

		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 Jane Lewington, Chief Executive of United Lincolnshire Hospitals NHS Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	19 November 2014
Subject:	United Lincolnshire Hospitals NHS Trust – Quality Improvement Journey and Other Issues

Summary:

This report sets out the Quality Improvement Journey of United Lincolnshire Hospitals NHS Trust, in response to the reports published by the Care Quality Commission in June 2014. The report also provides information on five other areas:

- Financial Update 2014/15
- Waiting Times
- Cancer Care
- Breast Services
- Recruitment and Retention

Actions Required:

To consider and comment on the information presented by United Lincolnshire Hospitals NHS Trust on the following topics:

- Quality Improvement Journey – the response of the Trust to the Care Quality Commission reports of July 2014
- Financial Update 2014/15
- Waiting Times
- Cancer Care
- Breast Services
- Recruitment and Retention

1. Quality Improvement Journey

Overall the Care Quality Commission (CQC) found the Trust required improvement and the overall domain ratings are:

Safe:	Requires Improvement
Effective:	Requires Improvement
Caring:	Good
Responsive:	Requires Improvement
Well-Led:	Requires Improvement

The Trust has not received any compliance actions; however, there are a number of essential areas where the Trust needs to make further improvements. These are set out as Must Do recommendations. The reports also identify a number of Should Do recommendations for each hospital site. At Trust Level the Must Do actions are:

- Ensure that there is an accurate record of each person's care and treatment - Regulation 20(1)(a) and (2)(a)
- Ensure that there is sufficient staff in all areas to meet the needs of patients receiving care – Regulation 2
- Ensure that equipment and the environment are adequately maintained to ensure safety of patients – Regulation 15 (1)(c)(i)
- Ensure that staff are trained and receive appropriate supervision – Regulation 23 (1)(a)
- Ensure that medication processes for the safe prescribing, recording and administration of medications are maintained – Regulation 13
- Ensure that there are appropriate governance processes to learn from incidents so that patients are protected – Regulation 10

In addition to the actions required to meet these CQC regulations the CQC rated the Lincoln Outpatients Department (OPD) as inadequate and Safety in Surgery (Lincoln) was also inadequate. This related particularly to Stow Ward where immediate action was taken by the Trust and, at the CQC's later unannounced inspection, the CQC confirmed these improvements.

The Trust has set up a weekly Quality Improvement Programme Board chaired by the Chief Executive, and a Quality Improvement Plan has been developed setting out the key milestones for each of our 19 Improvement Projects. In addition to these projects there are 14 other work areas that are directly managed by the Executive Team (ET) as part of this year's Business Plan. Three outstanding Keogh Actions are also included in the Plan – progress on 7 day working, implementation of a consistent model for our Hospital at Night service across all three hospital sites and extending the hours of our Critical Care Outreach service. Detailed delivery plans have been developed for each project/work area.

Progress against the Quality Improvement Overview Plan (QIOP) and project milestones is monitored at the monthly Oversight Assurance meeting chaired by the NHS Trust Development Authority (TDA). The membership of the group includes a broad range of our stakeholders – Lincolnshire CCGs, Health Education East Midlands (HEEM), Lincolnshire County Council, NHS England – Area Team and Healthwatch. A series of Deep Dives has been completed at the Oversight meetings, this includes - Out Patient Department, Lincoln (September), Medical Engagement (October) and Training, Appraisal and Supervision (November).

2. Financial Update 2014/15

Overview

At 30 September 2014, the mid-year point, the Trust has a deficit of £13.4m on turnover of £207.3m. This result is £2.4m behind the year to date target in our full year £25.4m deficit plan. The adverse position is due to underperformance in receiving income from NHS contracts.

The Trust is working on actions to recover the current financial position, though this will be challenging within the context of the CQC inspection requirements.

