


Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to:	Health Scrutiny Committee for Lincolnshire
Date:	21 October 2015
Subject:	United Lincolnshire Hospitals NHS Trust - Improvement Portfolio

Summary:

At the United Lincolnshire Hospitals NHS Trust Board meeting in July 2015 the Board agreed the Trust's priorities for 2015/16 alongside a programme management approach to manage the recovery of our performance. An Improvement Portfolio has been established for the four key recovery work streams:

- Quality Improvement
- Workforce and Organisational Development
- Constitutional Standards
- Financial Recovery

This paper provides an up-date on progress and gives an overview of action being taken where risks and issues have been identified. It also describes the governance arrangements.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is requested to consider and comment on the information presented.

1. Background

At the United Lincolnshire Hospitals NHS Trust Board meeting on 7 July 2015 the Board agreed the Trust's priorities for 2015/16 alongside a programme management approach to manage the recovery of our performance. A co-ordinated programme approach has been established with full executive support to address the key recovery streams identified. This paper focuses on the 4 main recovery work streams and outlines progress, highlighting areas of concern:

- Quality Improvement
- Workforce and Organisational Development
- Constitutional Standards
- Financial Recovery

The definitions for the milestone delivery confidence RAG ratings are:

Green - Successful delivery 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 materialise 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.

2. Progress against Identified Priorities

2.1 Quality Improvement Programme (Amber/Green)

Senior Responsible Owner – Pauleen Pratt, Acting Chief Nurse

This programme will embed and sustain the changes delivered in response to the CQC inspections whilst moving into the third phase of the Trust's continuous quality improvement journey. The scope and milestone plan are agreed. This is a well-established programme and the implementation team meets weekly, reporting directly to the Portfolio Improvement Board on risks and issues. A monthly progress report is submitted to Quality Governance Committee with CQC Compliance Notice issues also being report directly to CQC. The main achievements for this programme are:

Louth - The Governance arrangements at Louth have been improved and there is now a Medical and Nursing Lead responsible for leading the newly established Governance Meeting for Louth Hospital with a focus on learning lessons.

Pharmacy – Recruitment to Pharmacy posts has been successful including a new Consultant Antimicrobial Pharmacist.

Outpatient Department - The environment has improved in Lincoln Out-Patient Department with new “self check-in” and a new central reception desk has opened

with all staff wearing a uniform. The booking system for follow-up patients to Out Patients has also been improved.

See It My Way – If patients or carers would like to raise concern about services, this is much easier through the new PALS Team and response times have improved.

Currently the main areas of concern where significant issues exist are:

2.1.1 Safeguarding (Amber)

Additional safeguarding training has been established and there is sufficient capacity to deliver training to all relevant staff. The project is behind trajectory primarily due to DNA (did not attend) rates at training events and a new HR process has been introduced for managers to apply when staff DNA booked training sessions.

2.1.2 Hospital at Night (Amber)

A new Hospital at Night model has been introduced to improve care to deteriorating patients over night and, following staff consultation, recruitment is now complete. This project is rated “amber” due to the requirement for newly recruited staff to complete the necessary training. There is also a management focus on implementing recommendations from a review by Health Education for East Midlands (HEEM). A further visit is scheduled during October 2015 to review progress.

2.1.3 Control of Infection (Amber)

Significant improvements have been made in delivering control of infection requirements and the team has been restructured. ULHT has now recruited to a new position of Consultant Nurse for Control of Infection and the appointed candidate will take up post in October 2015. To continue to improve cleanliness standards, a housekeeping review specification has been completed but, unfortunately, due to the Trust’s financial recovery plan, the identified funding is no longer available to support this and discussions are taking place with the Trust Development Authority (TDA) regarding next steps and potential alternative funding arrangements. There is also a particular focus on Hand Hygiene currently due to a decline in compliance.

2.1.4 Training and Appraisal (Amber/Green)

Compliance is slightly behind trajectory for core learning (79% against an overall target of 95%), however, appraisal rates continue to improve.

2.1.5 Out-Patients (Amber/Green)

The environmental work is moving forward with a new reception desk in place and clinic room standards have been introduced. Patients waiting for a follow-up appointment to Out-Patients are now managed through a system known as “Partial Booking”. Improvements have been made to this system and its effectiveness is being routinely audited. The focus is now on providing adequate capacity for ensuring patients receive timely appointments

In addition to the internal ULHT Quality work, the Chief Executive is the chair of the Lincolnshire Wide Quality Improvement Programme Board and the first meeting took place on Friday 28 August 2015. The membership of the group has been extended to include colleagues from LPFT, LCHS and EMAS as well as CCG colleagues. It

was agreed that the scope of the group was to deal with system wide quality issues. Milestones will be finalised in October for Lincolnshire Wide Frailty Services, Safeguarding, CAMHS, Adult Mental Health and Paediatric Commissioning.

