

NLG(18)079

DATE OF MEETING	27 February 2018
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Obi Hasan, Turnaround Director Tara Filby, Chief Nurse Richard Sunley, Deputy Chief Executive Jayne Adamson, Director of People and Organisational Effectiveness Marcus Hassall, Director of Finance
CONTACT OFFICER	Kathryn Helley, Deputy Director of Improvement
SUBJECT	Improving Together Update
BACKGROUND DOCUMENT (IF ANY)	Workstream and Project Highlight Reports
PURPOSE OF THE PAPER:	For Assurance
EXECUTIVE SUMMARY (PLEASE INCLUDE A BRIEF SUMMARY OF THE PAPER, KEY POINTS & ANY RISK ISSUES AND MITIGATING ACTIONS WHERE APPROPRIATE)	The attached paper outlines the progress made and the current risks identified in respect of the Improving Together Programme.
HAVE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	NOT APPLICABLE
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	NOT APPLICABLE
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	YES
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	Any specific issues will be addressed at the Improving Together Board
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	NO
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	YES
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	YES
THE PROPOSALS OR ARRANGEMNTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S)	Ensures compliance with statutory / regulatory requirements
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSURE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED	YES – CQC Fundamental Standards of Care and NHSI risk Assessment Framework and NHSI Risk Assessment Framework
THE PROPOSALS OR ARRAGEMENTS OUTLINED IN THIS PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF	YES

EQUALITY & DIVERSITY	
ACTION REQUIRED BY THE BOARD	The Board is asked to note the content of the report and identify any further actions required at this stage



Improving Together Programme Summary

As at 20 February 2018

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Workstream RAG Key

Green	On track for delivery milestones and KPIs
Amber	At risk but recoverable
Red	At risk and non recoverable

Risk Matrix Key

Likelihood		Impact		Risk Score	Category
1	Rare	1	Negligible	Low Risk	1-3
2	Unlikely	2	Minor	Moderate Risk	4-6
3	Possible	3	Moderate	High Risk	8-12
4	Likely	4	Major	Extreme Risk	15-25
5	Almost Certain	5	Catastrophic		

Ref	Key Performance Indicator	National Local	Secondary Indicator	Target	Site	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	12 Months Total	Perf	Trend	
Quality and Safety																						
QS1	% Fill rate of Locums to establishment	Local			Trust																	
Comments: No target set. Data being sourced.																						
QS2	% Substantive medical posts vacant	Local		14.17%	Trust				22.8%	21.9%	22.6%	23.2%	25.7%	23.5%	22.4%	23.4%	24.0%	24.3%		R		
Comments: ...																						
QS3	Medical turnover rate	Local		0.78%	Trust				0.00%	0.78%	0.76%	0.00%	0.77%	1.45%	0.00%	0.62%	0.76%	1.54%		G		
Comments: ...																						
QS4	Medical Agency spend £000s	Local			Trust				1,811	2,076	2,082	2,376	2,264	2,401	2,277	2,300	2,201	2,240				
Comments: No target set. Data being sourced																						
QS5	Number of specialties who have had an establishment review	To Be Sourced			Trust																	
Comments: No target set. Data collection method currently being designed																						
QS6	% RN/Midwives hours filled (Inpatients)	National	Day		Trust				91.4%	91.8%	91.5%	91.4%	91.8%	91.9%	95.3%	96.8%	92.9%	95.0%				
			Night		Trust				97.4%	97.7%	97.8%	98.4%	97.7%	98.6%	98.7%	98.6%	98.8%	101.5%				
Comments: No target set. Data being sourced																						
QS7	% Substantive nursing posts vacant	Local		6.0%	Trust				10.1%	10.3%	10.7%	11.5%	12.1%	11.2%	8.7%	8.9%	9.2%	9.3%		R		
Comments: ...																						
QS8	Nursing turnover rate	Local		0.78%	Trust				1.13%	1.16%	0.55%	3.52%	0.89%	0.81%	0.93%	0.80%	0.91%	0.68%		R		
Comments: ...																						
QS9	Nursing agency spend £000s	Local			Trust				442	453	412	661	699	605	548	465	478					
Comments: No target set. Data being sourced																						
QS10	Number of wards who have had an establishment review	Local			Trust																	
Comments: No target set.																						
QS11	Sickness rates (Medical & Dental)	Local			Trust	2.21%	2.73%	2.59%	2.33%	2.24%	2.16%	2.30%	2.20%	2.67%	2.14%	1.67%						
Comments: The rate only show medical and dental, do we need another KPI to show nursing and midwives to get an accurate reflection? Or report on All staff?																						
QS12	SHMI Score	National		100	Trust	115	116	116	117	118	119	119	117	116							R	
QS13					DPW	126	129	127	129	130	130	128	126	124							R	
QS14					SGH	107	106	106	108	109	109	111	109	109							R	
Comments: Data calculated in arrears 3 months behind, sourced from HED.																						
QS15	% compliance with NEWS - Are the vital signs recorded in accordance with the planned	Local		95%	Trust																R	
Comments: Data collection method currently being designed																						
QS16	% compliance with NEWS - Has the appropriate clinical response been actioned	Local		95%	Trust																R	
Comments: Data collection method currently being designed - Audit TBD																						
QS17	% compliance with PEWS (number of PEWS completed)	Local		95%	Trust																R	
Comments: Data collection method currently being designed																						
QS18	% compliance with OEWS (number of OEWS completed)	Local		95%	Trust																R	
Comments: Data collection method currently being designed																						
QS19	% of patients with suspected sepsis who receive bundle of 6 elements of care within 1 hour of				Trust																	
Comments: No target set. Data collection method currently being designed. Can only provide CQUINS requires tablets to collect the data																						
QS20	Maternity-% Compliance with CTG monitoring (Audit)	Local		100%	Trust				95.0%	94.1%	87.5%	95.2%	92.0%	95.8%	94.7%	97.4%	96.7%	96.7%		R		
Comments: Sourced from an audit.																						
QS21	Maternity-delays due to non availability of theatre facilities	Local		0	Trust				1	1	2	1	0	1	0	0	0		6		R	
Comments: Sourced from DATIX																						
QS22	Maternity-delays for pain relief	Local		0	Trust				3	0	2	0	0	0	0	1	0		6		R	
Comments: Sourced from DATIX																						
QS23	Mixed Sex Accommodation breaches	National		0	Trust				0	0	34	59	76	64	72	60	52	73	417		R	
Comments: ...																						
QS24	WHO checklist (Audit)	Local		100%	Trust				76.9%	95.0%	91.8%	97.8%	98.5%	97.1%	98.1%	98.8%	98.6%				R	
Comments: Sourced from a monthly audit main theatres																						

