



## Single Improvement Plan

# Lancashire Teaching Hospitals Improvement Journey

Improving patient care together



**Patients**



**Performance**



**People**



**Productivity**



**Partnerships**

## Lancashire Teaching Hospitals Single Improvement Plan (SIP) 2024-2027

has been designed to simplify our approach to what we need to improve across the organisation. Our priorities have been chosen through a combination of feedback from patients, colleagues and our regulators, and alignment to our corporate objectives. The 5 portfolios contain programmes that aim to improve:

**Safety and quality outcomes for our patients**

**Experience for our people**


**Financial sustainability for our organisation**


**Operational performance in our organisation**


**Partnership working for our communities**


The Single Improvement Plan delivery mechanism and key metrics enable us to understand how we are progressing towards the corporate objectives. By all of us playing our part in delivering local actions aligned to our Single Improvement Plan together we can achieve our organisational vision.


We will achieve this by underpinning our approach with improvement methodology and working in line with our organisation's values

 Being caring and compassionate

 Recognising individuality

 Seeking to involve

 Building team spirit

 Taking personal responsibility

We will now work together across our teams, services and the system to embed this strategy and use it to help us to reshape our services and the ways we work. We look forward to working together to make our new shared vision a reality.



# PATIENTS PORTFOLIO

To improve inpatient care and experience, in particular Sepsis, Clostridium difficile, risk assessment completion, medication safety, maternity, neonatal and children's services whilst reducing health inequalities



**Patients**



**SRO: SARAH MORRISON - DEPUTY CHIEF EXECUTIVE/CHIEF NURSING OFFICER**



**STEVE CANTY - CHIEF MEDICAL OFFICER**

PROGRAMMES	PROGRAMME AIMS
<b>Safe Staffing</b>	To improve patient safety outcomes and patient experience through compliance with safe staffing recommendations
<b>Patient Experience and Involvement</b>	To increase engagement and feedback from protected minority groups and improve the outcomes of the inpatient survey
<b>Safeguarding</b>	To improve the experience of patients with a mental health, learning disability and/or autism diagnosis within the organisation
<b>C difficile Programme</b>	To reduce <i>C difficile</i> levels and comply with national Infection Prevention Control Board Assurance Framework
<b>Always Safety First</b>	To improve the safety culture of the organisation and improve safety outcomes
<b>Maternity and Neonatal</b>	To provide consistently good maternity and neonatal care to women and families
<b>Children's Improvement</b>	To improve the safety culture and safety and quality outcomes within children and young people services
<b>Health Inequalities</b>	To implement the organisation's health improvement plan working in partnership with wider health and social care organisations
<b>Critical Care and Enhanced Care</b>	To progress the implementation of enhanced and critical care standards
<b>Medication Safety</b>	To transform the pharmacy workforce and services prioritizing medication safety

MEASURES OF SUCCESS			
<b>Safe Staffing</b>	Overall fill rate for registered nurse, midwives, healthcare assistants and maternity support workers	<b>C difficile Programme</b>	Performance against national trajectory - No more than 199 hospital acquired cases (national trajectory)
		<b>Always Safety First</b>	Hospital standard mortality rate within expected range   Reduction in pressure ulcers and falls per 1000 bed days   Reduction in never events
<b>Patient Experience and Involvement</b>	Friends and Family outcomes   Reduction in complaints   Improved STAR accreditation outcomes	<b>Maternity</b>	Maintain compliance with 10 Clinical Negligence Scheme for Trusts (CNST) Safety actions



# PERFORMANCE PORTFOLIO

To increase productivity to improve waiting times for elective care and diagnostic services. To continue the improvement of cancer performance to minimise the risk of harm. To develop and improve urgent and emergency care services working with our partners for improved whole system flow





**SRO: KATIE FOSTER-GREENWOOD - CHIEF OPERATING OFFICER**

PROGRAMMES	PROGRAMME AIMS
<b>Urgent and Emergency Care</b>	To improve the responsiveness of urgent and emergency care services by reforming services with our partners
<b>Elective Care</b>	To continue to reduce waiting times for elective care services through increased productivity
<b>Cancer Care</b>	To deliver the cancer improvement plan to improve performance and quality in cancer services and minimise the risk of harm.
<b>Outpatient care</b>	To improve the accessibility and quality of outpatient services by implementing innovative processes and digital solutions to increase productivity
<b>Diagnostics</b>	To deliver the diagnostic improvement plan to improve access and increase productivity to reduce waiting times for diagnostics.

