

Our Integrated Improvement Plan

2020-2025



United Lincolnshire
Hospitals
NHS Trust



OUTSTANDING CARE
personally DELIVERED



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Welcome to our five year Integrated Improvement Plan. This strategic plan, and the divisional plans which underpin it, mark an important step forward for our Trust.

It identifies the key priorities for the Trust over the next five years (2020-2025), ensuring we are focused on the right things for both our patients and our staff.

Having focussed considerable time and effort on delivering some immediate improvements and tackling some of our most urgent quality and safety issues, we are now seeking to move from a short-term, reactive approach to quality and safety to a more comprehensive and planned approach.

This streamlined approach will help to make a real difference for our patients and support you, our staff to deliver the high standards of care to which we all aspire.

Effective partnerships across the Lincolnshire health community are vital for achieving our overall goals and we are committed to working as one health and care system.

Whether you are a patient, carer, member of staff or anyone else with an interest in the quality and safety of local health care, we hope you will find in these pages a clear statement of our intent, a strong commitment to continual improvement and a realistic and easy to follow route map of the next stages of our improvement journey.



Elaine Baylis, Chair



Andrew Morgan, CEO

How we define quality and our approach to improvement



Quality must be the organising principle of our health and care service. It is what matters most to people who use services and what motivates and unites everyone working in health and care.

Continuous Quality Improvement (CQI) has been shown to deliver better patient outcomes and improved operational, organisational and financial performance when led effectively, embedded through an organisation and supported by systems and training.

Improving quality is continuously evaluating and improving what we do to make it better for all our patients. To deliver this it is key that all staff are empowered to lead and make improvements in their everyday work and that all performance and outcomes are measured and monitored in a systematic manner.

We are taking an organisation wide approach to CQI which will ensure that local activities are aligned, coordinated and appropriately resourced.

We will support our staff to deliver improvements through:

- Providing a supportive working environment where we all have the opportunity to suggest ideas for quality improvement.
- Providing support for staff to be involved and lead their improvements to improve things for our patients and our staff.
- Providing the right level of Quality, Service Improvement and Redesign (QSIR) training to support colleagues to feel confident to improve quality.

Examples of success: Strong clinical leadership makes our organisation safer for our patients

Improving our Hospital Standardised Mortality Ratio (HSMR)

ULHT was one of 14 Trusts identified in the national Keogh Review in 2013 as having a high HSMR. The expected value was 100 and for ULHT it was 113. To reduce our HSMR and achieve our pledge of eradicating preventable deaths, we developed and implemented a wide ranging programme of work with strong clinical leadership.

This included:

- Effective mortality review programme to identify areas for improvement
- A focus on complete and accurate clinical documentation and coding
- A focus on the delivery of high quality evidence based care ensuring patients get the care in their optimum setting in the health and social care system
- Effective governance structures with clear oversight to monitor performance, delivery of actions being taken and the impact of these
- System-wide working across Lincolnshire to improve care and identify shared learning

Our HSMR has been consistently below **100** since September 2018. This places us in the top **28%** of Trusts nationally. This means we have become a safer organisation.



Examples of success: Strong clinical leadership makes our organisation more responsive



Reconfiguration of trauma and orthopaedic services

Through our close working with the Getting It Right First Time team we were selected in 2017, due to our clinical engagement in the programme, as a demonstrator site for the 'hot' (trauma) and 'cold' (elective) site reconfiguration model. The aim of the trial was to ensure a better patient and staff experience for elective and trauma care.

The aims were to reduce:

- Cancellations due to general beds
- The length of time patients need to stay in hospital
- Wait times for trauma and elective surgery
- And improve patient and staff satisfaction

Through strong clinical leadership, flexibility from staff and support across Lincolnshire we were able to transform orthopaedic services in 20 weeks. This involved redesigning theatre rotas, how staff booked patients, where staff worked, how patients received their pre-op checks and a range of other key improvements.

During this trial orthopaedics has reduced their waiting times significantly and over 90% of patients are now receiving their care within 18 weeks, enabled more patients to receive their surgery on the planned day (reduced cancellations), reduced length of stay to best in class and on course to compete £2.6m more work this year.

As a result of this work our organisation is a national trailblazer site demonstrating how to rapidly transform an orthopaedic service.

Examples of success: We have already delivered some significant improvement through strong clinical leadership

Medical recruitment across the Emergency Departments

For many years we have struggled to recruit sufficient staff for us to maintain safe rotas across our three Emergency Departments (ED). At the beginning of 2018/19 50% of our medical posts across our EDs were vacant.