Key Achievements/Progress

SAFE STAFFING

Medical Oversight Meeting now in place and meetings held. Work taking place to determine specialty level needs.

Nursing establishment review completed and final version being costed. NHSI have received an overview of this work and are happy with progress to date.

PATIENT SAFETY

Emergency Department dashboard has been implemented.

Fit to care checklist being rolled out in areas other than wards.

CLINICAL EFFECTIVENESS

Ward accreditation process has been trialled on two wards and will continue to be rolled out.

PATIENT EXPERIENCE

Confirmation still awaited regarding capital funding to support with infrastructure changes required to enable the Trust to be compliant with Mixed Sex Accommodation guidelines.

MORTALITY

Clinical Lead for mortality appointed at Diana, Princess of Wales Hospital and appointment at Scunthorpe General Hospital being identified.

Key Risks/Issues

Mitigating Actions

RAG

Mixed sex accommodation requirements are compromised due to the capital works required to address the poor environment

Bid submitted to NHSI for additional capital funding.

R

Data quality and/or audit methodology for Level 1 and Level 2 KPIs could be leading to some false assurance.

Working with the Information Team to agree a robust methodology.

A

Risk that Sepsis 6 bundle is not being completed in full in all areas

Work with the audit team to develop a robust methodology to measure compliance with the Sepsis 6 bundle

R

Capacity available to support with the improvement required for the Deteriorating Patient/Sepsis project requires review if the required progress is to be made at pace.

Funding identified and 2 part time band 6 nurses appointed with a potential start date of March to focus on NEWs implementation

A

Ref	Key Performance Indicator	National Local	Secondary Indicator	Target	Site	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	12 Months Total	Perf	Trend	
OD & Culture																						
ODC1	Mandatory training compliance	National		95%	Trust									87.0%	86.0%	84.4%	80.0%	87.0%	87.0%	↑	R	✓
																			Comments: ... Monthly ESR T&D			

Development of further KPI's underway following re-set of work-streams.
Please note: The output of these KPI's will be recognised within other work-streams such as Quality & Safety.

Key Achievements/Progress

Promoting Professional Pride and Respect programme developed and request gone out to the organisation for staff to be part of the launch process.

Level 7 Leadership and Management qualification to go out to tender to complement the Level 5 programme currently in operation.

Working with other Trusts in the Yorkshire and the Humber region to standardise training competencies.

Work continues with the Response Teams set up as part of the Listening into Action programme.

Crowd fixing event undertaken with People and Organisational Development with action plans developed with Occupational Health, Human Resources, Recruitment, E-Rostering Team, Training & Development and Communications.

Key Risks/Issues

Mitigating Actions

RAG

The results of the Deanery Trainee survey are low which impacts on junior doctors choosing the Trust as a future place to work. Lack of engagement from junior doctors in being part of improvement action plan to address issues.