MEASURES OF SUCCESS	
<b>Urgent and Emergency Care</b>	Compliance with national urgency and emergency care performance standards including reduced waiting times in the emergency department and ambulance turnaround time
	Compliance with bed occupancy rate at 92%, reduced length of stay and not meeting criteria to reside rate to 5%
<b>Outpatient Care</b>	Reduced long waits for patients for first appointments and treatment and eliminate very long waits
	Improved utilisation of Patient Initiated Follow Up (PIFU) and Patient Stratified Follow Up (PSFU) outpatient pathways
<b>Cancer Care</b>	Compliance with national cancer performance standards including faster diagnosis standard and referral to treatment time
<b>Diagnostics</b>	Reduced waits for diagnostic tests
	Improved utilisation of endoscopy sessions

# PEOPLE PORTFOLIO

To improve colleague experience through ensuring each individual's contribution is valued. Achieved by colleagues working in well led teams with effective line management support who positively apply people management policies and processes. Aiming to reduce sickness absence, achieve appraisal and core skills compliance, resulting in higher levels of colleague satisfaction and retention



**People**



**SRO: NEIL PEASE - CHIEF PEOPLE OFFICER**

PROGRAMMES	PROGRAMME AIMS
<b>Team and Culture</b>	To create a great place to work, leading to increased levels of colleague engagement and satisfaction
<b>Vacancy management</b>	To embed and strengthen vacancy control processes, to support the organisation to manage workforce resources in line with the waste reduction programme
<b>Retention</b>	Retaining colleagues through ensuring they feel valued, providing opportunities for development and career progression
<b>Diversity and Inclusion</b>	To be consciously inclusive in everything we do for our people
<b>Violence and aggression</b>	To ensure colleagues feel safe through reducing incidences of violence and aggression within the workplace
<b>Sickness absence management</b>	To support colleagues to feel well and supported at work through effective attendance management processes
<b>Core Skills compliance</b>	To achieve and maintain compliance in all core skills across each professional group
<b>Appraisal compliance</b>	To provide high quality, meaningful appraisals on time, enabling the consistent achievement of appraisal compliance across all professional groups

MEASURES OF SUCCESS	
<b>Retention</b>	Reduction in vacancies (Below 6%)
	Turnover below 10% for all professional groups and length of service
<b>Sickness Absence Management</b>	Overall sickness absence rate (below 5.24%)
<b>Violence and Aggression</b>	Number of violence and aggression incidents towards colleagues (reduction, annual assessment)
<b>Core Skills Compliance</b>	Core skills mandatory training compliance (90% achievement for all modules)
<b>Appraisal Compliance</b>	Appraisal compliance (90% completion for all professional groups)
<b>Team and Culture</b>	Staff Survey – Recommend Trust as a place to work (above 60% level of engagement)
<b>Diversity and Inclusion</b>	Improvement in Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)



# PRODUCTIVITY PORTFOLIO

To deliver the agreed financial plan for the organisation, including the waste reduction programme, and support ongoing development of a full sustainability plan for the organisation



**Productivity**



**SRO: CRAIG CARTER - INTERIM CHIEF FINANCE OFFICER**

PROGRAMMES	PROGRAMME AIMS
<b>Financial Recovery</b>	To deliver the agreed Waste Reduction Plan working with the Integrated Care Board (ICB) and provider organisations to recover the system financial position
<b>Affordable Budget Planning</b>	To support the organisation to manage resources effectively and provide value for money services
<b>OneLSC Finance</b>	To develop OneLSC financial services to achieve sustainability and be best in class
<b>OneLSC Procurement and Contracts Hub</b>	To improve the efficiency and effectiveness of OneLSC procurement and contract management process for the organisation

MEASURES OF SUCCESS	
<b>Financial Recovery</b>	Income and Expenditure (I&E) normalised run rate
	Waste reduction schemes delivery
	Whole Time Equivalent (WTE) Run Rate reduction
	Variable pay rate expenditure reduction
	Pay Run Rate expenditure reduction
<b>Affordable budget planning</b>	75% of Budget Holders have completed Financial Management/Budget Management Training
	75% of "Budget Holders and Relevant Finance Staff" have attended Procurement Best Practice Training
<b>OneLSC Procurement and Contracts</b>	Delivery of Procurement Workplan

# PARTNERSHIPS PORTFOLIO

To reduce and manage risks across the organisation, developing a learning and continuous improvement culture focused on working with partners to redesign and deliver our services to meet the needs of our community