During 2018 we were able to secure significant clinical support to strengthen our recruitment efforts. This included:

- Securing external clinical support to coordinate our programme
- Refreshing our offer to new recruits
- Revising our approach to in-house CESR training and rotations
- Reviewing our relocation packages
- Providing a highly supportive onboarding programme

Due to this campaign the following has been achieved:

- Improved clinical leadership through the appointment of a Trust wide clinical lead, and site based deputy clinical leads
- Appointment of 14 whole time equivalent (WTE) consultants
- Appointment of 24 WTE middle grades (14 waiting start dates) all following a CESR training programme

If all new starters arrive, the vacancy rate will be below 10% by the end of March 2020.

The next challenge will be the completion of their training programme which will take a further 12-18 months.

Examples of success: We have already delivered some significant improvement through strong clinical leadership

Ward Accreditation

For many years the Trust was challenged with variability in delivering safe, high-quality patient care and experience. This variation was also visible in the leadership of our ward and department managers who were not always clear on what their focus should be or how to deliver sustainable improvements.

In 2017 we implemented a model of Ward Accreditation across all adult inpatient areas, which:

- Set out for each ward consistent standards of care, aligned to best practice and our regulatory requirements
- Is a quality performance and accountability framework designed to drive improvements and reduce unwarranted variation in nursing practice and patient experience
- Is integral to the Trust's governance process delivering triangulated assurance
- Is a model developed in partnership with ward and speciality staff, so has a high degree of organisational ownership
- Includes measurement of staff and patient experience
- Provides a pathway of excellence as wards move through the varying levels of compliance from Red-Amber-Green-Gold, using quality improvement methods

As a result of this work our organisation is a National Exemplar Site for Ward Accreditation and wards previously described as having poor standards were highlighted for their outstanding practice in the 2019 CQC hospital inspection.

Why we need to improve further



Based on feedback we receive from our patients, staff and our partners we know we need to make more progress and improve rapidly in a number of areas.

Our patients and their families have told us they want to be more involved in decisions about their care and how local services are developed.

In keeping with our Trust values, our staff want to be able to come to work to deliver excellent patient care and feel respected and valued.

Through working with partners we know we can do more to improve the safety of care we deliver to our patients with improved staffing numbers and a clean and safe environment.

This Integrated Improvement Plan provides the framework for us to deliver these improvements.

Improved
environment

Equipped
to do a
good job

Improve
safety

Respected
and valued

Greater
involvement
in decisions
and care

Communication

Financial
sustainability

Better
staffing

Our strategic framework 2020-2025 provides our future direction

Outstanding Care, Personally Delivered

Strategic Objectives

Patients

To deliver high quality, safe and responsive **patient** services, shaped by best practice and our communities

People

To enable our **people** to lead, work differently and to feel valued, motivated and proud to work at ULHT

Services

To ensure that **services** are sustainable, supported by technology and delivered from an improved estate

Partners

To implement new integrated models of care with our **partners** to improve Lincolnshire's health and wellbeing

