

Cover report to the Trust Board meeting to be held on 10 January 2019

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

Reporting Committee:	People, Process and Performance Committee
Chaired by:	Andrew Johnson - PPPC Chair and Non-Executive Director
Lead Executive Director(s):	Rebecca Brown – Chief Operating Officer Hazel Wyton – Director of People and Organisational Development
Date of last meeting:	20 December 2018

Summary of key public 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 20 December 2018:-

(1) Performance

• **Urgent and Emergency Care Performance Report – Month 8**

The Deputy Chief Operating Officer presented a report which detailed the position within emergency and urgent care as at the end of November 2018. Progress against plan was being made, however the rate of improvement had not been as fast as expected and additional actions were being implemented to underpin targets. The national ranking of LLR system performance was 122 at the beginning of November 2018, this had improved to 114 in the beginning of December 2018. In respect of ambulance handovers, the number of conveyances in November 2018 was 6% higher than the same period in 2017. The growing number of attendances and proportion of patients arriving by ambulance had put pressure on ambulance assessment and majors. Continued focused work was being undertaken to deliver the required improvements, including a particular focus on process flow. A new process in majors was being trialled to improve the speed of decision making. At the end of November 2018, there were 170 adult patients who had stayed in hospital longer than 21+ days (i.e. super stranded patients). Whilst the Trust’s stranded patients remained low against the national benchmark, there was still an opportunity for improvement and the target was to reduce the number of these patients to a maximum of 156 by December 2018. Alongside UHL actions to improve non-admitted breaches, Primary Care remained a vital component. There had been some improvement in Primary Care 4-hour performance in November 2018 and further improvement was being targeted. A new assessment process prior to primary care testing had been put in place and the Trust continued to work intensively with DHU to improve the performance and responsiveness of the primary care stream. A further update on the rapid cycle test to improve the model in adult walk in assessment would be provided to PPPC in February 2019. The report presented also included an update on the important frailty initiative being undertaken and a separate review of primary care performance including actions to improve.

Particular discussion took place regarding the following:-

- the initiatives that had been put in place to improve primary care 4-hour performance (ED front door), noting that key improvements had been seen. Responding to a query from the PPPC Chair, it was noted that the plan was to improve performance to 80% and noting that each initiative/individual workstream had a specific set target;
- the need for a focussed systems-wide approach to see the desired improvements in primary care stream productivity;
- the positive progress being observed in relation to the LLR frailty programme and the need for further improvement in terms of the identification and referral systems to conduct MDT assessments on specific cohorts of frail patients;
- the report titled “‘Under Pressure’ CQC national report - gap analysis of ED safety’ which featured as paper F on the agenda for the Quality and Outcomes Committee on 20 December 2018 to be discussed at PPPC in January/February 2019;
- the need to maintain focus on process flow and key metrics that would assure the Committee on clinical outcomes noting that the current focus was mostly on ED 4-hour performance. The Chief Operating Officer undertook to provide an update on this matter at the PPPC in January and/ February 2019;
- in further discussion, members noted the very significant growth in ED CT demand, and received assurance that at the QOC meeting in November 2018, the Medical Director had advised that this was being appropriately challenged by Imaging (CSI CMG).

The PPPC Chair noted that, although it understood the efforts that continued to be made to improve performance, the Committee was not assured that the Trust was currently able to meet its targets for Urgent and Emergency Care performance.

