

**Trust Board Meeting  
28 September 2017**

Paper Title:	90 Day NHS National Improvement Projects
Section:	Public
Lead Director:	Debra Gilderdale, Director of Operations and Nursing
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Agenda Item:	<b>10</b>
Presented For:	Assurance
Paper Category:	Quality

<b>Executive Summary:</b>
<p>This report sets out the progress for the Board on the 90 day National improvement Projects that the Trust is collaborating with. These are:</p> <ol style="list-style-type: none"><li>1. Improve efficiency of the completed final health auto roster by 10% maximising the use of established staff. Reporting to NHSI of the pilot of 2 wards Ashbrook and Clover prior to rolling out across wider inpatients in both acute and specialist.</li><li>2. Improve average length of stay by introducing consistency of discharge approach and revised discharge criteria. During the 90 day pilot of 2 wards Oakburn and Heather with the ambition is to decrease length of stay by 10% by increasing the use and connection /better use of community &amp; IHTT resources. The pilot of 2 wards will report lessons learned over the 90 day trial prior to rolling out any success measures and learning across wider inpatients in both acute and specialist wards.</li><li>3. To understand reasons for staff leaving our employment and design/implement appropriate interventions to help reduce turnover and improve the retention of key staff.</li></ol> <p>The report summarises the scope and includes progress on how the Trust is working with a consistent service improvement methodology. These short-term projects are supporting transformation projects/programmes in place 2017/18 and how these will contribute to the current and future cost improvements.</p>

<b>Recommendations:</b>
<p>That the Board/Committee:</p> <ul style="list-style-type: none"> <li>• Consider the report and note the project scope and ambition and progress to date.</li> <li>• Endorse the approach</li> <li>• Identify any further assurance required</li> </ul>

### Governance/Audit Trail:

<b>Meetings where this item has previously been discussed</b> <i>(please mark with an X):</i>						
<b>Audit Committee</b>		<b>Quality &amp; Safety Committee</b>		<b>Remuneration Committee</b>		<b>Finance, Business &amp; Investment Committee</b>
<b>Executive Management Team</b>	X	<b>Directors</b>	X	<b>Chair of Committee Meetings</b>		<b>Mental Health Legislation Committee</b>
<b>Council of Governors</b>						

<b>This report supports the achievement of the following strategic aims of the Trust:</b> <i>(please mark those that apply with an X):</i>	
Consolidation of Market Share: being great in our patch	
Manage the impacts of the whole system of reduced health and social care funding: working in partnership to develop cost effective out of hospital services and pathways to support the delivery of sustainable services	X
Secure Funding for new or expanded services	

<b>This report supports the achievement of the following Regulatory Requirements:</b> <i>(please mark those that apply with an X):</i>	
<b>Safe:</b> People who use our services are protected from abuse and avoidable harm	X
<b>Caring:</b> Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	X
<b>Responsive:</b> Services are organised to meet the needs of people who use our services	X
<b>Effective:</b> Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	X
<b>Well Led:</b> The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	X
<b>NHSI Single Oversight Framework</b>	

**Equality Impact Assessment :**

This should take place at approval and consultation stage through the standardised board governance and quality impact assessment.

**Freedom of Information:****Publication Under Freedom of Information Act**

This paper has been made available under the Freedom of Information Act

## **Update on 90 Day NHS National Improvement Projects**

### **1. Background and Context**

In late June 2017 the Director of Operations and Nursing was approached by NHS Improvement to participate in 3 projects as part of the 90 day Rapid Improvement Programme. The good practice learning is being facilitated by the central Carter Team who are coordinating all the 90 day rapid improvement initiatives following much work that they have completed acute settings during the last few years.

A number of BDCFT resources from Operational, Workforce, PMO, and Service Improvement have been involved in the learning and knowledge-sharing to implement. All the national projects have individual leads and NHS Improvement have asked for monthly progress summaries and performance indicators. Ruth May, Chief Nurse, NHSI and Lyn McIntyre, Mental Health Senior Adviser for NHSI, have visited Bradford District Care Trust to support the programme of activity and Lord Carter has expressed interest in visiting to view in person how we are delivering the improvement programmes.

### **2. Project/Proposal**

The three “90 day rapid improvement initiatives” upon which Bradford District Care NHS Foundation Trust is working are:

- Improve efficiency of the completed final health Autoroster by 10% maximising the use of established staff. Reporting to NHSI of the pilot of 2 wards Ashbrook and Clover prior to rolling out across wider inpatients in both acute and specialist.
- Improve average length of stay on the ward by introducing a consistent discharge approach and revised discharge criteria. During the 90 day pilot of 2 wards Oakburn and Heather have the ambition is to decrease length of stay by 10% by increasing the use and connection /better use of community & IHTT resources. The pilot of 2 wards will report lessons learned over the 90 day trial prior to rolling out any success measures and learning across wider inpatients in both acute and specialist wards.
- To understand reasons for staff leaving our employment and design/implement appropriate interventions to help reduce turnover and improve the retention of key staff.