Values

Patient-centred

Putting our patients at the heart of our care

Compassion

Caring for our patients and loved ones

Respect

Treating our patients and each other positively

Excellence

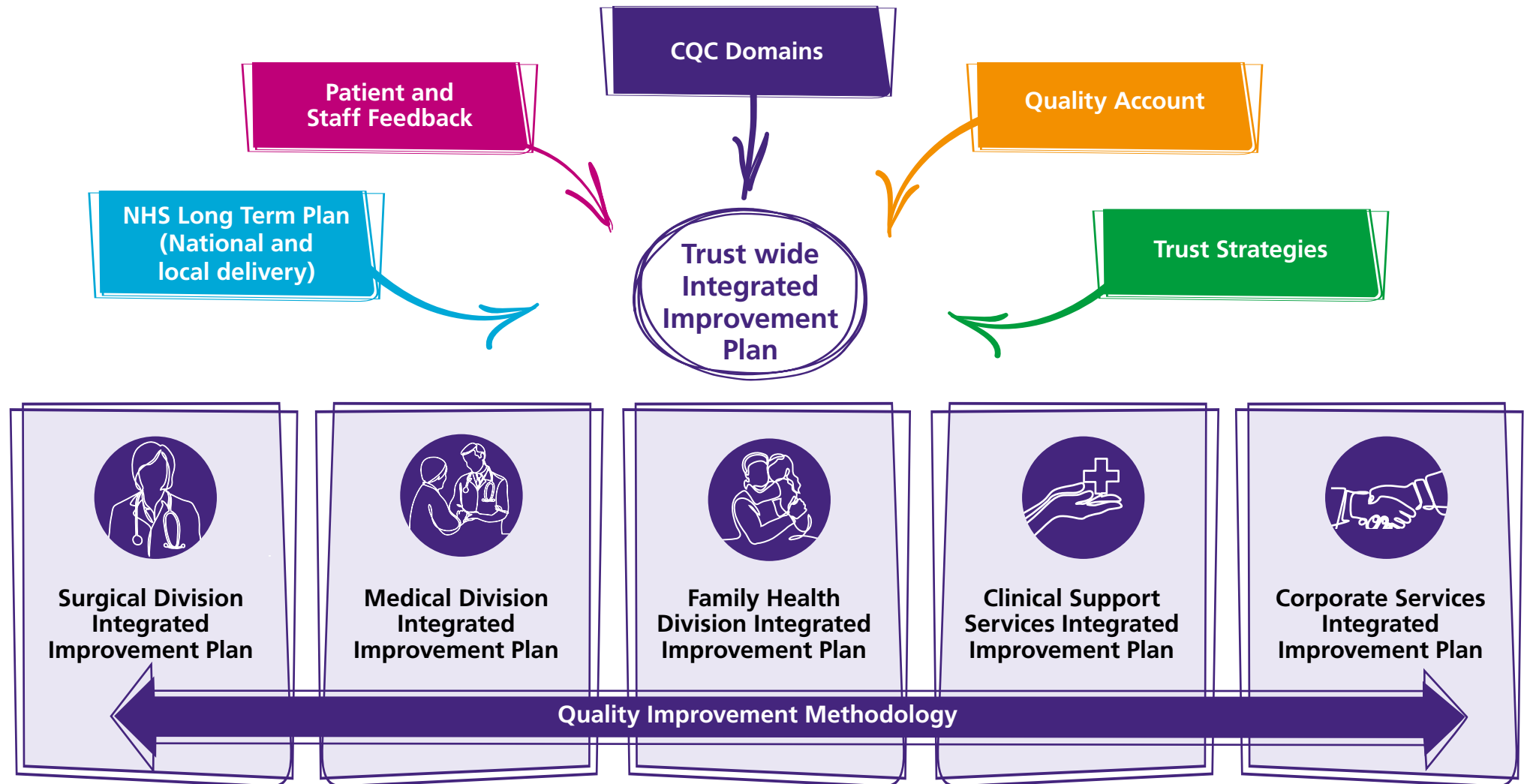
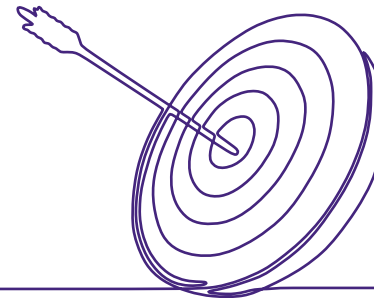
Supporting Innovation, improvement and learning

Safety

Ensuring patients and staff are free from harm

Improvement Approach

Our Integrated Improvement Plan will be at the centre of all we do, supported by our Trust values



Our Integrated Improvement Plan will be aligned to deliver our strategic objectives

Patients

People

Services

Partners

Strategic objectives

To deliver high quality, safe and responsive **patient** services, shaped by best practice and our communities.

To enable our **people** to lead, work differently and to feel valued, motivated and proud to work at ULHT.

To ensure that **services** are sustainable, supported by technology and delivered from an improved estate.

To implement new integrated models of care with our **partners** to improve Lincolnshire's health and wellbeing.

Our five year priorities

- Deliver harm free care
- Improve patient experience
- Improve clinical outcomes

- A modern and progressive workforce
- Making ULHT the best place to work
- Well led services

- A modern, clean and fit for purpose environment
- Efficient use of our resources
- Enhanced data and digital capability

- Establish new evidence based models of care
- Advancing professional practice with partners
- Becoming a University Hospitals Teaching Trust

Our outcomes

- HSMR and SHMI are within the top quartile nationally
- Patient surveys in top quartile
- Top quartile for national clinical audits and benchmarking
- Meeting all of our regulatory requirements

- Top quartile for vacancy and turnover rates
- Staff survey results in top quartile
- Rated outstanding for well led