Specifics (£m)

a) NHS patient contract income

30/09/14 Actual	30/09/14 Plan	Variance	Rating
189.5	194.0	4.5	RED

There has been significant under-performance across most services, except Accident & Emergency.

b) Other income

30/09/14 Actual	30/09/14 Plan	Variance	Rating
17.9	17.4	0.5	GREEN

Strong performance including Facilities and Clinical Support Service SLAs [Service Level Agreements].

c) Savings

30/09/14 Actual	30/09/14 Plan	Variance	Rating
11.1	11.1	0.0	GREEN

There has been good performance overall to keep pace with a challenging, above average target.

d) Pay Expenditure

30/09/14 Actual	30/09/14 Plan	Variance	Rating
143.9	144.4	0.5	GREEN

There has been an underspend on pay expenditure. This is despite significant pressure and overspending on the nursing element of pay budgets.

e) Non-Pay and Other Expenditure

30/09/14 Actual	30/09/14 Plan	Variance	Rating
77.0	78.1	1.1	GREEN

Underspend includes better than plan performance on procurement savings.

3. Waiting Times

Throughout 2013/14 there was a growth in demand (15% above plan for Out Patient referrals) which resulted in an increase in waiting times across all specialties and impacting on the Trust's ability to meet the 18 week wait target. The September 2014 Performance for Non-Admitted patients was 92.29% against a target of 95%.

Recovery plans are in place and there has been a focus on releasing capacity through the use of pathways (increasing the use of nurse led clinics / community services) and the recruitment of additional staff where appropriate. In the short term, patients are being offered alternative providers in line with the NHS Constitution. Patients are going to Nottingham Circle; Nottingham BMI; Fitzwilliam Ramsay, Peterborough and Lincoln BMI.

The following are examples of the work taking place as part of the recovery plans to increase capacity:

SERVICE	ACTION
Ophthalmology	Recruitment of two additional two full time Consultants Lincoln – 8 wte funded (in post 6.95 wte) – Louth facilitated by Lincoln Pilgrim – 6 wte funded (in post 5 wte) – Grantham facilitated by Pilgrim
Gastroenterology	One additional full time Consultant has been appointed and plans are progressing for an eighth Consultant (Lincoln). Lincoln – 7 wte; Grantham – 2 wte with a third being recruited; Pilgrim – 5 wte
Cardiology	Nurse Led Clinics have been established and locum Cardiologists are in place pending recruitment to permanent positions. Lincoln – 8 wte; Grantham – 2 wte; Pilgrim - 4 wte of which 2 posts are vacant with difficulties recruiting or attracting locums
Nephrology	Additional sessions have been taking place - 3 sessions take place
Neurology	Full service review taking place

Performance on Admitted Patients for September 2014 was 80.1% reflecting the agreed recovery plan with the TDA to deal with the patients currently waiting over 18 weeks in

Orthopaedics, General Surgery, Ophthalmology and ENT. Again, in line with the NHS Constitution, patients are being offered alternative providers but capacity is not always available from other NHS / Private providers particularly for those patients who required access to a High Dependency or Intensive Therapy Unit bed following their operation.

The introduction of Medway (the new patient administration system) in June 2014 has created significant challenges in both the management and reporting of activity.

4. Cancer Care

Performance against the national cancer targets is outlined in the table below:

Cancer Target	August Performance	
14 Day Suspect Cancer	88.0%	RED
2 Week Wait Symptomatic Breast	75.8%	RED
31 Day First Treatment	94.9%	RED
31 Day Subsequent Treatment – Drug	98.0%	GREEN
31 Day Subsequent Treatment – Surgery	100%	GREEN
31 Day Subsequent Treatment – Radiotherapy	87.0%	RED
62 Day	74.6%	RED
62 Day Screening	90.0%	GREEN

The areas that are not meeting the standards are described below:

14 Day Suspect Cancer

There has been a noticeable increase in 2 week wait referrals since April 2014. The tumour sites of notable increase are Breast, Head & Neck, Skin and Urology. Quarterly demand and capacity work is being undertaken to ensure that the Trust can meet the levels being referred and, where suitable capacity cannot be found, allow early notification to the CCGs of the challenged areas.

