

<b>To:</b>	Trust Board
<b>From:</b>	Karen Brown, Interim Director of Finance Kevin Turner, Deputy Chief Executive
<b>Date:</b>	9 <sup>th</sup> May 2017

<b>Title:</b>	Trust Integrated Operational Plan 2017-18										
<b>Responsible Director/Author:</b>	Karen Brown, Interim Director of Finance Kevin Turner, Deputy Chief Executive										
<b>Purpose of the Report:</b>	To set out the basis of the 2017/19 Integrated Operational Plan										
<b>The Report is provided to the Board for:</b>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Information</td> <td style="width: 10%;">√</td> <td style="width: 50%;">Assurance</td> <td style="width: 10%;">√</td> </tr> <tr> <td>Discussion</td> <td>√</td> <td>Decision</td> <td>√</td> </tr> </table>			Information	√	Assurance	√	Discussion	√	Decision	√
Information	√	Assurance	√								
Discussion	√	Decision	√								
<b>Summary/Key Points:</b>	<p>Activity and Capacity, Workforce, Income and Expenditure budgets and establishments, and Capital plans have been approved by FSID and are required to be agreed by the Trust Board as part of the Trusts Integrated Business Plan for 2017/19.</p> <p>The 2017/19 Trust Integrated Operational Plan was initially approved by the Trust Board in December 2016, and has subsequently been updated to reflect completion of the contracting processes with Commissioners relating to the activity and capacity, which in turn has enabled the Trust to finalise the income and expenditure budgets, and establishments.</p>										
<b>Recommendations:</b>	The Trust Board are asked to note and approve the Trusts Integrated Operational Plan for 2017/19										
Strategic Risk Register		Performance KPIs year to date									
Resource Implications (e.g. Financial, HR)											
Assurance Implications											

**2017/19**

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**ULHT Two Year Integrated Operational Plan for  
2017-19**

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**Delivering the NHS Five Year Forward View:  
United Lincolnshire Hospitals NHS Trust**

# 1. Strategic Context

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The purpose of this Two Year Integrated Operational Plan for 2017-19 is to demonstrate how we will deliver the vision for United Lincolnshire Hospitals NHS Trust (ULHT) over the next two years. This plan has a clear focus on achieving stable, resilient and sustainable improvement in safer and better quality patient care. The plan aims to deliver priorities together with the wider health and care system, and from the national NHS Five Year Forward view, in partnership locally through the Sustainability Transformation Plan (STP) and aligning the first two year delivery plan from our Five Year Strategy (2021 Strategy).

ULHT is one of the largest acute trusts in the country. We provide services from three acute hospitals in Lincolnshire with a bed stock, excluding obstetrics, of 953:

- Lincoln County Hospital (494 beds)
- Pilgrim Hospital, Boston (362 beds)
- Grantham and District Hospital (97 beds)

For 2016/17 our attendances were as follows:

- |  |         |
|--|---------|
| • Outpatient appointments (consultant led)   | 489,000 |
| • A&E attendances                            | 160,000 |
| • Elective admissions                        | 76,000  |
| • Non-elective admissions (excl. obstetrics) | 61,000  |

The Trust also provides a wide variety of outpatient, day case and inpatient services from a range of other community hospitals operated by Lincolnshire Community Health and Care Services or local GP clusters. These include:

- Louth County Hospital
- John Coupland Hospital, Gainsborough
- Johnson Community Hospital, Spalding
- Skegness and District General Hospital

The Trust provides a broad range of clinical services including community services, population-screening services, and a comprehensive range of planned and unscheduled secondary care services including specialised services: stroke, vascular and cardiac services.

Whilst ULHT is the leading provider of elective care across all four CCGs in Lincolnshire, Northern Lincolnshire and Goole NHS Foundation Trust and Peterborough and Stamford NHS Foundation Trust achieve a significant share of elective care in Lincolnshire East and South Lincolnshire respectively. It is of note that South Lincolnshire CCG has commissioned more than 50% of its elective care from hospitals outside Lincolnshire.

The ambition for ULHT is to develop the potential to become a national, if not international, Centre for Rural Health and Care, working collaboratively with our partners and stakeholders to deliver transformation programmes, which will fully integrate partnership care pathways across primary and acute health and care systems. We will develop our Research, Innovation and Education into Centres of Excellent working with key partners and universities to build capacity and capability of our current and future workforce to embrace and actively engage with research, innovation and improvement.