- Capital funding secured to deliver Trust strategies
- Financial plan delivered
- Staff will have access to real-time data via electronic systems

- All nationally required access standards delivered
- A full partner in a functioning Integrated Care System (ICS)
- Reduced activity delivered in acute setting
- Acute Service Review delivered in partnership
- Becoming a University Hospitals Teaching Trust

Year one workstreams – Patients



Deliver harm free care

- Developing a safety culture
- Improving the safety of medicines management
- Ensuring early detection and treatment of deteriorating patients
- Ensuring safe surgical procedures
- Ensuring a robust safeguarding framework is in place to protect vulnerable patients and staff
- Maintaining our HSMR and improving our SHMI
- Delivering on all CQC Must Do actions and regulatory notices
- Ensure continued delivery of the hygiene code

We will measure this by:

- Trust wide accreditation programme
- National and local harm free care indicators
- Safeguarding, DoLS and MCA training
- Safety culture surveys
- Sepsis six compliance data
- HSMR and SHMI data
- Flu vaccination rates
- Audits of response to triage, NEWS, MEWS and PEWS
- CQC ratings



Improve patient experience

- Greater involvement in the co-design of services working closely with Healthwatch and patient groups
- Greater involvement in decisions about care
- Deliver year three objectives of our Inclusion Strategy
- Redesign our communication and engagement approaches to broaden and maximise involvement with patients and carers

We will measure this by:

- Gaining real-time patient and carer feedback
- Holding six listening events
- Thematic reviews of complaints and compliments
- User involvement numbers
- National patient surveys
- Number of locally implemented changes as a result of patient feedback



Improve clinical outcomes

- Ensuring our respiratory patients receive timely care from appropriately trained staff in the correct location
- Ensuring recommendations from Getting It Right First Time (GIRFT) reviews are implemented
- Ensuring compliance with local and national clinical audit reports
- Reviewing of pharmacy model and service

We will measure this by:

- Numbers of non-invasive ventilation patients receiving timely care.
- Numbers of unplanned Intensive Care Unit admissions
- Monitoring the implementation of GIRFT recommendations
- Implementation of recommendations with local and national clinical audit reports

Year one workstreams – People



A modern and progressive workforce

- Embedding robust workforce planning and development of new roles
- Targeted recruitment campaigns to include overseas recruitment
- Delivery of annual appraisals and mandatory training
- Creating a framework for people to achieve their full potential
- Embedding continuous improvement methodology across the Trust
- Reducing absence management
- Delivering personal and professional development

We will measure this through:

- Vacancy rates
- Turnover rates
- Rates of appraisal/mandatory training compliance
- Learning days per staff member
- Staff survey feedback
- Sickness/absence data



Making ULHT the best place to work

- Embedding our values and behaviours
- Reviewing the way in which we communicate with staff and involve them in shaping our plans
- Adapting our responsibility framework and leadership programmes in line with the NHS Leadership Compact
- Revising our diversity action plan for 2020/21 to ensure concerns around equity of treatment and opportunity are tackled
- Agreeing and promoting the core offer of ULHT, so our staff feel valued, supported and cared for
- Implementing Schwartz Rounds
- Embedding Freedom to Speak Up and Guardian of Safe Working
- Celebrating Year of the Nurse and Midwife

We will measure this through:

- WRES/DES data
- Staff survey feedback
- Number of staff attending leadership courses
- Number of Schwartz Rounds completed
- Protecting our staff from bullying, violence and harassment




Well Led services

- Reviewing executive portfolios
- Simplifying Trust strategic framework
- Embedding divisional governance structures to operate as one team
- Delivery of risk management training programmes
- Reviewing and strengthening of the performance management and accountability framework
- Development and delivery of Board development programme
- Implementing a shared decision making framework
- Implementing a robust policy management system
- Ensuring system alignment with improvement activity
- Operating as an ethical organisation

We will measure this through:

- Third party assessment of well led domains
- Internal audit assessments
- Completeness of risk registers
- Annual Governance Statement
- Number of shared decision making councils in place
- Numbers of in-date policies

Year one workstreams – Services




A modern, clean and fit for purpose environment

- Developing a business case to demonstrate capital requirement
- Delivering environmental improvements in line with Estates Strategy
- Continual improvement towards meeting PLACE assessment outcomes
- Reviewing and improving the quality and value for money of facilities services including catering and housekeeping
- Continued progress on improving infrastructure to meet statutory requirements

We will measure this by:

- PLACE assessments
- Staff and user surveys
- MiC4C cleaning inspections
- Response times to urgent estates requests
- Estates-led condition inspections of the environment
- Response times for reactive estates repair requests
- Progress towards removal of enforcement notices




Efficient use of resources

- Delivering £25m cost improvement programme in 2020/21
- Delivering financial plan
- Utilising Model Hospital, service line reporting and patient level costing data to drive focussed improvements
- Implementing the CQC use of resources report recommendations

We will measure this by:

- Delivery of cost improvement programme
- Achievement of financial plan
- Achievement of Model Hospital opportunities
- Improve service line profitability



Enhanced data and digital capability

- Improving utilisation of the Care Portal with increased availability of information
- Commencing implementation of the electronic health record
- Undertaking a review of business intelligence platform to better support decision making
- Implementing robotic process automation
- Improving end user utilisation of electronic systems
- Completing roll-out of data quality kitemark

We will measure this by:

- Number of staff using Care Portal
- Delivery of 2020/21 e-HR plan
- Number of RPA agents implemented
- Ensuring every IPR metric has an associated data quality kite mark
- Delivering improved information and reports
- Implementing a refreshed IPR

Year one workstreams – Partners



Establish new evidence-based models of care

- Supporting the implementation of new models of care across a range of specialties
- Supporting creation of integrated care system
- Supporting the development of an integrated community care programme
- Support the consultation for Acute Service Review (ASR)
- Improvement programmes for cancer, outpatients, theatres and urgent care
- Development and implementation of new pathways for paediatric services

We will measure this by:

- Numbers of new models of care established
- Delivery of ASR year one objectives
- Improvement in health and wellbeing metrics



Advancing professional practice with partners

- Supporting the expansion of medical training posts
- Supporting widening access to nursing, midwifery and Allied Health Professions
- Supporting expansion of paediatric nursing programme
- Developing system-wide rotational posts
- Scoping framework to support staff to work to the full potential of their licence
- Ensuring best use of extended clinical roles and our future requirement

We will measure this by:

- Increase in training post numbers
- Numbers on apprenticeship pathways
- Numbers of dual registrants
- Numbers of joint posts and non-medical consultant posts
- Numbers of pre-registration and registered children's nurses



To become a University Hospitals Teaching Trust

- Developing a business case to support the case for change
- Increasing the number of joint clinical academic posts
- Refreshing our Research, Development and Innovation Strategy
- Improving the training environment for medical students and doctors

We will measure this by:

- Progressing with application for University Hospitals Teaching Trust status
- Numbers of clinical academic posts
- Research, Development and Innovation Strategy and implementation plan agreed by Trust Board
- GMC training survey



