Board of Directors

Date:	30 January 2019	**Attachment item:**	**8(i)**
Title of Report:	**Right Care Portfolio Programme report**		
Purpose of the report and the key issues for consideration/decision:	This update report outlines the progress and performance of the Right Care Portfolio of Programmes at Quarter 2 (October-December 2018) with a focus on plan delivery. The Right Care portfolio consists of four programmes: - People Plan: - Value: - Integrated Health Record: - Care Co-ordination/Flow: - All programmes have benefits realisation plans linked to the Trust's Cost Improvement Plan. - Ongoing governance arrangements for Right Care Portfolio are under review.		
Prepared by:	Jo Farn, Head of Organisational Learning and Improvement		
Presented by:	Brendan Brown, Chief Executive		

Strategic Objective(s) supported by this paper:

Financial Sustainability	x	**Empower & Engage Staff**	x
Quality of Care	x		

Is this on the Trust's risk register:

No	X	**Yes**		**If Yes, Score**	

Which CQC Standards apply to this report: Well led, Safe, Effective and Responsive

Have all implications related to this report been considered: (please X)

Finance Revenue & Capital	X	**Equality & Diversity**	X
National Policy/Legislation		**Patient Experience**	X
Human Resources	X	**Terms of Authorisation**	
Governance & Risk Management (BAF)	X	**Other:**	

Action Required: (please X)

Approve		**Discuss**	x	**Receive for information**	X
				Decision	

Previously Considered By:

	Date:

Recommendations: The Board of Directors is asked to receive and note the performance of the Right Care Portfolio of Programmes.

1.   Context / Background

This update report outlines the progress and performance of the Right Care Portfolio of Programmes at Quarter 3 (October - December 2018) with a focus on plan delivery.

The Right Care Portfolio is constituted of four transformation programmes: People, Value, IHR and Care Co-ordination.

2.0 Executive Summary of Portfolio Progress

- Delivery across all programmes is positive and on track.
- See programme updates for further detail on progress.

2.1 Portfolio Status Overview

Ref	Page	Programme:	Plan Delivery
3.1	3	People Plan	
3.2	5	Value Programme	
3.3	6	Integrated Health Record Programme	
3.4	9	Care Coordination	

2.2   Executive Summary

People Programme: key successes in period include achievement of 75% flu vaccination of clinical colleagues, and launch of key programmes including right care leaders, supported internship and reciprocal mentoring.

Value Programme: focus has been development of a dashboard to monitor improvements and testing improvements in urology surgical speciality.

Integrated Health Record: programme and project managers in place, programme timeline being reviewed.

Care Co-ordination: key roles and infrastructure in place and being further developed at system level. Pathway mapping and redesign underway.

3. Report Headings

3.1 People Plan

Aims of programme

- Improved staff satisfaction ratings and reduced reported staffing pressures.
- Improved engagement and improved productivity.

Progress in period

Well-Led

Right Care Leaders
- Right Care Leaders Programme launched with 30 participants.
- Enriched leadership offer under development for graduates of Right Care Senior and New Leaders.
- Refreshed management skills offer available from Feb 19.
- Development of Airedale Leadership community planned for 2019 and once established an annual leadership conference will follow.

Coaching and mentoring
- First ILM 5 cohort of 20 coaches complete
- Further cohort of ILM 5 and coaching as a leadership style course under development with a launch later in 2019
- Reciprocal mentoring programme launched with 8 applications thus far from BAME colleagues.

Healthy and Engaged

Flu programme
- 75.9% of front line staff have received the flu vaccine .CQUIN achieved with vaccines still available.

Schwartz rounds
- Funding has been secured to deliver Schwartz rounds from May/June 2019 to provide a structure to discuss emotional aspects of working in healthcare in order to improve wellbeing.

Well Being Offer

- The Airefit exercise offer continues with Pilates and Zumba.

Resilience and Stress Management

- The Day 1 service and the Remploy offer are fully embedded to support stress related cases.
- Interest from colleagues in developing the Mental Health First Aider initiative continues and the team are developing an out of hours response through First Aid Champions.

Productive

Sickness Absence

- Sickness was below target in October and November, though above in December.
- A range of further support is being developed by the HR Business Partner for Health and attendance, including bespoke training for managers. The focus going forward will be on supporting attendance.