Through better engagement with all stakeholders, we want to develop our organisational learning capability to enable the continuous improvement of services whilst at the same time embracing equality, diversity and inclusion. Not only do we want to deliver our commitment to developing talent and recognising difference but also to develop networks for information sharing and support and to ensure diversity is recognised and embraced.

The STP has been developed through cross-organisational working with much of the content having been produced through engagement with the public and with stakeholders, with further engagement planned for future changes. Major changes are focused on the community and services shaped around need. The scale of the efficiency and productivity gains required will be complex and involve change, which will require public and professional input to modernise and develop our workforce, which will be challenging, and will lead to a need to rebalance our workforce capacity in both our community services and our hospitals.

The Lincolnshire Sustainability and Transformation Plan's (STP) vision is ***"...to achieve really good health for the people of Lincolnshire with support from an excellent and accessible health and care service delivered within our financial allocation."***

The STP Systems Executive Team, which is made up of all Chief Executive Officers from each of the seven health and care organisations in Lincolnshire have signed up to one vision<sup>1</sup> to overcome the gaps in health and wellbeing, care and quality, finance and efficiency.

The STP outlines a very different future for Lincolnshire health and care with primary care and community services playing an increasingly central part with greater integration of services built around patients and citizens.

ULHT, like many other NHS Trusts, currently faces significant service and financial challenges and we have been developing our 2021 Strategy underpinned by six improvement priorities being managed through the 2021 Programme, which aligns to the STP to achieve future sustainability.

There is a strong case for change across our health and care system, with the focus for ULHT being to provide specialist emergency or planned care from our hospitals, to do this we will work closely with our partner organisations and stakeholders to enable patients to return to their own community quickly. These changes will take into account the challenges Lincolnshire faces which include:

- A growing but ageing highly dispersed population.
- Inconsistent delivery of high quality services; fragile and dispersed delivery.
- Patient experience that varies from excellent to poor depending on service or geographic location.
- An outdated model of delivery based on response to crisis.
- Poor infrastructure and difficult travelling.
- A workforce challenge across all sectors; recruitment issues and an ageing workforce that is less engaged than it needs to be in many services.
- Financial challenges of for ULHT of a £54.9 million deficit in 2016/17.

The Lincolnshire STP sets out the vision for how health and care services are going to be transformed to deliver consistent, good quality care. Although there is, understandably, a

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<sup>1</sup> [Vision for the Lincolnshire STP](#)

lot of interest in what changes might look like for hospital services, the plan is much more extensive. The STP includes a whole range of initiatives that will be taken forward including but not limited to; joining up services in local communities, increasing the range of services that GPs can provide working alongside other skilled professionals in community buildings and in patients' homes, plus making sure health organisations work more efficiently together behind the scenes on things like buying services (procurement), IT and human resources (HR). Many of these initiatives are already underway, such as the development of the Clinical Assessment Service, establishing Neighbourhood Teams and joint procurement functions across the organisations providing health care in Lincolnshire.

## 2. ULHT Strategic vision, context and mechanism for delivery

The vision for ULHT is to deliver our services by “... *working together to provide sustainable high quality patient-centred care for the people of Lincolnshire.*”

Our strategic objectives (below) remain focussed on achieving the vision agreed by Trust Board to drive the delivery of our Two Year Integrated Operational Plan 2017-19.



To achieve the vision we have identified key operational activities to be delivered over the next two years, which form the first two years of the STP. Our Two Year Integrated Operational Plan is also supported by the 2021 Strategy, which will be delivered through the 2021 Programme.

Through consultation, we have developed the following ambitions for the 2021 Programme:

- Our Services will:** Be Centres of excellence.  
Be secure in Lincolnshire where possible.  
Get things right first time, valuing patient's time.
- Our Patients will:** Want to choose us for their care and be our advocates.  
Shape how our services run.
- Our Staff will:** Be proud to work at ULHT.  
Always strive for excellence and continuous learning and improvement.  
Challenge convention and improve care.

These ambitions will be realised through the delivery of key priorities, which are being developed into improvement programmes and projects in the 2021 Programme.