### **Progress against 90 day ambition**

Each of the rapid improvement programmes are being delivered within different timelines and learning from each is different with knowledge sharing from other Trusts taking place. The methodology for each of the 90 day rapid improvements are slightly different too however at BDCFT we are using lean methodology consistently and using some of the tools being shared nationally such as run tables, Care Hours Per Patient Per Day (CHPPD).

**Project 1: The Improvement to the efficiency of the completed final health Autoroster** by 10% and the project ambition is to maximise the use of established staff. This project commenced on the 21 July and identified a number of short-term quick-wins that could be achieved within the 90 day period and in addition has scoped some medium term ambitions that would be enabled after 180 days.

There have been some marked benefits and project staff/patient and ward engagement has been well received and supported with significant improvements in initial roster performance. 60 days into the project there is a demonstrable better percentage of the auto rosters in August/September. The project has contributed to better percentage of shifts that have planned substantive staff in place reducing the demand for shifts by bank staff and reduced the agency requirement for unfilled shifts.

The Project will have direct and indirect impacts and operational experience evaluation is being undertaken to capture both qualitative and efficiency benefits. Given a roster from approval and sign off to practical completion has a 10 week timeline initial recordings of improvements and benefits are being tracked, monitored and reported and the impacts will be reviewed as part of the project lifecycle and lessons learned at the end of the 90 day period.

During the first 60 days the project has enabled:

- Team fully engaged/owning rostering/the process
- Data cleansed, reduced our global & local rules
- Incorporated local flexible arrangements
- Reviewed our shift systems
- Pilot in Jan/Feb 2018 2 alternative shift patterns selected by the wards
- Auto rostering has been completed 6 weeks in advance
- Planning 8 week rotas from Jan 18
- Auto rostering fill rates have improved on one ward from 16% to 88%
- Unused hours reduced by average of 20 % on each pilot ward
- Unfilled Bank Shifts have increased/improved by 23%
- Agency shifts reduced by 35% on female ward and 6% on the PICU
- Releasing Bank and Agency shifts earlier
- Financial impacts have been baselined and full benefits will be validated following a recorded sustained improvement to support the wider roll out of the learning.

**Project 2: Improve average length of stay by introducing consistency of discharge approach and revised discharge criteria. This project initiated on 8 August** and 2 pilot wards have the ambition to decrease length of stay by 10% by increasing the use and connection /better use of community & IHTT resources. The project will report lessons learned over the 90 day trial prior to rolling out any success measures and learning across wider inpatients in both acute and specialist wards. The project will reform the patient admission meeting so that it will be completed for all patients within 3 working days of admission. This should ensure prompt clinical activity and a focus on projected estimate discharge date. The revised tool for the tracking of discharge, measuring admission and discharge trends should better inform us of clinical activities and impacts of interventions during the in-patient admission to effect a consistent criteria-led discharge.

The approach on this project has required us to deliver a “run chart” to demonstrate our progress against target which is still work in progress with the revised tracking and management of admission and discharge tool due to go live on 25 September.

**Project 3 - To understand reasons for staff leaving our employment and design/implement appropriate interventions to help reduce turnover and improve the retention of key staff.**

The current recruitment issues facing the NHS cannot be solved through recruitment alone.

Key activities for this project will include:

- Analyse turnover rates by working within inpatient mental health wards to really understand the ‘real’ reasons staff are leaving the trust and work with any hotspots.
- Develop an internal transfer process that would support staff who wish to move internally within the trust in a more controlled and managed way so that services are not destabilised when staff leave for an internal promotion.
- Develop a more streamlined recruitment and selection process supported by a robust induction/preceptorship framework to help retain new the qualified nurses as well as healthcare support workers who are new to working for the trust,
- Establish early meetings with staff who are new to the trust, within the first three months, to find out how they are finding working for the trust, what’s working well and what needs to be improved so that this support can be put in place to help retain staff.
- Improve the Trust’s preceptorship offering to be more appealing to applicants and to be compliant with Health Education England National Preceptorship Standards (2015.)
- Run masterclasses for managers in Trust’s Guidance around retention and exiting the organisation. To engage services in reason for turnover, build appropriate interventions and eliminate ‘unknown’ reasons for leaving.

### **3. Implications**

#### **3.1 Legal and Constitutional**

None.

#### **3.2 Resource**

The projects are monitored and governed by NHSI and in addition the Criteria Led Discharge and Autorostering are governed by the transformation programme MHAC Board which is expected to achieve £1.66m against a trust target of target of £7.9m in 2017/18.

#### **3.3 Quality and Compliance**

- The projects will capture during lessons learned any quality or compliance recommendations.

#### 4. Risk Issues Identified

<b>Risk</b>	<b>Likelihood High/Medium/Low</b>	<b>Implication</b>	<b>Mitigation</b>
Ability for sufficient resources to support and enable the delivery of the transformation required	Medium	Slippage to the 90-day programme	Monitor and escalate if resources become unavailable

#### 5. Communication and Involvement

The outcome of the project findings will be published and reported through the NHSI Improvement Programme. The project leads are attending regional and national events to convey the improvements being made.

#### 6. Monitoring and review

The projects will conclude during October/November 2017. Project closure reports will be available alongside any recommendations.

#### 7. Timescales/Milestones

The projects will conclude during October/November 2017.