HR Workforce Resource Service

- The Trust is involved in the WYAAT collaborative bank project for medical employees.
- Negotiations are taking place with agencies to secure reductions in rates, particularly when rate differences exist with other local trusts.
- The team are also considering how best to manage out of hours requests for agency staff to remove burdens on clinical leaders and those on call.

<u>**Skilled and Talented**</u>

- The supported internship programme with Keighley College for students with learning difficulties/disabilities commenced in October 18 is progressing well, with positive feedback from the students and teams.
- LWAB investment will support the deployment of strategic work with Huddersfield University and HEE to evaluate the deployment of new roles and a workforce model in the AAU. The project kick start meeting has taken place with plans for launch in February.
- The Trust continues to participate in module 2 of the Diversity and Inclusion Partners Programme with NHS Employers.
- Apprenticeships Plans for 2018/19. The planned apprenticeships in audiology, registered nurses, internal HCSWs, clinical skills (medical engineering), nursing associates, pathology and clinical coding (business administration) have commenced.

Plan for next period

<u>**Healthy and Engaged**</u>

- The Integrated Workforce Programme Board (IWBP) has agreed to fund and support the delivery of the Mental Health First Aider train the trainer programme across Bradford and Craven District.
- Nuffield Health visited the Trust in January 2019 as part of our 12 days of Christmas offer and this wellness check proved to be very popular with colleagues. This has identified a need to repeat this offer and make it more accessible.
- A new Health and Wellbeing Group will be re launched in Q4 2018 to work through the wider wellbeing agenda and set priorities for the forthcoming year.

<u>**Skilled and Talented**</u>

- Apprenticeships are planned for 2018/19 in the following areas:
  - Cohort of up to 15 internal level 2 or 3 HCSWs with Keighley College commencing in early 2019. 4 Nursing Associates with University of Bradford commencing January 2019
  - 2 Registered Nurse apprentices commencing in February 2019
  - 2 level 6 cardio-respiratory technicians with Sheffield Hallam University
  - Nursery Nurse
- Development of a more formal process for identifying future apprenticeship requirements linking with workforce planning and vacancy control.

3.2 Value Programme

Aims of programme

- To develop a patient centric/quality and safety efficiency improvement focused programme.
- To eliminate avoidable harm and remove waste.
- To develop culture that engenders teamwork and transparency.
- The programme is a key component in the delivery of the Right Care Strategy and Trust objectives in relation to patient experience, care and service transformation.
- To provide assurance to the Board about patients receiving their treatment in a compassionate, efficient and timely way in a safe working environment with the right roles, people and ways of working.

Progress in period

- The SOP Transfer of Patients phase 1-3 is now complete.
- Ongoing- Developing a Theatre Dashboard for surgical lists to monitor how we can improve outcomes.
- Ongoing- Reviewed the Four Eyes Insight data 2017/18 of the Urology speciality. Improvements have been made since 2017/18 for example of team huddles, transfer team and clinical handover etc. We need more recent data to see if this has improved the Urology speciality.

Plan for next period

- Exploring 4 hour operating sessions to see if this will allow us to deliver optimal efficiency.

Risks, Challenges & Assistance

Risks

None.

Assistance Required From Board

None.

3.3 Integrated Health Record Programme

Aims of programme

- To create a shared record across all areas of the Trust to enhance patient care.
- Increase system functionality and improved productivity via real time capability.
- Reduce variation of systems and processes.

