| Lincolnshire COUNTY COUNCIL Working for a better future | | 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, United Lincolnshire Hospitals NHS Trust

| | |
|---|---|
| Report to | **Health Scrutiny Committee for Lincolnshire** |
| Date: | **11 March 2015** |
| Subject: | **United Lincolnshire Hospitals NHS Trust - Update Report** |

**Summary:**

This report provides a general update on the following areas as requested by the Committee:

- Cancer Care including breast cancer services
- Staff recruitment and retention
- The implementation of care bundles
- Delayed Transfers of Care
- Infection Control
- Accident and Emergency Attendances
- Financial Position

**Actions Required:**

To consider and comment on the information presented.

## 1. Background

The Committee considered an update report from United Lincolnshire Hospitals NHS Trust (ULHT) on 21 November 2014. At that meeting and subsequently the Committee has requested information on the following topics:

- Cancer Care including breast cancer services
- Staff recruitment and retention
- The implementation of care bundles
- Delayed Transfers of Care
- Infection Control
- Accident and Emergency Attendances
- Financial Position

This report provides information on each of the above topics.

## 2. Cancer Care

Cancer Performance 2014/15

| | Stan-dard | Q1 Validated Actual | Q2 Validated Actual | Q3 Validated Actual | Q4 Forecast | Year To Date | Year End Forecast |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| **14 Day Cancer** | 93% | 85.5% | 88.0% | 88.8% | 92.3% | 87.5% | 88.8% |
| **14 Day Breast** | 93% | 59.9% | 80.4% | 58.5% | 78.6% | 68.3% | 70.5% |
| | | | | | | | |
| **31 Day First** | 96% | 98.0% | 95.8% | 95.3% | 97.6% | 96.3% | 96.7% |
| 31 Day subs: | | | | | | | |
| | | | | | | | |
| **Drug** | 98% | 99.2% | 98.2% | 98.7% | 98.5% | 98.7% | 98.7% |
| **Radiotherapy** | 94% | 83.9% | 92.5% | 87.2% | 94.0% | 88.0% | 89.5% |
| **Surgery** | 94% | 96.0% | 92.9% | 89.6% | 95.9% | 92.9% | 93.8% |
| | | | | | | | |
| **62 Day Classic** | 85% | 80.1% | 79.1% | 74.6% | 84.3% | 77.9% | 79.6% |
| **62 Day Screening** | 90% | 96.1% | 90.5% | 81.9% | 90.5% | 88.9% | 89.3% |
| **62 Day Upgrade** | n/a | 100% | 100% | 69.2% | 100% | 76.5% | 81.0% |

The majority of the data issues associated with the implementation of the Trust's new patient information system (Medway) have been resolved in terms of tracking cancer pathways.

Referrals are peaking at ever higher levels, giving challenges to the Trust to be able to diagnose all patients by day 14 of the care pathway. Our Business Units are using the demand and capacity model provided by the National Improvement Team for Cancer to enable us to calculate the additional first Outpatient Department appointment capacity required moving forward. This increased numbers of referrals places increased demand on our diagnostic services, particularly breast diagnostics (mammograms and ultrasound), as well as MRI and CT, can delay a confirmed diagnosis and thereby puts additional pressure to treat the patient within a smaller window before they breach the national treatment time standards. This is at a time when the Business Units are already struggling under winter pressures, meaning a limited number of general and High Dependency Unit beds being available for elective patients.

The Lincolnshire Health Community Cancer Summit was held on 6 February 2015 in Sleaford. Outcomes from the Summit would be shared at the meeting.

## 3. Breast Cancer Services

We continue to refine our assessments of demand and capacity for the breast cancer service.

For service capacity Breast Radiologist support remains the major constraint. The Trust has an additional Radiologist starting in the week commencing 21 February 2015 to provide 3 days support at Pilgrim and 2 days at Lincoln. Breast weekly capacity meetings monitor future capacity and track weekly demand. There is an agreement with Clinical Commissioning Group (CCG) colleagues to remain within approximately 100 referrals per week into ULHT.

