

To:	Public Trust Board
From:	Jan Sobieraj Chief Executive
Date:	27 January 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:							
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IMPROVEMENT PORTFOLIO JANUARY 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 : JANUARY 2016 (AMBER/RED)</p> <p>QUALITY IMPROVEMENT PROGRAMME (AMBER/GREEN)</p> <p>The programme is rated AMBER/GREEN: Medicines Optimisation and Management has made good progress and has transferred to business as usual with an established work programme and an integrated business plan (including workforce) in place; Fit for Frailty has successfully completed the original milestones and is participating in the Lincolnshire wide planning work; Hospital at Night Operational Policy has been approved by CESC and phase 2 of the project will be established to progress the HEEM recommendations; Control of Infection now has strong leadership with an Associate Chief Nurse / Deputy Director of Infection Prevention and Control and a robust monitoring mechanism in place which reports to Quality Governance.</p> <p>There continues to be a focus on Clinical Governance at Louth and the Head of Quality Governance will be attending the site in February to gain assurance that the new governance process is robust. There is an increased focus on risk and a Board Development session has taken place. The work to respond to complaints timely continues through See It My Way and significant progress has been made to reduce the historic backlog to four which are in the final stages. 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 now established with Executive Leads and Project Leads are making good progress in all areas. A community led safeguarding training event has been held for 80 staff. The Lincolnshire Wide Frailty Group had a stakeholder event in December. Improvements have been made to the CAMHS pathway which has been funded to the end of 2015/16. Links are being improved with the W&C Business Unit to support Paediatric Commissioning.</p> <p>WORKFORCE AND ORGANISATIONAL DEVELOPMENT (AMBER/RED)</p> <p>The programme is rated AMBER/RED: The Workforce Programme Board routinely meets fortnightly and the Associate Director of Improvement has joined this Board for additional support and focus. The organisation has put in place nursing and medical agency control processes to align with the new cap guidelines and this is monitored closely with weekly reports being submitted to TDA/Monitor. International Recruitment has continued to progress and a recruitment team went to Manila w/c 25 January 2016 to interview approximately 40 potential candidates. Additional resource has been identified to support recruitment and a review of the bank service.</p> <p>CONSTITUTIONAL STANDARDS (AMBER)</p> <p>This programme has three major works streams and is rated AMBER overall.</p> <p>Urgent Care (amber/red): The agreed actions remain on-going, however, here has been a significant outbreak of Norovirus on the Lincoln Site which has increased the site pressures on patient flow and impacted on performance, therefore, recent improvement has not been sustained during this period. A Deputy Director for Operational Improvement has been appointed to support Urgent Care services at Pilgrim. The main focus will be the implementation of the safer flow bundle with the “perfect week” taking place in February and developing a clinically led Urgent Care Group, initially at Pilgrim.</p>	

Planned Care (amber/green): This work stream is making good progress with Cancer Services implementing the IST recommendations and additional resource is in place to enable progress with breach analysis. Urology Services now have confirmed that their strategic partner is Leicester and work has started to develop clinical pathways. Work is taking place to progress the Orthopaedic Service Model at Louth. RTT and Cancer performance has improved.

FINANCIAL RECOVERY (AMBER/RED)

The overall financial position is rated AMBER/RED. The financial recovery programme is progressing with a number of schemes now showing delivery against actual spend. There are four overall main areas within the programme that still require significant focus. These are Nursing Workforce Utilisation, Medical Workforce Utilisation, Income and Tactical/other. Focussed “Deep Dive” meetings for nursing and medical utilisation are in place with Executive Team members which are supporting pace and unblocking a number of issues. Key performance indicators are now in place to monitor and manage delivery.

The framework to continue financial recovery in 2016/17 is in draft form and schemes are being identified.

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

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.