**Partnerships**



**SRO: SARAH MORRISON - DEPUTY CHIEF EXECUTIVE/CHIEF NURSING OFFICER**

PROGRAMMES	PROGRAMME AIMS
<b>Vision and Strategy</b>	To develop a clear vision, clinical strategy and organisation strategy for 2025–2035
<b>Information Improvement</b>	To improve information through a clear and consistent approach to key performance indicators, governance, improved quality and consistency of reporting and data presentation
<b>Learning and Continuous Improvement</b>	To continue to develop continuous improvement and learning capability within the organisation
<b>Corporate Communications</b>	To use communication infrastructure to continue to build trust and confidence in the organisation with our people, communities and regulator
<b>Regulator Assurance</b>	To demonstrate adherence to National Health Service England (NHSE) licence conditions and sustained delivery of Care Quality Commission (CQC) 'must do' and 'should do' actions
<b>Governance and Risk Maturity</b>	To strengthen governance and risk management across the organisation
<b>Community Service</b>	To work as an integrated organisation with Lancashire and South Cumbria Foundation Trust (LSCFT) to improve access and outcomes for our communities
<b>Digital</b>	To deliver digital transformation
<b>Estates and Facilities</b>	To develop an estates strategy that enables services to be delivered
<b>Planning</b>	To refresh the business planning process ensuring we are sustainable as an organisation
<b>Education and Training</b>	To deliver excellence in healthcare education and training
<b>Research, Innovation and University Hospital Status</b>	To sustainably and incrementally progress to obtaining University Hospital status
<b>Health and Safety</b>	To improve the health and safety of the organisation
MEASURES OF SUCCESS	
CQC 'must' and 'should do' delivery Exit System Improvement Board (SIB) oversight A new published new 10 year strategy	





**AILSA BROTHERTON - CHIEF STRATEGY & IMPROVEMENT OFFICER**



**CATHERINE GREGORY - DEPUTY CHIEF NURSING OFFICER**



**ARNAB BHOWMICK - DEPUTY CHIEF MEDICAL OFFICER**

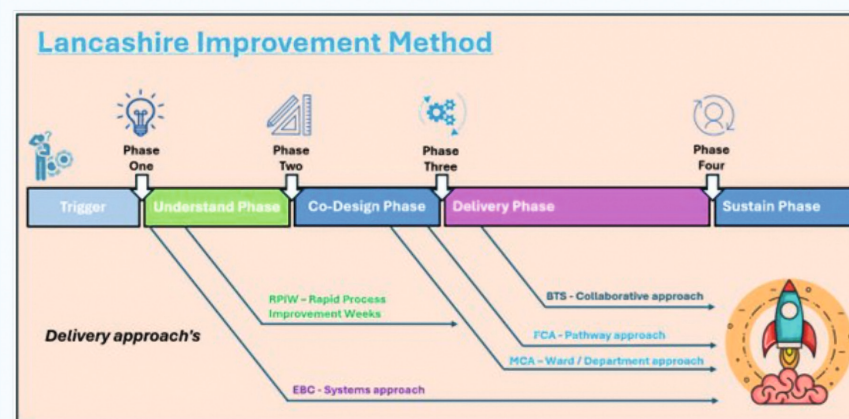
### Mainstreaming improvement using the NHS IMPACT framework

The NHS in England, through the work of the National Improvement Board, has set an ambition for the NHS to become the fastest improving healthcare system globally over the next five years as it delivers the NHS IMPACT strategy. Lancashire Teaching Hospitals has committed to fully adopt and embed the NHS IMPACT framework and theory of change by aligning the organisation's improvement approach through the Lancs Improvement Method to support the organisation's priority to deliver the Single Improvement Plan.

### Alignment with our improvement approaches

The Lancs Improvement Method seamlessly integrates a variety of established methodologies, all unified under the overarching framework of 'Understand, Co-Design, Deliver, Sustain.' This approach ensures that the right tool is used for the right job, enhancing the overall effectiveness of our improvement efforts and develop a learning system.

Each of these methods can serve as effective delivery vehicles to enhance knowledge and learning at every stage. Different approaches are better suited to various improvement challenges, depending on their scale, complexity, and timeframes.



METHOD	USE
<b>Engineering Better Care (EBC)</b>	Applies systems thinking to redesign systems and implement large-scale changes
<b>Flow Coaching Academy (FCA)</b>	Utilises an end-to-end pathway approach with weekly Big Room meetings for team collaboration and continuous improvements.
<b>Microsystem Coaching Academy (MCA)</b>	Enables teams to apply quality improvement to address localised problems and challenges.
<b>Breakthrough Series Collaborative (BTS)</b>	Creates a learning system for teams to seek improvement in focused areas and test and apply changes as scale.
<b>Rapid Process Improvement Weeks (RPIW)</b>	Conducts intensive, focused improvement events to rapidly identify and implement changes. These weeks are designed to bring together multidisciplinary teams to work on specific processes, identify inefficiencies, and implement solutions quickly.