This will remain a challenging standard to achieve until weekly demand remains within 20% of the agreed volume (100) and we are able to recruit additional breast radiologists. Breast demand has been running at average 110 referrals since beginning of January 2015.

## 4. Referral to Treatment Waiting Times

Performance

| | 2014 | | | |
|---|---|---|---|---|
| | Sept | Oct | Nov | Dec |
| Admitted Performance (NHS operational standard is 90%) | 80.1% | 81.7% | 76.2% | 81.6% |
| Non-Admitted Performance (NHS operational standard is 95%) | 92.3% | 90.9% | 89.9% | 91.2% |
| Incomplete Performance (NHS operational standard is 92%) | 81.1% | 77.5% | 81.1% | 84.7% |

There is currently a national focus on improving performance for incomplete pathways. As this work progresses there will be an improvement in Incomplete Performance but other targets will not improve until this work is complete.

Mechanisms are in place to enable additional clinics to be established to deal with capacity issues and working in partnership with the independent sector where able and appropriate. Now the new Patient Administration System is becoming more stable (since December 2014) significant validation can be undertaken. Following this we would expect data quality to improve and the information reports to be increasingly reliable. Validation work is being recommended to continue until the end of June 2015.

Robust plans are in place for 2015/16 through activity planning to accept demand that we can see and treat within constitutional standards. There is close working with all CCGs to manage capacity and demand.

The key specialties demonstrating significant new out-patient capacity gaps are:

| | |
|---|---|
| Dermatology | Trauma and Orthopaedics |
| Ophthalmology | Urology |
| Pain | Breast |
| Neurology | |

The key specialties demonstrating significant follow-up out-patient capacity gaps are:

| | |
|---|---|
| Dermatology | Ear, Nose and Throat |
| Ophthalmology | Clinical Oncology |
| Neurology | Haematology |

Therefore the above specialties need a co-ordinated effort across the health system to manage demand, build capacity and review whole system service models. Unless the above specialties are addressed sustainability issues will remain.

## 5. Recruitment and Retention

The Trust is taking a proactive approach to tackling vacancies across the Trust with an initial focus on nursing but we also have a process known as *Plan for Every Post* for all medical vacancies. Our approach is led by the Director of Human Resources and Organisational Development, who chairs a monthly Recruitment and Retention Group with pan-Trust Membership. Oversight of recruitment and retention issues is through the bi-monthly Workforce and Organisational Development Board Assurance Committee. Each site is also proactively addressing their own local issues and working collaboratively with the corporate body.

Our approach is holistic and multifactorial and involves: attracting new staff into the organisation; "growing our own" in Lincolnshire; developing and valuing our existing workforce; and retaining new staff that we are able to attract.

Specific actions we will be taking in the short and medium term are:

- Recruiting apprentices
- Developing marketing materials and positive publicity to enhance ULHT's reputation
- Attendance at local, regional and national recruitment fairs, for example, Royal College of Nursing fairs starting in April 2015
- Extending the benefits we offer to staff and incentivising them to come to work at the Trust
- Using hospital open days and all available current internal media to promote vacancies
- Utilisation of professional journals and not just relying on NHS Jobs
- Planned phased international recruitment campaign to a number of countries including Poland and Greece in April/May this year
- Attracting and appointing newly qualified nurses
- Ensuring we have an effective induction programme, in particular for international nurses to enable them to quickly integrate into the local community and retain them within the organisation
- Learning from best practice with particular regard to international recruitment
- Offering career development and progression to current and new staff

- Focusing on attendance management and health and wellbeing
- Conducting effective exit interviews, analysing and using the feedback

In addition, we will be working with our managers to ensure that they are optimising the efficiency of the staff we currently employ.