Progress in period

Overall Programme
- Full Business Case for Accelerated IHR Programme approved subject to funding at Trust Board.
- Health System Led Improvement (HSLI) funding £1.139M over 3 years approved. £380k in year 1 draw down awaited.
- Dedicated Programme Manager is in place (20/12/18) and two project managers have also been recruited.
- The work to clarify and de-segregate IHR functions from wider Business As Usual IT work completed in early December. There is still a period of transition where staff are covering multiple roles but the gaps have been identified and once funding has been achieved these can be filled.
- Engagement with TPP (EPR provider) is high and a workshop was held mid-January to discuss the TPP development roadmap. We are working towards collaborative development of priorities.
- An alternative approach to licensing which *may* enable significant additional resourcing is being explored with TPP.
- The Programme blueprint is being re-worked following appointment of dedicated resource and the engagement with TPP mentioned above
- A new blueprint will be taken to the IHR Programme Board for approval shortly. The existing projects are not due to complete in the timeframes originally defined and this will impact on when the 19/20 projects can get underway, dependent on robust and meaningful business analysis.
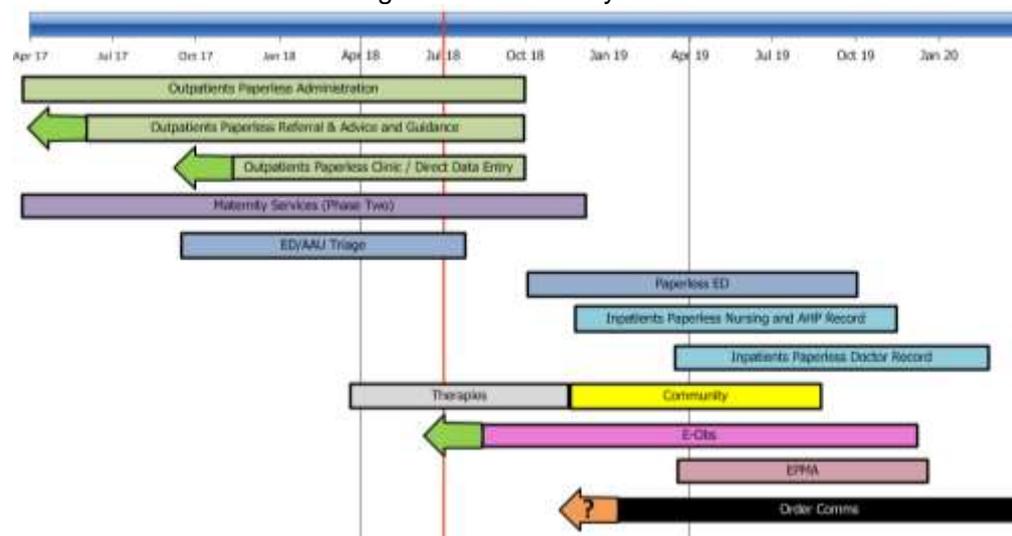
Outpatient Administration
- A refined Project Plan has been approved to give an accurate reflection of the work to be undertaken to achieve CIP.
- Further analysis to determine the actions required to remove notes from outpatient clinics to complete end of January.
- Radiology Requesting for both Inpatients and Outpatients will be implemented by the end of February.
- Video Conferencing Pilot is being managed by a Task and Finish group led by Al Sheward.

Maternity Services
- Service appointed Project Manager is currently on long term sick.
- Interim contract project manager in post with little impact on the timeline and the project continues to deliver at pace.
- Issues with access at some off-site work locations being worked through by a Programme Task & Finish group.
- This work is likely to complete in February and a paper will be provided to the IHR Board for review in March.
- The MSDS2 requirement is being worked up with TPP and the solution is likely to cause additional remedial

work. The project plan is being amended to cater for this and will be brought to the February IHR Board for approval.

Therapy Services
- The project is now closed. A benefits review meeting is being held in late January and the findings will be presented to the IHR Board in March.

Community Optimisation
- Community Optimisation Project now in system config/build phase with work due to complete in March.
- Celebration event planned for 17th April and this has been communicated to key stakeholders.
- Issues with network access at some offsite work locations being worked through by a Task & Finish group as per maternity project

eObservations & Escalation (Phase 1)
- Final version of the mobile app, following feedback received from the pilot, is due to be received mid-January.
- Ongoing testing and other activities to take place in advance of rollout.
- Mobile Device Management Software is installed and training taking place. The hardware has been ordered and will arrive imminently.
- Training plan is being created based on the super users identified by each Ward. This will be reviewed and taken for sign off in late January.
- Phase 1 resource is now in place – 2 x Project Support posts were filled in mid-January
- Phase 1 due to complete March 2019.
- No project resource funded currently for Phases 2 & 3.

Plan for next period

IHR Business Case
- Continue to bid for capital and revenue both internally and externally.
- Confirm resourcing, including potential renegotiated contract with TPP.
- Develop programme plan for 19/20 and 20/21 with emphasis on business analysis and closer working with product specialists from TPP to ensure optimisation of configuration and implementation.