- **Cancer Performance – Month 8**

The Director of Operational Improvement presented a report detailing the latest (Month 8) position in terms of the Trust's cancer performance, noting that cancer performance had generally improved. A robust action plan owned by the Trust's Clinical Management Groups (CMGs) was in place and continued to support the improvement of performance. Support was required from primary care to manage the growth in referrals. The 62 day standard remained the Trust's biggest challenge with the backlog being above trajectory. As a result of continued pressures in breast 2 week wait referrals and a growing backlog, a number of additional actions had been identified and would be implemented to ensure patients were seen as quickly as possible. Dr K Mclean, Chief Operating Officer and Medical Director of NHSI had led a visit to UHL to discuss cancer performance and improvements. Informal feedback from this visit had been positive and NHSI had been assured that the Trust was taking necessary action to enable both recovery and sustainability. NHSI had also offered support to further improve performance. A new cancer diagnosis standard, designed to ensure that patients find out within 28 days whether or not they have cancer, would be introduced in 2020, however reporting was planned to commence from April 2019. In order to prepare for the 28-day faster diagnosis standard, UHL would be shadow reporting from January 2019. Ms K Jenkins, Non-Executive Director commented on the patient impact of the data and suggested that a root cause analysis of the breaches (i.e. patients who had missed the target) be submitted to the Trust Board. In discussion on this matter, it was agreed that a cancer performance information report would be presented to the Trust Board on a quarterly basis. Particular discussion took place regarding the importance delayed referrals from other Centres and the Chief Operating Officer noted the need for a strategic approach to resolve this issue. The Director of Operational Improvement undertook to action this noting that the inter-Trust transfer policy needed to be reviewed.

- **UHL Winter Plan 2018/19**

The Director of Operational Improvement presented a report which described how the Trust was responding to increased surges and other service demands during the 2018/19 winter period. The PPPC Chair commended the style of this report highlighting that it was informative and clear. Since the presentation of the plan to the PPPC in November 2018, the following changes had been made: - there had been an increase in bed gaps over the winter period, an additional 28 bedded ward at the Glenfield Hospital and one additional 28 bedded ward (ward 7) at the LRI would be opened in order to mitigate the impact of winter and to allow more elective activity to continue through winter 2018/19. Responding to a query, the Director of Operational Improvement undertook to include an update on the recruitment of Cardiologists and Cardio-Respiratory Consultants in the next iteration of the winter plan. Members were advised that University Hospitals of the North Midlands (UHNM) NHS Trust (Stoke on Trent) had put a number of measures in place to improve safety and performance in their Urgent and Emergency Care stream, last year. One measure was designed to improve flow, which was to invite all the system stakeholders into their Command and Control Centre to create a single C2 Centre for the system. UHNM felt this was successful and had merit. The Chief Operating Officer advised that a similar arrangement was in place at UHL but noted that it might be worth contacting colleagues in UHNM NHS Trust to discuss and understand their initiative in more detail. In discussion on the OPEL 4 level, the Chief Operating Officer undertook to ensure that future 'Urgent and Emergency Care Performance Reports' to the PPPC would include a specific update if the Trust had declared a step to OPEL 4 level during the reporting period and the trigger for this.

(2) Process

- **CMG Review Meetings – Recent Meeting Document Packs for MSS and W&C CMGs**

The PPPC Chair advised that papers F1 and F2 had been included on the agenda in order to provide assurance that the correct and appropriate processes were in place given the issues with the financial performance of the Trust. In discussion on these papers, the PPPC Chair expressed concern that the CMGs were not sufficiently quantifying the information provided (i.e providing specific performance vs KPI data and trends). Consequently, he was concerned that a familiar 'routine' had been established for the meetings which could lack appropriate challenge as a result. In response, the Chief Operating Officer provided assurance that the CMGs were appropriately challenged and if the required information was not available, then the CMGs were requested to provide this. The Executive Directors present provided assurance that although the CMG Assurance Performance Review Meetings had a standard format, the matters discussed were contemporary including achievements and improvements and CMGs were not only challenged and performance managed but were also provided with support, where required. It was noted that a CMG Senior Leadership Development Programme had been developed as part of the Integrated Leadership Programme and Joint Trust Board and CMG Senior Leadership Team sessions would be planned as part of this programme which would reinforce the responsibility and accountability of CMG senior leadership teams and their consequent relationship with the different elements of the Trust Board.

- **CMG Accountability and Performance Framework**

The PPPC Chair sought an update on the timetable and plan for driving accountability through all management levels of the CMGs, via the devolving of an Accountability and Performance Framework. In discussion, the Chief Operating Officer advised that a plan was in place but, due to winter pressures, would not commence until late February 2019 in respect of driving accountability downwards and subsequently assessing performance.

(3) People

- **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) provided 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. It was also noted that in this quarter there had been a significant increase in the number of exceptions recorded in RRCV CMG, specific interventions had been put in place to address the concerns. The Chief Executive was particularly re-assured by the relatively lower number of junior doctor vacancies although noting that there were a few 'hot spot' areas. The Guardian of Safe Working Quarterly Report is appended to this report.