Nursing Staff Vacancies

The table below outlines the current nursing vacancies at each of the hospital sites:

| Position on 1/2/2015 | Registered Whole Time Equivalent Vacancies Pre Uplift | Registered Whole Time Equivalent Vacancies Post Uplift | Unregistered Whole Time Equivalent Vacancies Pre Uplift | Unregistered Whole Time Equivalent Vacancies Post Uplift |
|---|---|---|---|---|
| Lincoln County Hospital | 43.88 | 69.07 | 10.55 | 20.55 |
| Pilgrim Hospital | 41.46 | 48.86 | -7.20 | 6.31 |
| Grantham Hospital | 18.82 | 25.02 | 2.94 | 5.48 |
| Allied Health Professionals | N/A | 31.11 | N/A | 6.30 |
| TOTAL | 104.16 | 174.06 | 6.29 | 38.64 |

On 2 December 2014, the ULHT Board considered Phase Two of the Nursing Safer Staffing Review. The terms "pre-uplift" refers to the figures prior to this review. The term "post uplift" refers to the figures after this review.

Medical Staff Vacancies

*Plan for Every Post* is the process used to manage medical staff vacancies with close liaison between Medical Recruitment and Business Units. The table below outlines the summary position at 25 February 2015:

| Site | Current Vacancies | Future Vacancies | Appointed to post | Vacancies on hold |
|---|---|---|---|---|
| Lincoln County Hospital | 27 | 6 | 16 | 9 |
| Pilgrim Hospital | 18 | 14 | 17 | 8 |
| Grantham Hospital | 12 | 2 | 6 | 2 |
| TOTAL | 57 | 22 | 39 | 19 |

Medical locum expenditure for January 2015 was £1.2 million demonstrating a £25K reduction from December 2014.

## 6. Care Bundles

Background

In preparation for the Keogh review of mortality and quality of care at ULHT which was carried out in 2013, the Trust carried out a detailed analysis of mortality in order to identify key issues. As part of this review, the trust identified the need to ensure best practice in caring for patients with certain diagnoses through the introduction of “care bundles”.

A care bundle provides clinical guidance in dealing with certain conditions, usually in the form of a small number of key actions to carry out based on evidence of best practice. The introduction of care bundles for conditions including pneumonia, septicaemia and acute heart failure was an integral part of the Trust’s mortality reduction plan approved by the board in May 2013.

In the case of septicaemia, the Trust adopted an existing care bundle known as "Sepsis Six"; care bundles in the areas of pneumonia, acute heart failure and Chronic Obstructive Pulmonary Disease were developed internally by our own clinicians and introduced as guidelines in relevant departments.

The Sepsis Six care bundle was of particular importance in our mortality reduction as at this point the trust was an outlier (showing an unexpectedly high level of mortality) for the diagnosis of septicaemia. The introduction of the care bundle for septicaemia was accompanied by a focus on rapid senior review of all patients by a consultant grade doctor.

Current Position

Care bundles have been successfully developed and introduced in key areas. Care bundle supporting documentation is presented on each ward in a purpose-designed display. Since the introduction of Sepsis Six, the Trust has seen a marked increase in the use of the care bundle and continues to build reliability in the area. In the last four months of 2014, part one of the care bundle, which assesses the likelihood of sepsis in acutely ill patients, was carried out for more than 80% of at-risk patients.

The application of the care bundle for patients who were identified as appropriate to treat rose from 10% in January to approximately 45% in the last four months of 2014. In addition, more than 90% of patients throughout the year received a rapid senior review by consultant grade doctors.

The trust is no longer an outlier for either overall Hospital Standardised Mortality Ratio (HSMR) or the specific diagnosis of septicaemia.

Further Actions

The Trust intends to continue its use of key care bundles and to build further reliability in their application. In particular, we will focus our attention on the use of one key elements of sepsis six – the rapid provision of appropriate antibiotics to patients at risk. It should be noted that National policy on septicaemia and the appropriate bundle to use is likely to change in response to a national initiative in the area during 2015.

Governance

Use of care bundles is reviewed at the patient safety and clinical effectiveness committee which is held monthly and chaired by the Medical Director. Reliability of patient observations, medications, use of Sepsis Six and rapid senior review are reviewed monthly and accompanied by public displays of data on every adult inpatient ward.

These data are also reported through the Quality Governance Assurance Committee and to the CCGs at quarterly quality review meetings.

## 7. Delayed Transfers of Care

On average ULHT has approximately two wards per day that are occupied with patients who are medically fit and no longer require hospital services. Patient discharges are being delayed due to waits for care packages, home support and community beds.

