

To:	Public Trust Board
From:	Jan Sobieraj Chief Executive
Date:	23 February 2016

Title:	Portfolio Improvement Board		
Responsible Director:	Kevin Turner, Deputy Chief Executive		
Purpose of the Report:			
<ul style="list-style-type: none"> This report is to provide the Board with an overview of the progress that the Portfolio Improvement Programme has made during January 2016 			
The Report is provided to the Board for:			
Decision		Discussion	
Assurance	x	Information	x
Summary/Key Points:			
<ul style="list-style-type: none"> The attached paper provides a high level overview of the Improvement Portfolio including the 4 major programmes – Quality Improvements; Workforce & Organisation Development; Constitutional Standards and Financial Recovery. 			
Recommendations:			
<ul style="list-style-type: none"> The Board is asked to note progress to date 			
Strategic Risk Register		Performance KPIs year to date	
Resource Implications (e.g. Financial, HR)			
A review of improvement support is taking place to agree requirements from April 2016.			
Assurance Implications			
The Portfolio Improvement Board will strengthen the co-ordination of delivery and assurance provided to the Trust Board and its sub-committees			
Patient and Public Involvement (PPI) Implications			
Without the required level of improvement an elevated level of patient complaints will persist			
Equality Impact –			
Information exempt from Disclosure – No			
Requirement for further review? Yes - Monthly			

IMPROVEMENT PORTFOLIO FEBRUARY 2016 - OVERVIEW OF PROGRESS

Programme title: IMPROVEMENT PORTFOLIO	Executive Lead: Kevin Turner Programme Lead: Maria Wilde
<p>Overall programme objective(s):</p> <p>The Improvement Portfolio consists of 4 major programmes – Quality, Constitutional Standards, Workforce & Organisation Development and Financial Recovery. The objectives of the Improvement Portfolio are to :</p> <ul style="list-style-type: none"> • Deliver sustainable and demonstrable trust wide improvements to services and patient care that will enable the organisation to move forward with the “beyond good” quality improvement journey and deliver the financial recovery plan. • Rectify those areas that CQC have issued Compliance Notices and rated as “inadequate” • Improve access for patients to services • Sustain a workforce that is competent to deliver contracted services <p>The Improvement Board reports to the Lincolnshire Recovery Programme Board on a monthly basis.</p>	
<p>Portfolio Improvement Overview : FEBRUARY 2016</p> <p>QUALITY IMPROVEMENT PROGRAMME (AMBER/GREEN)</p> <p>The programme is rated AMBER/GREEN: The remaining 11 projects are making good progress and, following completion of the current plan, Improvement Board will be considering next steps for Risk Management, Out-Patients, Palliative Care, Fit for Frailty, Hospital at Night, Maternity Services and Control of Infection.</p> <p>There continues to be a focus on Clinical Governance at Louth and the Head of Quality Governance will be attending the site to gain assurance that the new governance process is robust. The work to respond to complaints timely continues through See It My Way and training has started to improve the quality of responses, significant progress has been made to reduce the historic backlog. Areas of particular concern are compliance with core learning, safeguarding training and appraisal.</p> <p>LINCOLNSHIRE RECOVERY PROGRAMME – QUALITY</p> <p>The Lincolnshire Wide Quality Improvement Programme is progressing well. The Lincolnshire Wide Frailty Group held a stakeholder event to review the local service gap analysis. Improvements have been made to the CAMHS pathway which has received on-going funding. Links are in place with the W&C Business Unit to support Paediatric Commissioning. There will be further discussion at the next meeting regarding the Lincolnshire wide approach to quality system issues.</p> <p>WORKFORCE AND ORGANISATIONAL DEVELOPMENT (AMBER/RED)</p> <p>The programme is rated AMBER/RED: A dedicated team has been established to undertake a nurse bank service review and progress has been made with changes affecting an expenditure reduction on nurse agency. This has been achieved by using workforce more effectively. Key performance indicators have been developed which enables areas that require improvement to be easily identified. Progress has also been made in relation to controls for medical agency usage with efficiency gains from improvements in medical rotas contributing to a reduction in medical agency spend.</p> <p>In January 2016 a senior recruitment team went to Manila and successfully recruited 131 candidates which will now go through formal HR checks. Cohort 6 of 8 registered nurses arrived in Boston from the European Union on 6th February and more recruitment trips overseas are being planned. The Director of Nursing is also actively involved with the University and engaging with students. Apprenticeships have been offered and open days are being held to attract school leavers.</p> <p>Overall a comprehensive marketing and communications plan is being developed including plans to retain the existing workforce.</p> <p>CONSTITUTIONAL STANDARDS (AMBER)</p> <p>This programme has three major works streams and is rated AMBER overall.</p> <p>URGENT CARE (EMERGENCY DEPARTMENT AND LENGTH OF STAY) – AMBER/RED</p> <p>Performance in Pilgrim A&E Department continues to be a concern. The Chief Operating Officer has appointed an additional Deputy Director</p>	

to provide a dedicated focus on developing the future state for Pilgrim A&E. The operational teams have been re-aligned to focus on daily improvement in flow and performance. Key operational leads have been involved in developing a 30-day plan based upon the high impact actions. To support improvements in Length of Stay the SAFER bundle is being implemented which is being supported through the “Perfect Week” initiative which commenced on 1st February across the Lincolnshire system. The SAFER bundle is a national initiative to improve patient flow by:

- S** - Senior Review (Consultant review before midday)
- A** - All Patients have Estimated Date of Discharge
- F** - Flow of Patients (Wards to start to pull from Assessments Units by 10am)
- E** - Early Discharge (33% before midday)
- R** - Review (clinical review of patients with extended LOS over 14 days)

PLANNED CARE – AMBER/GREEN

All projects are progressing and this work stream has been closed, it is now being managed through normal management processes. ULHT has achieved RTT (referral to treatment time) performance for 5 consecutive months and 8 out of 9 Cancer standards

FINANCIAL RECOVERY (AMBER/RED)

The overall financial position is rated AMBER/RED. The financial recovery programme is progressing and a number of schemes are showing delivery against actual spend. Significant focus is being given to Nursing Workforce Utilisation with this now being managed as a separate programme led by the Director of Nursing. Medical Workforce Utilisation is requiring extra support and posts have been advertised – these posts will support the extra focus required on job planning. Key Performance Indicators for Nursing and Medical work-streams are in place and are now being used at site, business unit, specialty and ward level.

PROGRAMME OVERVIEW	Current Period RAG	Next Period RAG	Senior Responsible Owner (SRO)
Quality Improvement Programme	A/G (Feb)	A/G (Mar)	Michelle Rhodes
Workforce and Organisational Development	A/R (Feb)	A/R (Mar)	Ian Warren
Constitutional Standards	Amber (Feb)	Amber (Mar)	Mark Brassington
Financial Recovery	A/R (Feb)	A/R (Mar)	Jason Burns

Definitions & Guidance

RAG Rating

Blue	Complete
Green	Successful delivery of the project is on track and seems highly likely to remain so, and there are no major outstanding issues that appear to threaten delivery significantly.
Amber/Green	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialize into issues threatening delivery.
Amber	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and if addressed promptly, should not present the project to overrun.
Amber/Red	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and to determine whether resolution is feasible.
Red	Successful delivery appears to be unachievable. There are major issues on project definition, with project delivery and its associated benefits appearing highly unlikely, which at this stage do not appear to be resolvable.