- **Annual Integrated Leadership Programme (2018-19)**

The Committee noted positively the progress with setting up and delivering a range of cultural and leadership development programmes that would align to the Trust's People and Quality Improvement Strategy. Responding to a comment from the PPPC Chair, the Director of People and OD advised that a Trust-wide communication plan to commence implementation of the programmes set out in the Annual Integrated Leadership Programme was being drafted. The contents of paper I were endorsed.

- **Bi-Annual Equality and Diversity Report**

The PPPC received and noted the contents of this report, noting the considerable progress made in some areas of the Workforce Race Equality Standard (WRES), which was very encouraging. In response to a query on the implementation of the Accessible Information Standard, the Deputy Director of Learning and OD advised that the software required to capture patients' information and communication needs had been authorised and the specification would now be developed accordingly. The contents of paper J were endorsed.

- **Workforce and Organisational Development Data Set**

The slide deck accompanying this report to the Committee captured key workforce datasets for Month (November 2018), the contents of which were received and noted.

- **Exercise Blue Peter – Debrief Report**

The Committee received and noted the contents of the report which provided feedback from the (regional) Exercise Blue Peter and was reassured that UHL had acquitted itself well.

- **Minutes received for information**

Executive Performance Board Meeting of 23 October 2018.

Joint PPPC and QOC session:

- **Quality and Performance Report – Month 8**

Joint paper 1 detailed performance against quality and performance indicators as at Month 8 (period ending November 2018), the contents of which were received and noted. Particular discussion took place regarding: (1) 52 week breaches (there had been no such breaches for 5 consecutive months) and the need for careful management of these through the winter period was recognised (2) cancelled operations and patients rebooked within 28 days remained non-compliant, however, a method of escalation had been instigated (3) RTT performance (4) diagnostics performance (5) delayed transfers of care (6) FFT performance was above national target (7) in respect of cancer performance, it was suggested that overall performance across all tumour sites be included, and (8) ambulance handover times had deteriorated, the reasons for which were multi-factorial (increased ambulance attendances having been previously discussed).

Ms K Jenkins, Non-Executive Director noted that the report included a summary scorecard for in-month and year to date performance and suggested that a further dashboard which provided the headlines on how the Trust was going to make further improvements would prove useful.

- **CMG Performance Review Slides**

A report detailing the latest summary and rating data from the CMG Performance Review meetings was received

and noted. The Chief Executive commented that given the discussion at the FIC meeting on 20 December 2018, deterioration in finance ratings was expected.

Matters requiring Trust Board consideration and/or approval:

Recommendations for approval:-

1. Guardian of Safe Working Quarterly Report

Items highlighted to the Trust Board for information:

1. Urgent and Emergency Care Performance.

Matters referred to other Committees:

None.

Date of Next Meeting:

31 January 2019

Junior Doctors Contract Guardian of Safe Working Report

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

Executive Summary

Paper H

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 September 2018 to 30th November 2018 there have been 189 exceptions recorded; a total of 842 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 30th November 2018, 842 Exception Reports have been recorded. The Exception Reporting procedure was initially implemented in December. There has been a steady increase in the number of exceptions being recorded in each quarter. An increase in the number of exceptions reports is considered to be due to better reporting and an improvement in the embedding of the exception reporting process at the Trust.
2. As at November 2018 there are 68 vacancies on junior medical staff rotas. Active recruitment is on-going to fill any remaining gaps. Locum backfill is arranged where required.

Input Sought

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

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

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

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

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

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

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

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

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

3. Related **Patient and Public Involvement** actions taken, or to be taken: [NA]
4. Results of any **Equality Impact Assessment**, has been undertaken and shared with the Executive Workforce Board on 17th January 2017.
5. Scheduled date for the next paper on this topic: April 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 3rd August 2016. In line with the national timescales, the 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. All doctors are now working on the new contract.