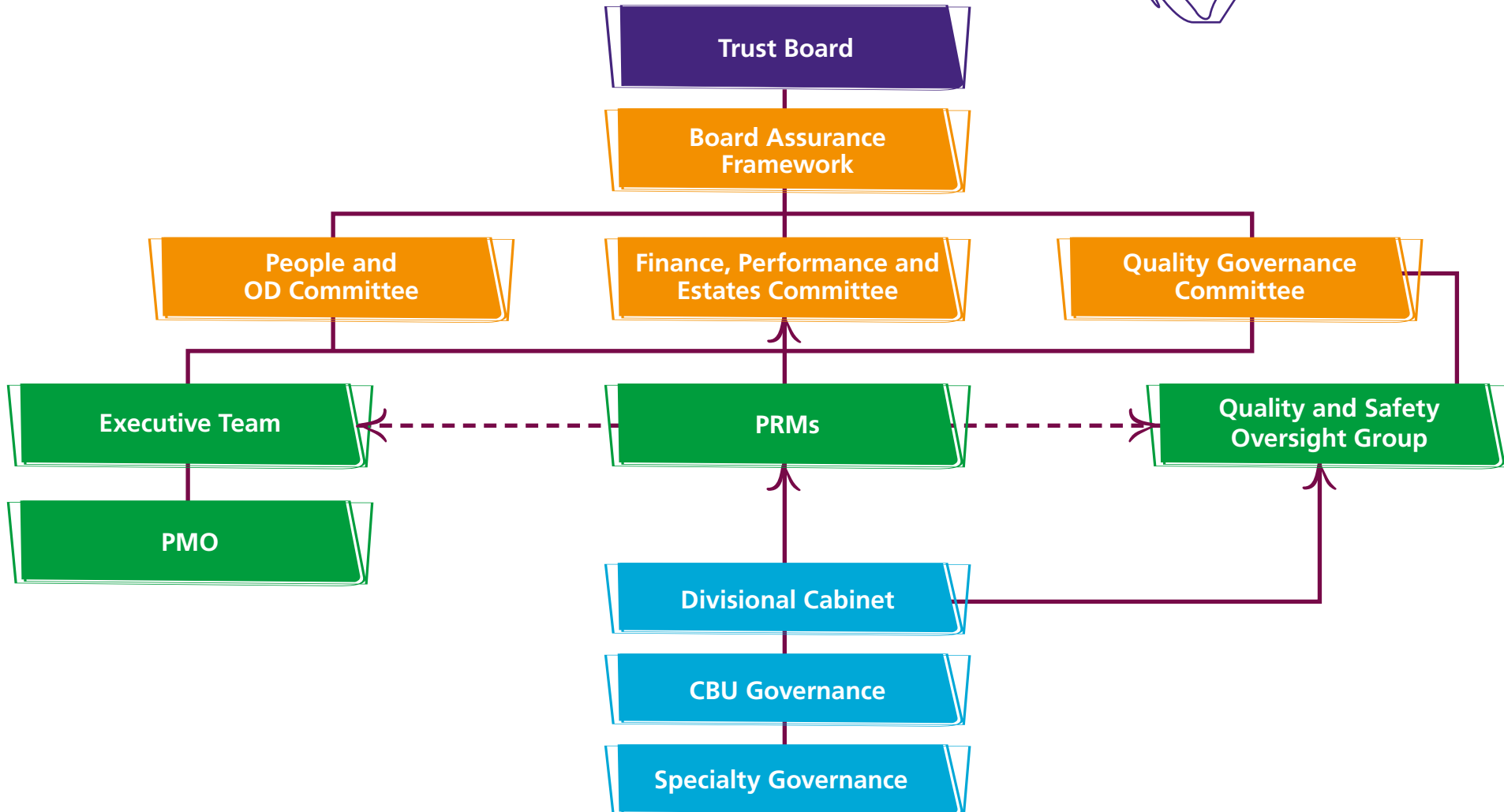
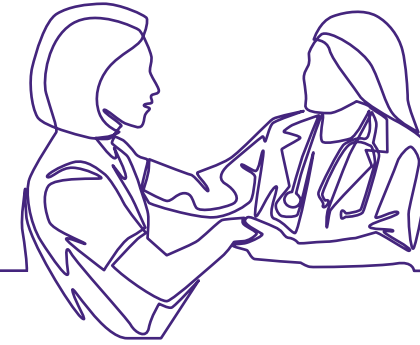
Aim: To track and challenge progress, unblock barriers, empower and improve.

- Each strategic objective will have an executive senior responsible officer (SRO), identified leads for each workstream and delivery lead for each project
- There will be cross cutting Trust level workstreams as well as divisional level workstreams
- Divisions will report through their governance structure through to performance reviews
- Support will be provided from a delivery team with oversight by a project management office (PMO)
- Monthly oversight of the IIP by Executive Team chaired by the CEO
- Programme assurance by committees of the Trust Board via the Board Assurance Framework with upward reporting to the Trust Board

Reporting:

- By exception with highlight report
- Focused on progress against metrics, impact and KPIs
- Success stories shared, impact on patient experience captured
- Risks and issues escalated for intervention

Governance – High level assurance framework



AHP	Allied Health professional	MCA	Mental Capacity Act
ASR	Acute Service Review	NEWS	National Early Warning Score
CBU	Clinical Business Unit	NIV	Non Invasive ventilation
CEO	Chief Executive Officer	PEWS	Paediatric Early Warning Score
CESR	Certificate of Eligibility for Specialist Registration	PLACE	Patient Led Assessments of the Care Environment
CIP	Cost Improvement Programme	PMO	Programme Management Office
CQC	Care Quality Commission	PRM	Performance Review Meeting
CQI	Continuous Quality Improvement	RDI	Research, Development and Innovation
DoLS	Deprivation of Liberty Safeguards	SHMI	Summary Hospital-Level Mortality Indicator
GIRFT	Getting It Right First Time	SRO	Senior Responsible Officer
ICS	Integrated Care System	ULHT	United Lincolnshire Hospitals NHS Trust
ITU	Intensive Therapy Unit	WDES	Workforce Disability Equality Standards
KPIs	Key Performance Indicators	WRES	Workforce Race Equality Standards



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