- Programme 1: Clinical Service Development – Through the implementation of the Clinical Strategy, make improvements to the Trust in terms of quality and maximise efficiency and productivity through the deployment of resources. This will create clinically sustainable services.
- Programme 2: Productive Hospital – This will maximise the efficiency and productivity of existing facilities and resource that will, in turn improve overall market share.
- Programme 3: Efficiency, Productivity and Estates – Through maximising the efficiency and productivity of the Trust, including the overall Estate, there will be an improvement in financial performance creating a more sustainable Organisation.
- Programme 4: Change and Engagement Strategy – To develop and implement a People Strategy.
- Programme 5: Workforce Strategy – To develop and deliver a 5-year workforce plan demonstrating improvements in skill mix and development of new roles.
- Programme 6: Quality Improvement – Embed sustainable changes to deliver CQC requirements and make improvements to the patient experience.

The Trust Board has invested in a Change Management Team to provide the infrastructure to support the 2021 Programme Board in the governance arrangements, on going monitoring and delivery of the above programmes. There will also be investment in Clinical Leadership and Strategic Partnership working.

The delivery of the 2021 Programme will be supported by consultation with our key stakeholders: patients; staff; local communities and the wider public.

## Operational and 2021 Programme Activity: Combined priority delivery areas and key measures:

Objectives	Year 1: 2017/18	Year 2: 2018/19	KPIs
<b>Aim: Safe and responsive</b>			
1. Consistently high quality and safe patient care	<p><b>Operational</b></p> <ul style="list-style-type: none"> <li>All 8 enforcement notices are addressed</li> <li>Striving for compliance with all CQC requirements</li> <li>Improved patient experience</li> <li>Embed SAFER initiative Trust wide</li> <li>Achievement of safe staffing levels on all wards</li> <li>Improve recognition and management of SEPSIS</li> <li>Reduce avoidable harm and mortality rates, including falls</li> <li>Improve the control of infection</li> <li>Produce plan to identify 7 day service provision</li> <li>Review of deaths and reduction action plan</li> </ul> <p><b>2021 Programme targeting quality improvement:</b></p> <ul style="list-style-type: none"> <li>Developing and implementing an End of Life Care Strategy</li> <li>Developing and implementing a Dementia Care and Frailty Strategy</li> <li>Improved pathways of care for people with mental health and learning disabilities</li> </ul>	<p><b>Operational</b></p> <ul style="list-style-type: none"> <li>Striving to CQC Compliance “Good” rating</li> <li>Post implementation review of the achievement of actions for the enforcement notices</li> <li>Implementing the Patient Experience Strategy</li> <li>Demonstrate the effectiveness of the SAFER initiative</li> <li>On-going achievement of safe staffing levels on all wards</li> <li>Demonstrate effective management of SEPSIS and on-going monitoring</li> <li>Reduce avoidable harm and mortality rates, including falls to within expected range</li> <li>On-going improvements for control of infection</li> <li>Demonstrate progress against the 7 day service plan</li> </ul> <p><b>2021 Programme targeting quality improvement:</b></p> <ul style="list-style-type: none"> <li>Implementing the End of Life Care Strategy</li> <li>Implementing the Dementia Care and Frailty Strategy</li> <li>Implementation of Mental Health and Learning Disabilities pathways on-going</li> <li>Demonstrating a learning organisation through lessons learned</li> </ul>	<ul style="list-style-type: none"> <li>Mortality within an expected range</li> <li>Reduction in deaths</li> <li>Psychosis access to treatment rates</li> <li>95% staff compliant with core learning</li> <li>CDIF &lt;46 cases</li> <li>MRSA = 0</li> <li>Hand hygiene = 100% compliance with Ward Audit</li> <li>Service Track Ward Cleanliness = 85%</li> <li>Patient Safety, SEPSIS = 95% screening, 90% antibiotics within 1 hour</li> <li>Falls, 3.9% per 1000 occupied bed days, 0.19% falls with harm per 1000 occupied bed days</li> <li>Pressure Ulcers, no grade 3 or 4 hospital acquired pressure ulcers</li> <li>80% of patient observations completed on time</li> <li>Harm, 0 Never Events, 0 Medication of incidents resulting in harm</li> <li>CAU-TI, no more than 2 cases per month</li> <li>Compliance with CQC regulations</li> <li>National upper quartile of Friends and Family Test</li> </ul>