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

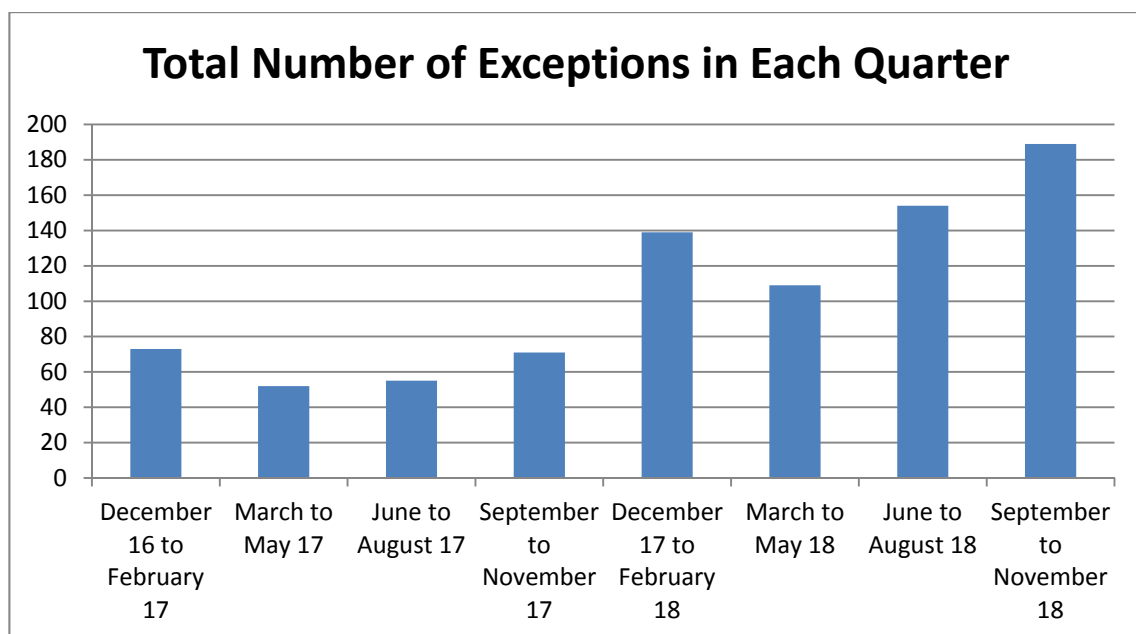
- 4.1 Please note that the method for reporting the number of Exceptions Reports received has changed. From December 2016 to December 2017, a manual counting process was in place where each episode was counted as an Exception Report (multiple episodes can be reported under one exception). From January 2018, the reporting function from the software package allowed for an automated process to count the number of exceptions received. Therefore, 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 exceptions 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 6th December 2016 to 30th November 2018, a total of 842 Exception Reports have been recorded, of which 189 were received in the last quarter (1st September to 30th November 2018).

5.2 Graph 1 demonstrates the total number of exceptions received in each quarter. 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 the 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 in the number of exceptions reports is considered to be due to better reporting and an improvement in the embedding of the exception reporting process at the Trust.