The “Integrated Discharge Hub” has been established at Lincoln as a single point of contact for managing delayed transfer of care (DTOC). This is managed by ULHT and is supported by Lincolnshire Community Health Services NHS Trust, Lincolnshire Partnership NHS Foundation Trust and Adult Social Care. There is a daily multi-disciplinary meeting with all agencies working in partnership to review every plan to resolve individual delays. It also prevents delays in referral. It is worrying that, despite the development of the discharge Hub, DTOC remain at consistent levels and this has to be the focus of continued targeted work by all agencies in Lincolnshire over the next few months.

## 8. Infection Control

Between 1 April 2014 and 18 February 2015 there had been 58 cases of Clostridium Difficile. The Trust's trajectory for 2014-2015 is 62. In October 2014, it had been predicted that the end of year figure would be 20 over the annual trajectory of 62, but the rate has fallen dramatically. During the recent Care Quality Commission visit the inspectors noted the significant improvement in performance.

There is a much higher profile for infection prevention across the whole organisation and the Infection Prevention Committee has increased the frequency of its meetings to monthly. The Trust provides good representation at the wider health economy Infection Prevention Group.

The appointment of an interim Nurse Consultant has provided strong and highly-skilled leadership for the team as well as assurance for the wider health economy.

We have re-launched the “bare below the elbows” policy to ensure compliance with hand hygiene practice across the Trust, using social media such as Twitter and a thunderclap campaign as well as the usual internal media. This project has been robustly supported across all disciplines and has had very public Board support, allowing all staff to feel that they can robustly challenge colleagues when needed.

The Infection Prevention team itself has been “rebranded” with new uniforms and designated plans of work.

We have looked outside of the Trust to learn from the successful practices of other organisations, visiting other acute hospitals, CCGs and Public Health England.

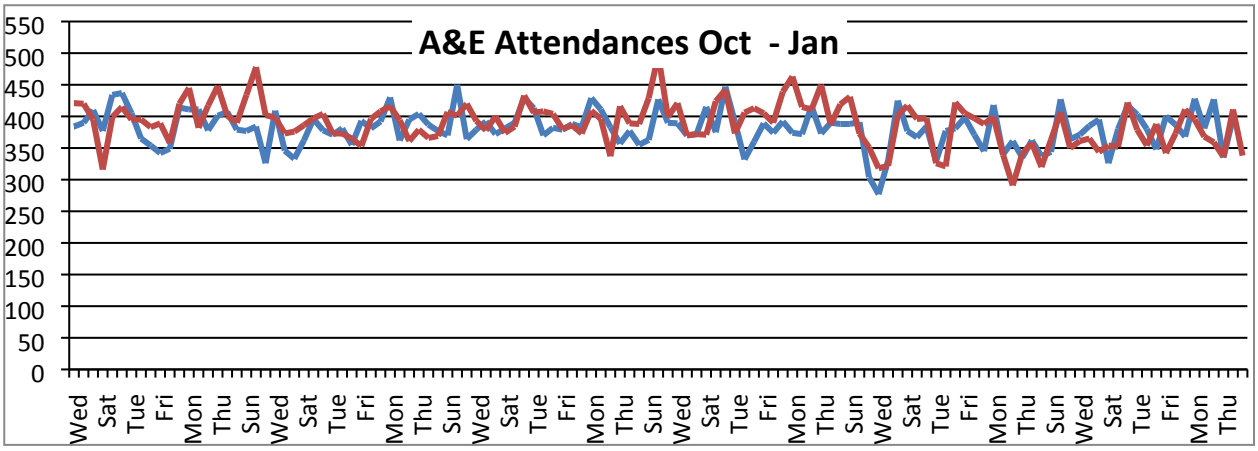
Where areas for development have been identified project work is moving forward, for example setting up a Trust-wide Venous Access Group led by a senior clinician and the redesign of the Clostridium Difficile Root Cause Analysis process.