2. A clinically responsive organisation	<p><b>Operational</b></p> <ul style="list-style-type: none"> <li>Develop an Innovation and Improvement Strategy for a Rural Health and Care Centre</li> </ul> <p><b>2021 Programme Engagement:</b></p> <ul style="list-style-type: none"> <li>Support from Strategic Partner engaged</li> <li>System leadership and clinical leadership developed</li> <li>Improve staff engagement – deliver safer and better outcomes for patients</li> </ul> <p>Communication and Engagement Plan for 2021 Programme in place</p>	<p><b>Operational</b></p> <ul style="list-style-type: none"> <li>Develop the Centre of Excellence for Research, Innovation and Education</li> <li>Opportunities for continuous improvement, culture and innovation identified</li> </ul> <p><b>2021 Programme Engagement:</b></p> <ul style="list-style-type: none"> <li>Review and on-going engagement of support from a strategic partner</li> <li>On-going development and engagement of system and clinical leadership</li> <li>Improved staff engagement – delivers safety and better outcomes for patients</li> <li>Ongoing communication and engagement planning</li> </ul>	<ul style="list-style-type: none"> <li>Levels of trust survey</li> <li>Coaching network</li> <li>Action learning sets in place</li> <li>Embed values and behaviours</li> <li>System in place to spot and develop talent</li> </ul>
<b>Aim: Caring and effective</b>			
3. Services shaped around patients' needs	<p><b>Operational</b></p> <ul style="list-style-type: none"> <li>Produce plan to identify 7 day service provision</li> <li>Improve safeguarding</li> <li>Respond to Better Births (maternity review)</li> </ul> <p><b>2021 Programme Clinical Redesign:</b></p> <ul style="list-style-type: none"> <li>Redesign our clinical services to extend future sustainability</li> <li>Review all services and redesign clinical pathways to reduce time to diagnosis and treatment</li> <li>Clinical service configuration models reviewed to maximise capacity and efficiency and to enable more patients to be treated at ULHT rather than going to alternative providers for treatment</li> <li>Public consultation on proposed Clinical redesign for Urgent Care, Breast Service Model, Women's and Children's services', Hyper-acute Stroke services</li> <li>Two new operating Theatres commissioned at Grantham Hospital</li> </ul>	<p><b>Operational</b></p> <ul style="list-style-type: none"> <li>Implementation of 7 day working plan on-going</li> <li>On-going monitoring of safeguarding</li> </ul> <p><b>2021 Programme Clinical Redesign:</b></p> <ul style="list-style-type: none"> <li>Redesign our clinical services to secure future sustainability</li> <li>Implementation Plans developed to deliver the outcome of the Public consultation on proposed Clinical redesign in line with the STP</li> <li>Implementation of new clinical service configuration models</li> </ul>	<ul style="list-style-type: none"> <li>Increase ULHT market share of activity</li> <li>£2 million efficiency savings through delivery of Planned Care including Grantham Theatres and Clinical Pathway Design</li> </ul>