Graph 1 Exceptions Recorded in Each Quarter

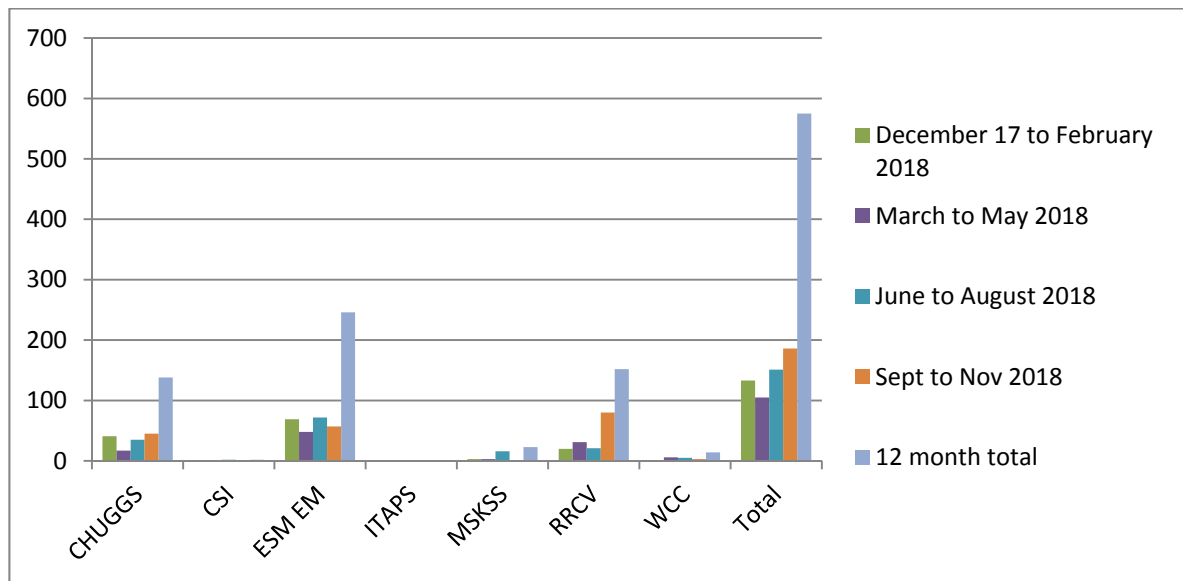


5.3 The Trust has sought to obtain data in order to benchmark if the number of exceptions received at UHL is aligned with other Trusts. However, this information has not been forthcoming and therefore further attempts will be made by the Guardian of Safe Working to obtain this information, which will be shared at a later date.

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 provides an overview of the number of Work Pattern exceptions received by each CMG for each quarter, also the total number of Work Pattern exceptions for the 12 month period.

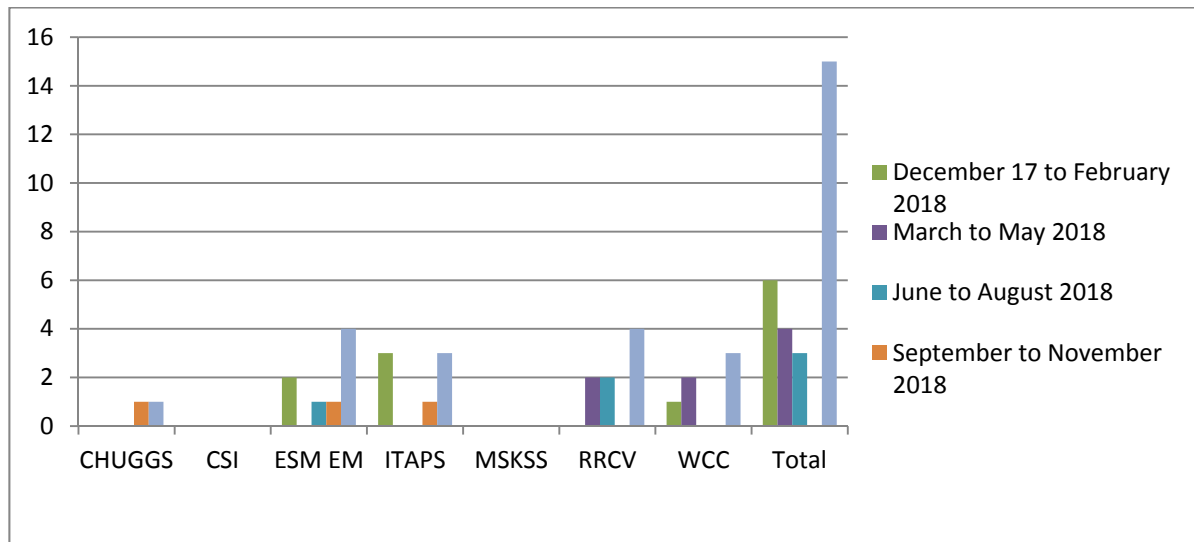
Graph 2 Work Pattern Exception Reports



5.6 In this quarter there is a significant increase in the number of exceptions recorded in RRCV. Of the 80 exceptions recorded in RRVC, 41 are from F1 doctors working Vascular Surgery. This is a significant increase compared to the previous quarter when only 4 exceptions were raised by Vascular F1 doctors. To establish the reason for the increase in exception reports, a meeting was held with the Vascular F1 doctors, the Guardian of Safe Working and HR. The Guardian followed up with discussions with the Head of Service. It is anticipated that the issues which arose in Vascular Surgery in the last quarter are being managed and that there should not be any on-going issues. Future exception reports will be monitored closely and any required action will be taken.