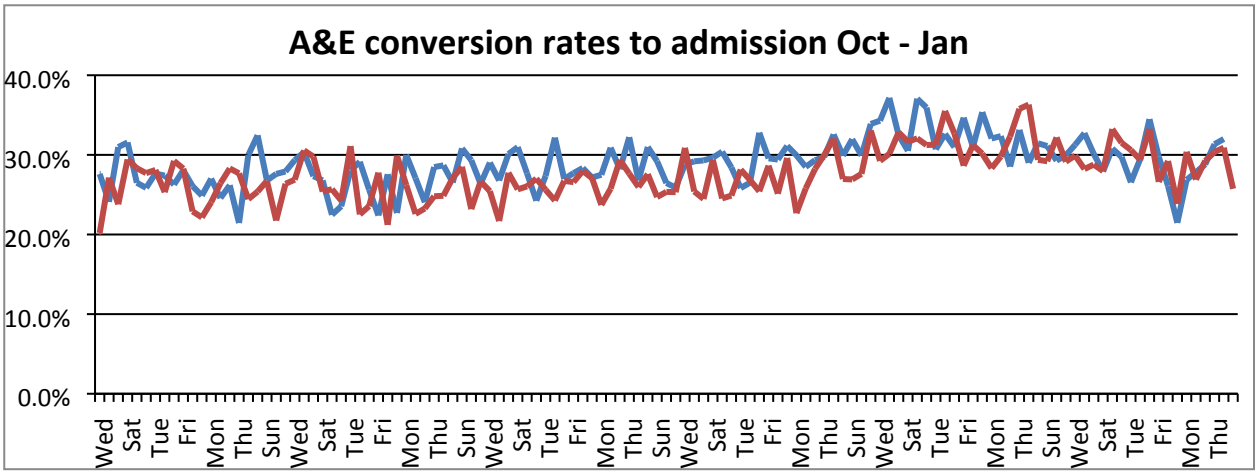
We are about to start a consultation for a restructured Infection Prevention Team, allowing for the appointment of a substantive Nurse Consultant to consolidate recent work and to lead on-going development. This post will be a joint appointment with the University of Lincoln, allowing for a strong educational focus.

The Trust has recognised the need for a review of its housekeeping/cleaning provision across all sites. A Project Manager has just submitted a first draft report which will form the basis of a business case for consideration.

## 9. Accident and Emergency Activity

The following tables show comparisons between the years 2013-2014 and 2014-2015 in relation to the number of attendances at Accident and Emergency; and the number of attendances that lead to an admission.



## 10. Financial Position

The Trust's reported financial position at the end of January 2015 is a deficit of £23.224 million. This is £1.850 million worse than plan and it is likely that there will be a further worsening of approximately £830k a month in February and March to leave a final position of approximately £28.7 million deficit, around £3.5 million behind plan, without any support.

This is despite the Trust achieving its internal cost improvement (savings) target of £25.4 million (around 6%) and reflects underperformance against contract income, particularly with Lincolnshire CCGs (approximately £11 million at 31 January 2015), together with the impact of a changed national funding regime around winter pressures and additional un-reimbursed safe staffing costs.

The underperformance in January increased by c. £2m as the Trust's planned bed base plus up to 90 additional beds were occupied with low tariff yielding non-elective patients, including a substantial number each day who were medically fit for discharge but for which wider system issues prevented that happening. Given the lack of capacity, higher yielding elective activity was low.

Looking to 2015/2016, the financial context does not get any easier, with Lincolnshire CCGs receiving at, or near, the minimum uplift in resources at approximately 2%. This is as opposed to the national average increase of 3.74% and up to approximately 7% in some areas (for example, the Thames Valley).

The Trust continues to receive the second lowest Market Forces Factor supplement for any acute Trust in the country at 7% lower than the national average.

## 11. Consultation

This is not a consultation item.

## 12. Conclusion

The Committee has requested the update report from United Lincolnshire Hospitals NHS Trust on the following items: -

- Cancer Care including breast cancer services
- Staff recruitment and retention
- The implementation of care bundles
- Delayed Transfers of Care
- Infection Control
- Accident and Emergency Attendances
- Financial Position

## 13. Appendices - None

## 14. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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