<p>4. Skilled, competent and motivated workforce</p>	<p><b>Operational</b></p> <ul style="list-style-type: none"> <li>HR and Recruitment strategies aligned to modern workforce</li> <li>All job plans agreed and in place</li> <li>Introduce integrated electronic rostering and bank systems for junior doctors</li> <li>Introduce activity management system linked to job plans and rotas</li> <li>Skill mix review completed for maternity</li> <li>Reduce sickness absence levels</li> </ul> <p><b>2021 Programme Workforce:</b></p> <ul style="list-style-type: none"> <li>Develop the People Strategy</li> <li>Review schedule for policies and procedures</li> <li>Review of the Human Resources will be completed</li> <li>Focus on recruitment and retention with a focus on hard to recruit roles</li> <li>Schedule of workshops in place for medical and nursing recruitment</li> <li>Middle Management Development Programme</li> </ul> <p>Workforce response to STP</p>	<p><b>Operational</b></p> <ul style="list-style-type: none"> <li>Reduce medically fit for discharge and DTOC working with partners</li> <li>Building better relationships with GPs</li> <li>Completion of Outpatient Review, including alternative ways of working linked to job plans</li> </ul> <p><b>2021 Programme Workforce:</b></p> <ul style="list-style-type: none"> <li>Implementation of People Strategy</li> <li>Review of HR function completed with closer working relationships between HR Business Partners and Operational Services</li> <li>Demonstrate effective use of HR policies and procedures, particularly in relation to efficiencies</li> <li>Effective process in place for hard to recruit roles</li> <li>Improvement demonstrated in recruitment and retention of staff with clear development opportunities</li> </ul>	<ul style="list-style-type: none"> <li>95% compliance with Appraisal Rates</li> <li>4% sickness rate</li> <li>8% turnover rate</li> <li>5% vacancy rate</li> <li>Improve engagement scores</li> </ul>
<p><b>Aim: Well-led</b></p>			
<p>5. Performance improvement</p>	<p><b>Operational</b></p> <p>Working towards meeting all of the constitutional standards as shown in agreed trajectories, delivering CQUINs, STF trajectory targets (A&amp;E, Cancer, RTT):</p> <ul style="list-style-type: none"> <li>Reducing the amount of time patients spend in A&amp;E</li> <li>Reducing waiting time for our patients RTT</li> <li>Improving 62 day waiting times for cancer treatment</li> <li>Reducing our reliance on agency and locum</li> <li>Ensuring the design and delivery of our diagnostics service fully supports achieving the standard</li> <li>Neurology pathway review</li> <li>Trust wide benchmarking approach</li> </ul>	<p><b>Operational</b></p> <ul style="list-style-type: none"> <li>Address local challenges in a drive to support services in their pursuit of a quality rating of good or outstanding.</li> <li>Established, flexible services able to meet changing needs in response to STP and service requirements.</li> <li>Improved systems to support clinical and operational decision-making</li> </ul>	<ul style="list-style-type: none"> <li>Constitutional standards met</li> <li>Deliver A&amp;E trajectories to achieve 95%</li> <li>RTT standards met and maintained</li> <li>Diagnostics met and maintained</li> <li>Length of stay to be in the expected range for Planned Care specialties</li> <li>Reduction in hospital cancellations</li> <li>Reduced re-admission rates</li> <li>OPD and Theatre utilisation improved</li> <li>62 Day Cancer standard met</li> <li>Emergency admission rate of patients &gt;65yrs</li> <li>Emergency admission LOS</li> <li>Theatre, Day Case, OP utilisation</li> <li>Diagnostic direct access rate</li> <li>Diagnostic turnaround time</li> <li>eReferral rate for OP appointments</li> </ul>

