

# United Lincolnshire Hospitals



NHS Trust

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| <b>To:</b>   | <b>Public Trust Board</b>       |
| <b>From:</b> | Jan Sobieraj<br>Chief Executive |
| <b>Date:</b> | 30 March 2016                   |

|  |                                      |           |   |  |  |             |   |
|--|--------------------------------------|-----------|---|--|--|-------------|---|
| <b>Title:</b>  | Portfolio Improvement Board          |           |   |  |  |             |   |
| <b>Responsible Director:</b>   | Kevin Turner, Deputy Chief Executive |           |   |  |  |             |   |
| <b>Purpose of the Report:</b>  |                                      |           |   |  |  |             |   |
| <ul style="list-style-type: none"> <li>This report is to provide the Board with an overview of the progress that the Portfolio Improvement Programme has made during March 2016</li> </ul> |                                      |           |   |  |  |             |   |
| <b>The Report is provided to the Board for:</b>  |                                      |           |   |  |  |             |   |
| <table border="1"> <tr> <td>Decision</td> <td></td> </tr> </table>   |                                      | Decision  |   | <table border="1"> <tr> <td>Discussion</td> <td></td> </tr> </table>   |  | Discussion  |   |
| Decision   |                                      |           |   |  |  |             |   |
| Discussion   |                                      |           |   |  |  |             |   |
| <table border="1"> <tr> <td>Assurance</td> <td>x</td> </tr> </table>   |                                      | Assurance | x | <table border="1"> <tr> <td>Information</td> <td>x</td> </tr> </table> |  | Information | x |
| Assurance  | x                                    |           |   |  |  |             |   |
| Information  | x                                    |           |   |  |  |             |   |

## IMPROVEMENT PORTFOLIO MARCH 2016 - OVERVIEW OF PROGRESS

|  |                              |                        |              |
|--|------------------------------|------------------------|--------------|
| <b>Programme title:</b>  | <b>IMPROVEMENT PORTFOLIO</b> | <b>Executive Lead:</b> | Kevin Turner |
|  |                              | <b>Programme Lead:</b> | Maria Wilde  |
| <b>Overall programme objective(s):</b>   |                              |                        |              |
| <p>The Improvement Portfolio consists of 4 major programmes – Quality, Constitutional Standards, Workforce &amp; Organisation Development and Financial Recovery. The objectives of the Improvement Portfolio are to :</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Rectify those areas that CQC have issued Compliance Notices and rated as “inadequate”</li> <li>• Improve access for patients to services</li> <li>• Sustain a workforce that is competent to deliver contracted services</li> </ul> <p>The Improvement Board reports to the Lincolnshire Recovery Programme Board on a monthly basis.</p>   |                              |                        |              |
| <b>Portfolio Improvement Overview : MARCH 2016</b>   |                              |                        |              |
| <b>QUALITY IMPROVEMENT PROGRAMME (GREEN)</b>   |                              |                        |              |
| <p>There are 11 projects remaining on the Quality Improvement Programme and 7 will be returned to business as usual from 1 April 2016, these include:</p> <ul style="list-style-type: none"> <li>• Radiofrequency Identification Tracking – This is now in a 12 week implementation phase which is on schedule to complete in May 2016 and will enable staff to track medical equipment in clinical areas</li> <li>• Risk Management – The revised Serious Incident system is robust and well embedded</li> <li>• Palliative Care / End of Life Care – Comprehensive training is in place supported by the End of Life Facilitator and a Clinical Lead has been appointed</li> <li>• See It My Way – Significant progress has been made to improve the quality and timeliness of complaint responses with no historic complaints backlog. Work is continuing to maintain and further improve response times.</li> <li>• Maternity – Improvements in Maternity Services will continue to be monitored through the W&amp;C Business Unit Governance Process.</li> <li>• Control of Infection – This is now managed by the new Associate Chief Nurse / Deputy Director of Infection Prevention and Control Project and reports through a robust governance mechanism from Infection Prevention and Control Committee to Quality Governance Committee</li> <li>• Documenting Care – A scoping exercise has been completed and proposals on nursing documentation have been presented to the Chief Nurse with recommendations for future arrangements</li> </ul> <p>CQC Compliance Notices will continue to be managed by the CQC Compliance Committee with routine reporting to Quality Governance Committee, these include governance arrangements at Louth, safeguarding training, OPD waiting times and nurse staffing levels.</p> <p>Hospital at Night Operational Delivery Group has been established to deliver the HEEM recommendations and a Clinical Chair has been identified to oversee this work.</p> <p>The 2015/16 Quality Improvement Implementation Group has been disbanded from April 2016, however, Control of Infection, See It My Way, Safeguarding Training, OPD and Hospital at Night will continue to report to Improvement Board to provide assurance that progress is sustained.</p> |                              |                        |              |
| <b>LINCOLNSHIRE RECOVERY PROGRAMME – QUALITY</b>   |                              |                        |              |
| <p>The Lincolnshire Wide Quality Improvement Programme Group continues to meet and all four projects are progressing well. The Fit for Frailty Countywide Group is well established and is developing a Lincolnshire Wide Strategy, both CAHMS and Adult Mental Health Services have introduced new models of care and improved paediatric pathways are in place. There will be a further discussion at the next meeting regarding the Lincolnshire wide approach to quality system issues in 2016/17.</p>   |                              |                        |              |
| <b>WORKFORCE AND ORGANISATIONAL DEVELOPMENT (AMBER/RED)</b>  |                              |                        |              |
| <p>The Nursing Workforce Group is now well established and continues to make progress to reduce the expenditure on nurse agency. Nurse Bank arrangements are being changed with the introduction of weekly pay and easier view of available shifts using web-based technology. Weekly support meetings also take place with TDA to monitor progress and provide guidance. A Medical Workforce Group is in the process of being established and will take a similar approach to reducing medical agency spend with work streams for attraction, retention, staff skill mix and utilisation.</p>   |                              |                        |              |
| <p>In January 2016 a senior recruitment team went to Manila and successfully recruited 131 candidates which continue to go through formal HR</p>   |                              |                        |              |