In respect of the 2 week wait breast pathway there are no declines for treatment outside Lincolnshire. The patients are accepted and at the point of referral are then offered another provider which in the main is Nottingham or Peterborough. There is no loss of income against the Contract.

14 Day Breast Symptomatic (See section on breast services below)

31 Day First Treatment

The Trust has consistently been meeting this standard however for August, September and October 2014 this target will not be met. This standard will not be met due to a large number of patients not being treated within 31 days, particularly in Urology. This was exacerbated by the Patient Administration System replacement and related issues are now resolved. In addition the Clinical Director is actively involved in ensuring all Urology patients are dated appropriately. It is anticipated that this standard will be achieved in November 2014.

31 Day Subsequent - Radiotherapy

This has been a standard that the Trust has consistently met between 2011 and 2013 but due to the unreliability of our ageing LINAC [Linear Accelerator] equipment this standard will be at risk until the LINAC replacement programme is completed in 2016/17. The first new LINAC will be fully operational from June 2015. The Radiotherapy Service is also facing significant staffing pressures in medical physics. A full recovery plan for our Radiotherapy service is being developed and this does include offering patients the opportunity to receive their radiotherapy and ongoing treatment from an alternative provider.

62 Day Classic

This remains the most challenging of the cancer standards due to multiple issues along the entire cancer pathway. These have been identified in the Cancer Improvement Plan and are formally reviewed on a fortnightly basis. The key actions include: completing a demand and capacity review for the entire pathway; improving the diagnostic pathway; increasing the radiology support to Multi-Disciplinary Teams, reviewing High Dependency Unit need.

5. Breast Services

There are currently a number of challenges regarding the provision of Breast Services particularly in respect of activity and workforce.

The service has seen significant growth in demand over the last 18 months with a 17% increase in referrals. The monthly average demand from January 2013 to December 2013 was 445 patient referrals and from January 2014 to August 2014 this monthly average demand had increased to 520 patient referrals.

There are particular difficulties with the recruitment of Breast Radiologists nationally and our local service is heavily reliant on locum staff. There are currently vacancies at both Boston and Grantham and due to the shortage of Breast Radiologists the two week fast track clinic at Grantham has been suspended. The recruitment process is on-going.

To match capacity within the limits of the Radiological workforce there is an agreement with the Lincolnshire Clinical Commissioning Groups that demand will be capped at 100 referrals per week. There is a 20% tolerance and the CCG referrals over the tolerance level are escalated to the CCG. The CCGs notify neighbouring providers that demand for Breast Services may increase temporarily.

In terms of the longer term solution, Macmillan is supporting the Trust to undertake a full breast service review which will make recommendations on a sustainable service, including care pathways. The full breast service review will be completed within the next 6 months.

6. Recruitment and Retention

Following a Nursing Workforce review in May 2013 the Trust Board agreed to invest £3 million in additional nursing posts across the Trust as part of Phase 1 staffing review; 129 whole time equivalent posts were added to the establishments from this funding. A further £1.2 million was agreed following the Keogh review. A recruitment plan was led by Human Resources to ensure successful ongoing recruitment across all hospital sites. Over 100 nursing posts were recruited into at this time and there are currently 76.42 wte vacancies across all hospital sites.

In November 2013 the National Quality Board produced Guidance: How to Ensure the Right People, with the Right Skills, are in the Right Place at the Right Time - A guide to Nursing Midwifery and Care Staffing Capacity and Capability (National Quality Board 2013). The Trust is compliant with the requirements of this guidance and in June 2014 a programme of monthly reports on staffing was commenced and these are now received monthly by the Trust Board. This report includes details on staff fill rates and these are published on the Trust's internet and NHS Choices, so are widely available to the public.