- Increased pace and focus on reviewing junior doctor scores and surveys and agreeing responsive actions/interventions to improve target areas.
- Development of project plan in conjunction with Post Graduate Medical Education to work alongside deanery action plan.
- Regain confidence and gain traction with series of 'quick wins' of issues affecting Junior Doctors.

A

Variable clinical engagement across the Trust, which is a particular issue given the current improvement required in the organisation.

- Response and action plan development to engagement survey.
- Agree how NHS Improvement funding will be used to support this area.
- Improvement Team and Medical Education to map Deanery recover plan.

R

Ref	Key Performance Indicator	National Local	Secondary Indicator	Target	Site	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	12 Months Total	Perf	Trend						
Financial Improvement																											
FIP1	1. Run Rate £000s			-3,808	Trust									-4,587	-3,000	-2,954	-3,810	-4,411	-4,329	-3,942	-3,508	-2,105	-4,310	↑	G		
	Comments: ...																										
FIP2	2a. Forecast Outturn - Take no actions £000s			-48,583	Trust															-49,640	-48,922	-48,885	-43,900	-44,470	↑	G	
	Comments: ...																										
FIP3	2b. Forecast Outturn - After recovery plans £000s			-43,300	Trust															-43,300	-43,300	-43,800	-40,000	42,300	↑	G	
	Comments: ...																										
FIP4	3a. CIP Total Delivery to Date £000s			5,067	Trust															4,277	5,541	6,883	8,391	9,280	↑	R	
	Comments: ...																										
FIP5	3b. CIP Delivery to Date (Recurrent) %			93%	Trust															83.0%	84.0%	81.4%	82.2%	79.9%	↑	R	
	Comments: ...																										
FIP6	4a. CIP Plan Green RAG rated %			100%	Trust															81.0%	100.0%	100.0%	100.0%	100.0%	⇒	R	
	Comments: ...																										
FIP7	4b. CIP Delivery to Date Green RAG rated %			100%	Trust															78.8%	88.4%	94.0%	83.5%	84.3%	↓	R	
	Comments: ...																										

Key Achievements/Progress

Continued focus on nursing roster creation, sign off and compliance.

Deployment of ward purse commenced in women's and children's division. Roll out to Surgery and Medical wards still to take place.

First draft of 18/19 cost improvement plan for procurement developed.

At month 9 the Trust has a deficit position of -£32.6m against a plan of -£32.3m. The forecast based on current run rate is -£43.9m against an agreed control total of -£40m (-£3.9m variance).

In month 9, £8,391k of cost improvement programme monies has been delivered against against a plan of £7,875k.

Key Risks/Issues

Urgent care winter pressures and the resulting cancellation of elective and outpatient activity will increase the backlog, potentially requiring additional Waiting List Initiatives.

Risk around the ability to deliver at pace and scale, the 17/18 financial recover plan - £1.2m gap has emerged.

Mitigating Actions

Develop recovery plans to understand impact on backlog and national performance metrics.

Continued focus through Financial Improvement Board on delivery and escalation of risks – with weekly dashboard and actions delivered information to Executives.

RAG

R

R

KPI Lvl	Ref	Key Performance Indicator	National Local	Secondary Indicator	Target	Site	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	12 Months Total	Perf	Trend	
Access & Flow																							
1	A&F1	% of patients waiting less than 4 hours in A&E	National		95%	Trust	80.1%	75.8%	84.7%	78.7%	85.2%	82.5%	83.9%	89.3%	87.4%	91.5%	92.5%	87.9%	86.2%	↓	R		
Comments: ...																							
1	A&F2	% of Patients Treated within 18 weeks of referral	National		92%	Trust				77.1%	77.4%	75.9%	74.8%	74.0%	72.8%	73.7%	73.0%	73.2%	75.1%	↑	R		
Comments: ...																							
1	A&F3	% of patients receiving treatment for cancer following referral within 62 days (POST)	National		85%	Trust				72.7%	70.5%	57.1%	77.9%	62.2%	54.4%	63.1%	71.4%	73.2%	64.6%	↑	R		
Comments: ...																							
1	A&F4	% of clinical harm reviews undertaken (52wk and 104 days) with xx days	Local		100%	Trust															→	R	
Comments: Data collection method currently being designed																							
1	A&F5	% of patients on an elective diagnostic waiting list exceeding 6 weeks	Local		100%	Trust				98.0%	98.2%	96.3%	95.8%	93.1%	93.4%	92.6%	94.6%	92.6%	90.5%	↓	R		
Comments: ...																							
1	A&F6 A&F7	Non-elective Length of Stay	Local		4.3	Trust	8.6	8.8	8.5	8.5	8.4	7.9	8.0	7.9	7.6	7.4	7.1	6.8	6.4	↓	R		
							DPW	10.4	10.3	9.4	9.7	10.0	9.5	9.1	9.0	8.3	8.1	7.9	7.4	6.9	↓	R	
							SGH	6.8	7.1	7.4	7.1	6.7	6.2	6.6	6.6	6.5	6.4	6.0	6.1	5.6	↓	R	
Comments: The target of 4.3 is the national average benchmark taken from CHKS																							
1	A&F8	Stranded Patients (7 days)	National			Trust				409	334	337	335	313	372	316	309	322	341	↑			
Comments: No target set.																							