checks. The Director of Nursing is also actively involved with the University Open Days and engaging with students. A second phase of recruitment in Manila is planned for May 2016 to recruit up to 100 registered nurses.

**URGENT CARE (EMERGENCY DEPARTMENT AND LENGTH OF STAY) (AMBER/RED)**

Performance in Pilgrim A&E Department continues to be a concern. The Chief Operating Officer has appointed an additional Deputy Director to provide a dedicated focus on developing the future state for Pilgrim A&E and this work is due to conclude in April 2016. The operational teams have been re-aligned to focus on daily improvement in flow and performance with key operational leads involved in delivering 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 10 Day" initiative which commenced on 16 March 2016 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)**

Significant improvements have been made in the delivery of access targets, particular RTT which has achieved for 7 consecutive months. Achievement of cancer standards has also improved with achievement of patients being seen within 2 weeks of referral and receiving treatment within one month of diagnosis, however the achievement of the overall cancer 62 day standard continues to be a focus.

**FINANCIAL RECOVERY (RED)**

The financial recovery programme has been absorbed into the financial control total process which is part of the overall Financial up-date.

| PROGRAMME OVERVIEW                       | Current Period RAG | Next Period RAG                    | Senior Responsible Owner (SRO) |
|--|--------------------|------------------------------------|--------------------------------|
| Quality Improvement Programme            | <b>G (Mar)</b>     | 2016/17<br>Priorities to confirmed | Michelle Rhodes                |
| Workforce and Organisational Development | <b>A/R (Mar)</b>   |                                    | Ian Warren                     |
| Urgent Care                              | <b>A/R (Mar)</b>   |                                    | Mark Brassington               |
| Planned Care                             | <b>A (Mar)</b>     |                                    | Mark Brassington               |
| Financial Recovery                       | <b>R (Mar)</b>     |                                    | Jason Burns                    |

**Definitions & Guidance - RAG Rating**

|                    |  |
|--------------------|--|
| <b>Blue</b>        | <b>Complete</b>  |
| <b>Green</b>       | <b>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.</b>  |
| <b>Amber/Green</b> | Successful delivery appears probable however constant attention will be needed to ensure risks do not materialize into issues threatening delivery.  |
| <b>Amber</b>       | 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.          |
| <b>Amber/Red</b>   | 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.                          |
| <b>Red</b>         | 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. |