The fill rates give an indication of how each individual ward is performing against its agreed staffing template, staffing below 80% is considered unsatisfactory. The table below gives details of each hospital's performance in September 2014, and demonstrates that all hospital sites are above the 80% standard.

Hospital	Total % Registered Day Nurses	Total % Unregistered Day	Total % Registered Night Nurses	Total Unregistered Night	Totals
Grantham	86.81%	105.30%	89.46%	99.62%	95.30%
Lincoln	87.68%	101.71%	96.04%	115.72%	100.29%
Boston	102.94%	109.35%	93.88%	113.03%	104.80%

The percentage fill rates are based on the planned staffing template, against the actual number of staff on duty. For example a wards template may have 4 registered staff on the early and late shift and 3 on the night shift, supported by 3 unregistered staff on the early and late shift and 2 on the night shift. If the actual staff on duty falls below this template then the percentage fill rate will be below 100%.

As indicated in the table above there are frequent occasions when there are additional staff on duty and this results in the percentage being over 100%. An example of this is when an additional Health Care Support Worker is on duty to support the 1 to 1 supervision of a confused patient.

In addition a report describing staffing capacity and capability, following an establishment review using evidence based tools is presented to the Board every six months, the first of these reports was received by the Board in June 2014. This review involves examining if

the current staffing levels are appropriate taking into account the increase in acuity and dependency (needs) of the patients being cared for. This review has indicated that there is a shortfall in staffing in general and specialist areas. Further work has been undertaken by the Chief Nurse and Director of Operations to review the data and mitigate risks, as a consequence some beds have been closed where it was agreed that the risk existed due to staffing shortfalls. A further report is being presented to the November Trust Board with final proposals being agreed at the December Board.

As a result of the safer staffing review and the challenges to recruiting staff in Lincolnshire the Trust has set up a Recruitment and Retention Group for the non-Medical Workforce. This group is developing a similar process to the methodology that has been used with the Medical recruitment in that each vacant post is being reviewed, and a plan is being put into place to fill the vacancy. An action plan is being developed to consider all the opportunities to support recruitment both long and short term.

The current vacancy for each of the hospital sites is indicated on the table below:-

Hospital	Registered Vacancies (Whole Time Equivalent)	Unregistered Vacancies	Totals
Grantham	10.33	Nil	10.33
Lincoln & Louth	33.40	7.50	40.90
Boston	31.71	3.81	35.52
Totals	65.11	11.31	76.42

The Trust has been out to recruit 100 Nursing Staff from European countries that meet the Nursing and Midwifery (NMC) standards for practising as a nurse in the UK. There has been a review of the challenges in recruiting and supporting European nurses and an action plan has been developed and is being monitored by the Recruitment and Retention Group.

Plan for Every Post

A plan for every post is in place for all medical and nursing vacancies. A Recruitment Group has been established and the remit of this group is to ensure plans are in place and monitored. The Workforce and Organisational Development Committee has an assurance role regarding nursing and medical vacancies and receive an up-date on plan for every post so that monitoring of implementation can be reviewed. This Committee also challenge all agency filled positions. Reporting on exceptional agency spend is expected to be in place by the end of November 2014.

Through the work on a plan for every medical post the number of medical vacancies within the Trust has decreased from over 100 to 56 in the last 12 months.

An East Midlands Stakeholder event was held in October 2014 regarding medical staffing issues and work streams have been established which will make final recommendation in March 2015.

7. Conclusion

The Committee is invited to consider and comment on the information presented by United Lincolnshire Hospitals NHS Trust on the following topics:

- Quality Improvement Journey – the response of the Trust to the Care Quality Commission reports of July 2014
- Financial Update 2014/15
- Waiting Times
- Cancer Care
- Breast Services
- Recruitment and Retention

8. Consultation

This is not a consultation item.

9. Background Papers

This report was submitted by Jane Lewington, Chief Executive, United Lincolnshire Hospitals NHS Trust who can be contacted on 01522 512512.