



General ULHT Performance Update

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Caring for You

United Lincolnshire Hospitals
NHS Trust





Achievements since July 2013



- Our mortality rate is now better than the national average – 98.4
- Our hip fracture team at Pilgrim hospital are the best in the country for speed of access to surgery
- We now have ambulatory emergency care centres on our three main hospital sites
- We have recruited more than additional 100 new nurses since April 2013, with more to come
- We expanded the range of services at Louth hospital with a new ophthalmology service

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Achievements since July 2013



- Grantham hospital working with St Barnabas Hospice to develop the first “Hospice in a hospital” in the UK
- The Lincolnshire Heart Centre opened in September 2013 matching the best in the country on response times
- We launched Listening into Action (LiA), a unique piece of workforce engagement to improve services
- Won national awards:
 - Macular Society Awards for Excellence – Best Clinical Service
 - Two Patient Safety and Care awards for fractured neck a femur service
- Nominated for HSJ and East Midlands Leadership Academy awards

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The CQC inspection key findings

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Trust wide ratings

Overall	Requires Improvement	●
Safe	Requires Improvement	●
Effective	Requires Improvement	●
Caring	Requires Improvement	●
Responsive	Requires Improvement	●
Well-led	Requires Improvement	●

Overall 63 “good”
and 45 “requires
improvement”



Areas of good practice

- Met committed professional staff, proud to work at the trust.
- Met many patients and service users who were engaged with and supportive of the trust.
- Saw examples of commendable practice, including:
 - The separation of male and females within the critical care services. This promoted dignity and respect and is the only unit to do this in the country.
 - Complainants were invited to take part in recruitment of staff.



Progress we made since Keogh

Significant progress since Keogh:

- Mortality now within expected levels.
- Visible leadership at each site.
- LiA – 12% increase in staff engagement.
- Board linked to ward via assurance visits.
- Rated 'Good' on caring.
- Staffing levels increased by over 100 on wards.
- Care bundles developed.





Quality Improvement Plan

1. Medical records
2. Clinical governance
3. Medicine management
4. Staff training, appraisals and supervisions
5. Equipment library
6. Risk management
7. Transforming outpatients
8. Medical engagement
9. Care bundles
10. Review paediatric services
11. DNA CPR
12. End of life
13. NEWS
14. Dementia strategy
15. 7 day working
16. Hospital at night
17. See It My Way
18. Maternity review
19. Infection control



Outpatients

- Three areas of outpatients at Lincoln were judged inadequate by the CQC.
- We need to move to “requires improvement” by time of the CQC inspection.
- Our long-term goal is to move beyond good.
- Six projects have been identified to transform outpatients.
 - Environment
 - Space utilisation
 - Medical records
 - Patient flow
 - Workforce
 - Communication.



LiA Rapid

Availability and quality of medical/patient case notes

Outpatients transformation: cancelations, delays for review, clinic start times

Customer care: positivity and respect

Improving medical management of the surgical patient

In-patient documentation: integrated care record

Equipment availability

Adherence to care bundles

Timely discharges before 10am

Must do's: Essential rights around appraisal and core learning

Endoscopy suite booking procedures

Medicines management: reducing drug admin and prescribing errors

Diagnostics - radiology - referrals fixed for 24/7 responsive, timely service

Pan-Trust model for special observations for patients with complex needs

Improving patient information for Eastern European patients at Pilgrim

Cleanliness is everybody's business



Our performance

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18 weeks performance has been below expected standard since January 2014

- During 2013 there was significant growth in referrals and the length of wait times increased
- Requirement for us to manage ad-hoc sessions differently which reduced our flexibility to meet demand
- Compounded increase in waits
- Activity planning completed and showed a number of areas where we had significant shortfalls
- Released capacity with new pathways [nurse led / community]
- Increased capacity through recruiting more staff
- Offered alternative providers



Achievement from December 2014 onwards

- The number of long waiters reduced up until May 2014
- Unfortunately the introduction of a new patient administration system in June has slowed our progress
- As this improves so does our effectiveness and assurance that we remain on track
- Significant additional work has been undertaken since July continues into November
- We continue to offer alternative providers to our patients if we are unable to meet the required access times



Cancer waits

CANCER TARGET	AUGUST PERFORMANCE
14 Day	88.0%
2 Week Wait Symptomatic Breast	75.8%
31 Day First Treatment	94.9%
31 Day Subsequent Treatment – Drug	98.0%
31 Day Subsequent Treatment – Surgery	100%
31 Day Subsequent Treatment – Radiotherapy	87.0%
62 Day	74.6%
62 Day Screening	90.0%



Action to improve access for our patients

- Weekly escalation with CCGs if referrals exceed our ability to appoint patients within 14 days
- Regular conversations with alternative providers to support patients from border GP practices
- Extensive recruitment plan for additional radiology staff
- Macmillan are supporting project costs to undertake a full service review and design of future care pathways
- During September our waits have improved and patients are being seen within 14 days continued into October



Our financial performance

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2014/15 Finances

- 2013/14 deficit was £26m
- Run rate at November 2013 was £37m for 14/15, without action
- Actual Plan for 2014/15 is £25m Deficit:

	£m
November 2013 Run Rate	(37)
Actions Taken Q4 2013/14	7
Full Year Effects 2013/14 Investments	(4)
Inflation and 0.5% Contingency 2014/15	(16)
Savings 2014/15	<u>25</u>
Deficit 2014/15	<u>(25)</u>

- Based on £306.4m contract with Lincolnshire CCGs
- Challenge of £50m – savings and deficit



Safer staffing levels

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Staffing review

- In 2013, invested £4.2 million in nursing.
- Review of nursing levels in maternity, paediatrics, neonatal, A&E and all in-patient wards.
- Considering new NICE guidance on staffing levels.
- Looking at:
 - Nurse to patient ratio
 - Skill mix
 - Service redesign
 - Reducing the number of beds
- Full report to our November board.



Progress with plan for every medical post

- 56 vacancies in Oct 14 from 102 vacancies in Jan 14
- August 'rotation' and delivery of plan reduced gaps in August.
- Engaged radiologists to explore changes to job descriptions and posts to increase retention following initial interviews.
- 6 locum consultant radiologists were recruited in September.
- HEEM redistribution of medical trainees project



Next Steps

- Continuing progress against our Quality Improvement Journey
- Fundamental review of all our patient facing business processes starting in 2015
- Extending plan for every post to all clinical posts outside nursing
- Implementation of our winter resilience plan working closely with our partners