Outpatient Project
- Refined Project Plan to be completed, signed off and actioned.
- Team are focusing on core functional foundation blocks of the rollout to ensure that all technical and standardised processes are covered before clinical safety sign off and Trust wide rollout.

Maternity Project
- Continue engagement, business analysis, system build and user testing for Phase 2B of project.
- Monitor impact of MSDS2 solution and provide mitigation plans where required.

Therapy Services
- Benefits Review to take place in March.

Community Optimisation
- Finalise system build and conclude the project.

eObservations and Escalation
- Full Trust wide rollout to take place.

Community Optimisation
- Continue system build and start training/optimising the services.

eObservations and Escalation
- Pilot to commence on 5th November.

Once pilot complete wider Trust rollout will take place in Q4 2018/19.

Risks, Challenges & Assistance

Risks
- CIP for this project may not be met for 2018/19.
- Allocated Resource to the accelerated roll out of the IHR Programme.
- Capital & Revenue funding of staffing to undertake programme management support, business analysis, IT equipment and software licensing.
- Connectivity issues affective agile working in maternity, community – some mitigation in place.

Challenges
- Small PMO team to support the people elements.
- Identification of dedicated resource to support accelerated roll out of IHR.

- Release of front line staff to be trained during the roll out phases of the IHR Programme.

Assistance required from the Board
- Support to identify potential future funding streams.
- To support change in practice to digital ways of working through all clinical and administrative groups and areas.

3.4 Care Coordination Centre Trust Board Report

Aims of programme

- Develop a care coordination approach to managing people's care across Bradford and Craven which ensures that people access the right care from the right person in the right place.
- Test a care coordination approach in Airedale NHS Foundation Trust to prevent avoidable admissions and support complex discharge, include streaming from Emergency Department.

Progress in period

Bradford and Craven Care Coordination

- Senior Responsible Owner (SRO) identified.
- Paper for Bradford and Airedale Wharfedale Craven Health & Care Partnership Board's developed with partners – presented at December AWC H&CPB.
- Ongoing engagement with all Health and Care partners including GP's, Clinical Commissioning Groups (CCGs), Bradford District Care Foundation Trust (BDCFT) , Voluntary and Community Sector (VCS).
- System leadership support identified.
- Successful application for Transforming Care through Systems Leadership (TCSL) programme – focus on Care Coordination. Team includes colleagues from Airedale NHS Foundation Trust (ANHSFT), Bradford District Care Foundation Trust (BDCFT), Bradford Metropolitan District Council (BMDC), GP, Clinical Commissioning Groups (CCGs).

ANHSFT Admission Avoidance and Complex Discharge

- ANHSFT project group established.
- High level mapping of care coordination pathway from Emergency Department (ED)/Acute Assessment Unit (AAU) completed.
- Engagement with Local Authorities and Yorkshire Ambulance Service (YAS)/NHS 111.
- AHP's leading flow programme - focus on Home First pathway- successful test of first patient through pathway.
- Meeting held with community nursing and mental health teams to scope streaming from ED – agreed to route through care coordination centre.

Plan for next period

Bradford and Craven Care Coordination

- Invitation to present at Bradford Out of Hospital Programme Board.
- TCSL programme commences Feb 2019.
- Scoping session with SRO planned 25th Jan 19.
- Ongoing engagement with colleagues from partner organisations.

ANHSFT Admission Avoidance and Complex Discharge

- Map community resources 24/7 (planned 31.01.19).
- Map pathway from 999 call – visit to YAS planned 11.01.10.
- Map Care Co-ordiation Hub pathways and process (planned 06.02.19).
- Agree plan to test pathways.

Risks, Challenges & Assistance

Risks
- No identified project management resource requirements for ANHST admission avoidance and discharge project.

Challenges

- Care coordination is now being considered as a Bradford and Craven place based programme – there is lack of clarity about the governance required with two H&CPB's in place. Clarification will be sought from the ICB via the SRO.

Assistance Required From Board

- Identification of project/programme management support.

4.	Recommendations

The Board of Directors is asked to receive and note the performance of the Right Care Portfolio of Programmes.