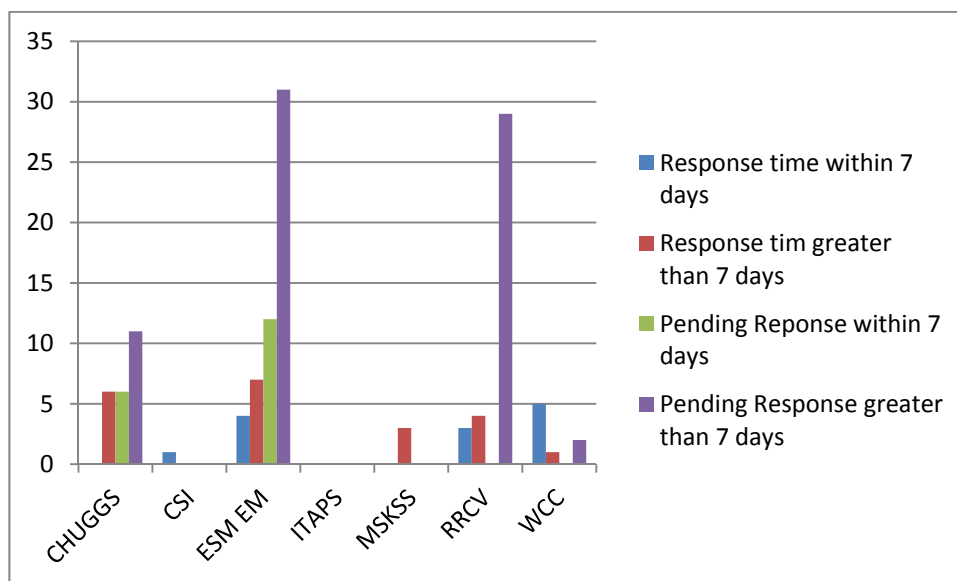
5.4 Outcome of the Exception Reports

5.4.1 For the majority of the Exception Reports time off in lieu (TOIL) is allocated. In the last quarter out of the 125 exceptions received, TOIL has been allocated for 43 exceptions. Twelve doctors have been paid for the additional hours worked, which is a significant increase from last quarter when only 2 doctors were paid for the extra hours worked. Further information has been requested from 17 doctors and 8 exceptions required no further action. There are 45 exceptions still open and require a response.

5.4.1 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 and given that the requirement to exception report is actively promoted amongst junior doctors through Trust forums in place. A trend analysis will be undertaken for the next, report as the data collected spans a full 12 month period.

5.5 Response Time

5.5.1 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 3 below:



5.5.2 Greater compliance on response times is expected from CMGs. This will be communicated via the JDA forum and via separate communications to the CMGs.

6. Work Schedule Changes

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

7. Junior Medical Staff Vacancies

7.1 Vacancies in the Current Period

7.1.1 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	1	0	0	2	0	0	3	2%
CSI	63	0	0	1	0	4	0	5	8%
ESM EM	287	0	0	4	9	6	3	22	8%
ITAPS	84	0	0	0	0	0	0	0	0%
MSKSS	129	0	0	0	5	0	3	8	6%
RRCV	153	1	0	0	9	2	8	20	13%
WCC	172	0	0	1	1	4	4	10	9%
Total	1024	2	0	6	26	16	18	68	7%

7.1.2 During this period there are a total of 68 vacancies which equates to 7% of the total junior medical staff establishment. This is slightly lower than usual at this time of year.

7.1.3 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.

8. Conclusion

8.1 The implementation of the 2016 Junior Doctors Contract has been successful.

8.2 The next Guardian of Safe Working report will be provided in October 2018.

9. Recommendations

9.1 PPPC Committee members are requested to note the information provided in this report and are requested to provide feedback on the paper as considered appropriate.