Key Risks/Issues

Mitigating Actions

RAG

Requirement to maintain endoscopy performance at DPOW to attain JAG may result in requirement to continue with Waiting List Initiatives.

Understand impact of reduction in Waiting List Initiatives on capacity and whether capacity can be met through core sessions at DPOW to maintain RTT performance.

A

To understand the true capacity and demand position for each speciality.

Continue monitoring within RTT meetings. Analytics requirement to understand demand and capacity at specialty levels with Intensive Support Team assistance, the modelling for which is nearly completed on all specialities.

A

Winter pressures has resulted in the cancellation of elective and outpatient activity. This will have further detriment to the RTT position.

Daily scrutiny of nurse staffing and bed capacity to determine how day case capacity can be increased at any opportunity. RTT recovery meeting being set up. All specialities will have a plan of recovery following NAPP guidance.

A

Impact of winter pressures, eg, Opel3 calls for routine meetings being stood down, resulting in a slower rate of progress within workstreams due to focus on supporting operational performance.

Key workstream meetings to be prioritised when rescheduling and highlight risk to delivery through planned and unplanned care boards. Progress reports circulated to project working groups if meetings cancelled. Attendance of decision-making deputies to project working groups during periods of operational pressures.

A

Key Achievements/Progress

Outpatients – Call reminding implemented for patients who do not have mobile numbers. Impact of this service on Did Not Attend (DNA) rates to be measured and to also identify those areas with low mobile phone number collection. Standardised booking rules/guidelines for Specialty Admin Teams (SATs) to be finalised.

Endoscopy – Key Performance Indicators (KPIs) and Patient Tracking Lists (PTLs) being finalised to track impact of moving to 12 points per list. East Lancashire Trust visiting Diana, Princess of Wales Hospital (DPOW) to conduct a mock JAG accreditation inspection.

Theatres – Refocus of theatres plan completed to identify the 7 top priorities. Areas include late starts/early finishes, effective scheduling, cancellations on the day, pre-assessment, anaesthetic job plans, consent of patient in clinic and requirements following the Care Quality Commission visit in October 2016.

RTT – Intensive Support Team demand and capacity tool continues to be rolled out.

Cancer – 62 day draft trajectory produced at Trust level and to be shared with Commissioners. Identification of key issues/themes by tumour site in progress. PTL lists continue to take place with robust terms of reference and escalation policy.

Bed Management – Bed model commissioned. Once received will need to be reviewed in partnership with staffing and planned care pathway workstreams.

Discharge to Assess – Stakeholder workshop to be held to review discharge processes. Development of a single integrated discharge scheme concept for North Lincolnshire being explored.

SAFER – Red2Green – Training and roll out plan on track. Improved medical engagement at ward board meetings.

Key Achievements/Progress

Fragile Specialties

- Timescale agreed to share preliminary modelling scenarios for future acute hospital provision for Ear Note & Throat, Urology and Haematology.

Right Care Programme

- Acute cardiology strategy in development through the now established Humber Network.
- Respiratory and Gastroenterology strategies to be considered as part of the wider medicine review.

System/Model of Care

- Humber Acute Services Review (HASR) agreed programme plan and timeline and South Bank Principles agreed
- Clinical Dependencies Grid shared for confirm and challenge with the Strategic Oversight Group. One methodology used to ensure co-dependences are front and centre of all decisions.
- Regular meetings taking place across the pan-System Transformation Partnership to consider any service changes which have the potential to impact upon other providers.

Key Risks/Issues

Mitigating Actions

RAG

Workforce strategies for 13 priority specialties are quite reactive to the immediate fix requirements. This is not necessarily providing a sustainable/long term solution.

Workforce and OD workstream to consider how to ensure their workforce strategy work is in line with required timescales for this workstream and that models are based on 1) short term fix and 2) new model of care/future sustainability strategy.

R

Heat map work may identify additional specialties classified as 'fragile'. For example, immunology has been identified through this work.

Workstream to complete heat map exercise to confirm any additional specialties. No new specialty has been highlighted through the technical development. This will remain a risk as we shift from technical to clinically owned indicator.

A

Threat of service tendering present for community services and ophthalmology.

Early signs from Commissioners are that their original intentions to tender have now changed.

A