2.2 Workforce and Organisational Development (Amber/Red) **Senior Responsible Owner – Ian Warren, Director of Human Resources and Organisational Development**

The programme scope outlines the development and implementation of projects to deliver the required improvements in workforce and staffing. The scope and milestone plan are agreed. This is a newly developed programme and the implementation team was established at the beginning of July 2015, reporting directly to Portfolio Improvement Board on progress. The first monthly progress report was completed in August and is submitted to Workforce & OD Committee monthly. The main achievements for this programme are:

International Recruitment – A business case has been approved by the Trust Board to recruit up to 140 additional nurses and recruitment has already started.

Student Nurse – 90 students have been recruited who are now employed by ULHT and will start to work in ward areas during October.

The programme has 6 work streams:

2.2.1 Improving Time to Care (Amber/Green)

Improving Time to Care is a new nurse roster system that ULHT has introduced to support safe staffing levels. Some areas of non-compliance with the roster policy has been identified and meetings are being held with the Director of Human Resources, Finance Manager and relevant budget holders. Monthly dashboards have been developed to support the discussions and enable budget holders to access information routinely regarding rota compliance.

2.2.2 Recruitment (Amber/Red)

Recruitment to Pilgrim Hospital has been identified as a risk due to the level of recruitment required for nursing staff and a Business Case for International Recruitment to secure 140 additional nurses was approved at the July Trust Board Meeting. International Recruitment has now started and at the end of the first week in Romania 11 staff had accepted posts. A timetable is also in place to attend local recruitment events to promote the organisation.

2.2.3 Retention (Amber/Green)

Revised exit interview process has been introduced to enable managers to understand why staff are leaving the organisation and staff benefits are also being promoted.

2.2.4 Medical and Nursing Agency Usage (Amber/Red)

Medical and Nursing agency spend is being monitored closely and ULHT is actively recruiting permanent members of staff to reduce this expenditure. Where possible the same agency staff are booked to provide some consistency.

2.2.5 Electronic Staff Record (ESR) - Manager Self Service (Amber)

HR are introducing Electronic Staff Records. Employees will have access to their own record and this system can also be used by line managers to monitor issues such as core learning compliance, appraisal, annual leave and sickness absence.

2.2.6 Bank (Amber)

Part of the Financial Recovery Plan is to develop centralised control through a single office for booking of medical and nursing bank/agency staff which will be more efficient and avoid duplication.

2.3 Constitutional Standards (Amber)

Senior Responsible Owner – Michelle Rhodes, Director of Operations

The programme scope outlines the development and implementation of projects to deliver the required performance improvement against the constitutional standards as set out in the regional escalation system recovery letter and is consistent with the Lincolnshire wide recovery plan. The scope and milestone plan are in place. This is a newly developed programme and the implementation team started to meet in August 2015, reporting directly to Portfolio Improvement Board and SRG on risks and issues. From September 2015 a monthly progress report will be produced and a Lincolnshire Wide dashboard is being developed to monitor performance. The main achievements for this programme include:

Urgent Care – Pilgrim has successfully recruited a dedicated Head of Nursing for the Emergency Department at Pilgrim

Frailty – Frailty services (including dementia) now have an increased focus and additional staff have been recruited for a “front door” frailty service.

Breast Services – Additional capacity is now available for urgent two week wait breast services with an additional 60 appointments routinely available every month.

This programme has three major works streams and is rated “amber” overall.

2.3.1 Urgent Care (Amber)

ULHT is developing a business case to expand medical capacity in the Pilgrim A&E department for further discussion with commissioners. Pilgrim Site has made significant progress in September but there is still concern about the site delivering 95% of patients being discharged, admitted or transferred within 4 hours. The Director of Operations has taken additional steps to make improvements including additional workforce support. A full time Emergency Department Head of Nursing dedicated to Pilgrim A&E is in place and additional support has been provided from Lincoln Consultants, Grantham Consultants and the Lincoln A&E Sister. Additional medical shifts have been added to the rota and a dedicated Site Duty Manager has been piloted out of hours during September.

2.3.2 Length of Stay (Amber)

This is a large complex project and is rated “amber” as it requires significant attention. TDA funding has been identified for expert support and discussions are taking place with Stakeholders to have support in place during October.