5.7 Graph 3 provides an overview of the number of education exceptions received by CMG for each quarter, and also the total number of Education exceptions for the 12 month period.

Graph 3 Education Exception Reports



5.8 The three education exceptions recorded during this quarter were due to:

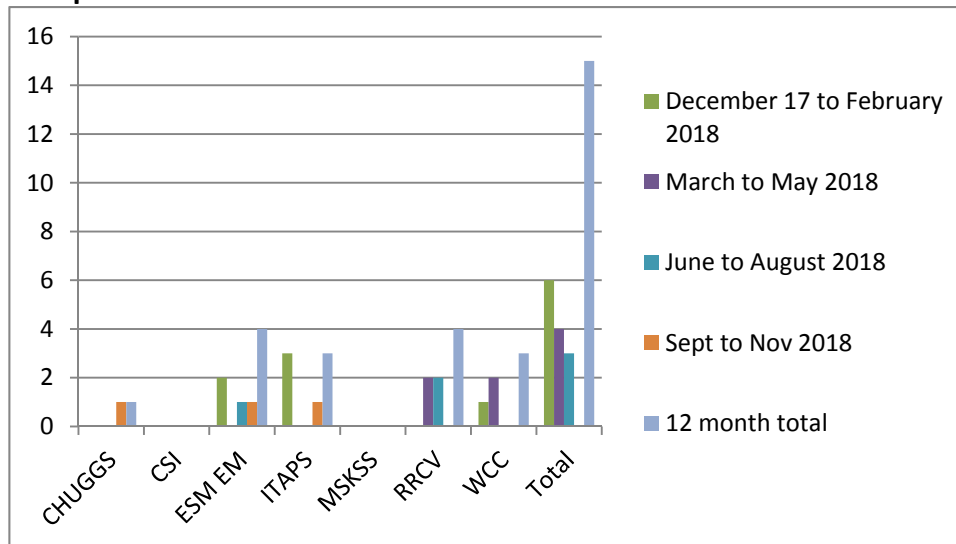
- i. One doctor being unable to attend a teaching session due to patient becoming very poorly 15 minutes prior to teaching session commencing.
- ii. One doctor being unable to attend a non-mandatory meeting due to workload.
- iii. One doctor being moved from a training list to support a different sub specialty. This exception will be discussed at the next unit meeting, to ensure trainees are only moved from training lists when there is a clinical need, following discussion with the on-call and lead consultants.

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 186 work related exceptions received, TOIL has been allocated for 85 exceptions. Sixty-nine doctors will receive additional payment extra hours worked, which is a significant increase from last quarter when 33 doctors were paid for the extra hours worked. The increase in the number of doctors receiving payment rather than TOIL is due to high workloads not allowing further time off. Further information has been requested from 4 doctors and 14 exceptions required no further action. There are 17 exceptions still open and require a response.

- 6.2 Junior Doctors are required to raise Exception Reports with 14 days (7 days if payment is being requested) of the issue occurring. The Trust has 7 days to provide a response. 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, an escalation process has been agreed and will be implemented in the New Year to improve response time.

7. Work Schedule Changes

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

8. Junior Medical Staff Vacancies

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

CMG	Establishment	FY1	FY2	CT1/2	TG F2/CT1/2	ST3+	TG ST3+	Total	Percentage Vacancy
CHUGGS	133	0	0	0	7	1	2	10	7%
CSI	63	0	0	1	0	2	0	3	5%
ESM EM	287	0	0	0	7	9	4	20	7%
ITAPS	84	0	0	0	0	5	0	5	6%
MSKSS	129	0	0	0	4	0	6	10	8%
RRCV	153	0	1	1	3	1	3	9	6%
WCC	172	0	0	2	0	9	0	11	6%
Total	1024	0	1	4	21	27	15	68	7%

8.2 During this period, there are a total of 68 vacancies which equates to 7% of the total junior medical staff establishment. This is slightly higher than in the last quarter, when there were a total of 63 vacancies.

8.3 Recruitment is being actively managed where gaps exist, with a view to substantively filling 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 are 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 April 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.