2.3.3 Planned Care (Amber/Green)

All projects are progressing well and on track to deliver

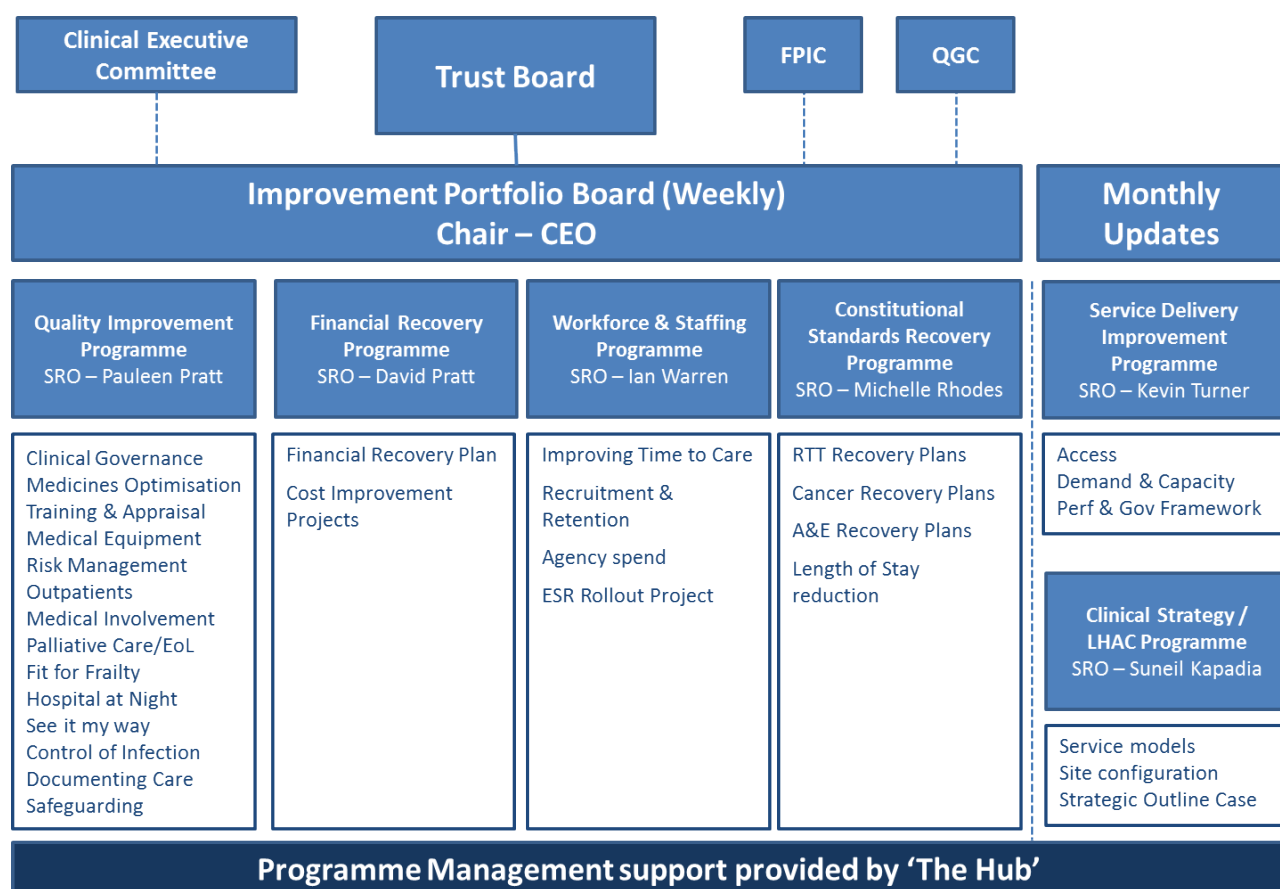
2.4 Financial Recovery (Amber/Red)

Senior Responsible Owner – Allan Coffey, Interim Turnaround Director

This programme is pulling together all financial recovery plans across all programmes and business as usual. A financial recovery plan has been submitted to the Trust Development Authority (TDA) and Allan Coffey has been appointed as Interim Turnaround Director to provide some additional capacity and pace to drive forward financial recovery. The work is progressing with all Project Initiation Documents (PIDs) now being developed for identified savings schemes, along with Quality Impact Assessments. On review of the detail, it is clear that further schemes need to be identified to deliver a deficit of £40.3 million and weekly meetings are in place with ULHT and TDA to jointly review progress.

3. Governance Arrangements

The Quality Improvement Board has been expanded to become the Portfolio Improvement Board chaired by the Chief Executive with full executive attendance, supported by TDA Improvement Director and Associate Director Communications and Engagement, on a fortnightly basis.



The individual Senior Responsible Owners has reporting arrangements with the Hub which holds the master milestone plans and progress reports. An overview of

progress, with corrective action for any plans not on trajectory, is submitted to the Trust Board on a monthly.

4 Conclusions

ULHT has an agreed Improvement Portfolio with a robust governance framework. The table below gives an overview of the current position for September 2015.

PROGRAMME OVERVIEW	Current Period RAG	Next Period RAG	Senior Responsible Owner (SRO)
Quality Improvement Programme	A/G (Sept)	A/G (Oct)	Pauleen Pratt
Workforce and Organisational Development	A/R (Sept)	A/R (Sept)	Ian Warren
Constitutional Standards	Amber (Sept)	Amber (Oct)	Michelle Rhodes
Financial Recovery	A/R (Sept)	A/R (Oct)	Allan Coffey

This report was submitted by Kevin Turner, Acting Chief Executive (ULHT)

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