	<ul style="list-style-type: none"> <li>• Improve demand and capacity monitoring</li> <li>• Reduce length of stay</li> <li>• Increase virtual clinics</li> <li>• Identified repatriation routes</li> </ul> <p><b>Operational Governance and Organisation Development Programme :</b></p> <ul style="list-style-type: none"> <li>• Structure and Accountability</li> <li>• Performance Framework</li> <li>• Clinical Engagement</li> </ul> <p><b>2021 Productive Hospital Programme:</b></p> <ul style="list-style-type: none"> <li>• Urgent Care improvement plans developed with a particular focus on discharge management</li> <li>• Planned Care improvement plans developed with a particular focus on OPD and Theatres</li> <li>• Diagnostics improvement plans developed</li> <li>• As part of the overall programme demonstrate effective workforce skill mix and fit for purpose facilities, supported by enabling functions including health records, clinical administration and digital transformation., Service segmentation to be used to inform decision making</li> <li>• There will be a focus on clinical pathways pathways for Frail Elderly, Cancer; Diabetes; Maternity and Child Health.</li> </ul>	<p><b>Operational Governance and Organisation Development Programme :</b></p> <ul style="list-style-type: none"> <li>• Clear Organisation Structure in place with clarity on roles and responsibilities</li> <li>• Accountability and governance arrangements managed through the revised Performance Framework</li> <li>• On-going commitment to Clinical Engagement and Leadership</li> </ul> <p><b>2021 Productive Hospital Programme:</b></p> <ul style="list-style-type: none"> <li>• Implementation plans for improvements to Urgent Care Services, particularly in relation to discharge management, on-going with clear monitoring arrangements in place</li> <li>• Implementation plans for improvements Planned Care Services on-going, particularly in relation to OPD and Theatres, with clear monitoring arrangements in place</li> <li>• Implementation plans for improvements to Diagnostic turnaround times on-going with clear monitoring arrangements in place</li> <li>• To evidence the progress on effective workforce skill mix and fit for purpose Estates supported by enabling functions, particularly health records, clinical administration and digital transformation</li> <li>• On-going use of service segmentation to inform decision making</li> <li>• Demonstrate progress with the implementation of revised clinical pathways for Frail Elderly, Cancer; Diabetes; Maternity and Child Health.</li> </ul>	
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<p>6. Financial Stability and recovery</p>	<p><b>Operational</b>          Improve productivity, efficiency and Estates</p> <ul style="list-style-type: none"> <li>• Prioritising capital spend to ensure priority areas are fit for purpose</li> <li>• Develop and Estates Strategy for urgent care</li> <li>• Managing our income and expenditure – control total</li> <li>• Theatre productivity and clinic utilisation review</li> <li>• Elective joint replacement project</li> <li>• Delivery of activity</li> <li>• Balancing the delivery of elective care against the demands of emergency care</li> <li>• Delivering agency spend within the set limit</li> <li>• Improving the quality of coding</li> <li>• Implement Carter efficiency and productivity recommendations including Get It Right First Time</li> </ul> <p><b>2021 Programme Efficiency, Productivity and Estates:</b></p> <ul style="list-style-type: none"> <li>• 2017/18 efficiency programme achieved savings of 4%</li> <li>• Business Units £9m</li> <li>• Corporate Procurement £1.5m</li> <li>• Clinical Strategy £2m</li> <li>• Productivity and Market Share £2m</li> <li>• Repatriation £1m</li> <li>• Estates £0.6m</li> <li>• Corporate Directorates £1m</li> <li>• Income Growth £1m</li> <li>• Workforce reviews 3m</li> <li>• Carter £1m</li> <li>• Invest to save £1.5m</li> </ul>	<p><b>2021 Programme : Efficiency, Productivity and Estates:</b></p> <ul style="list-style-type: none"> <li>• 2018/19 efficiency programme to be in place to achieve savings of 4% across:             <ul style="list-style-type: none"> <li>Business Units</li> <li>Corporate Procurement</li> <li>Clinical Strategy</li> <li>Productivity and Market Share</li> <li>Repatriation</li> <li>Estates</li> <li>Corporate Directorates</li> <li>Income Growth</li> <li>Workforce Reviews</li> <li>Cater</li> <li>Invest to Save</li> </ul> </li> </ul>	<p>4% year on year efficiency savings</p>
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### 3. Strategic Risks

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The ULHT Strategic Risk register is not included within this document as it is being discussed as a separate agenda item at the meeting of the Trust Board on 9<sup>th</sup> May. However, it is necessary to highlight the key risks associated with the delivery of this ULHT Integrated Business plan. The key risks that pose a threat to the delivery and implementation of the plan are as follows:

- Delivery of the financial control total
- Challenges with the contracting process, we do not have an agreed contract with the commissioners for 2017/18 as of today
- The number of emergency admissions, and the impact this has on elective capacity to delivery planned activity
- The demand referral initiatives being introduced via the STP circa 21% reduction in outpatient appointments, 10% reduction in NEL activity and 12% reduction in elective activity
- Recruitment of medical and nursing staff into substantive posts thus reducing the amount spent on locum and agency staff

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### 4. Performance objectives

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Putting our patients at the heart of everything we do drives our performance aspirations. ULHT is embracing system wide approaches to performance measurement, monitoring, and management with National enablers, such as the Single Oversight Framework<sup>2</sup> giving direction to key areas of performance to ensure that we meet the NHS Constitutional Standards of quality care and provision of excellent services to our patients.

The national performance picture puts into context the challenges faced by Acute Trusts because of a set of complicated and complex issues – demographics, rising patient expectations and long term pressures that have built up over a considerable length of time. The best Trusts in the country need 5.5% of their bed stock to be available to meet the 95% A&E standard and to avoid patients waiting on trolleys for more than four hours. Numbers of people presenting at A&E is increasing which puts pressure on our bed availability if we are not able to discharge patients safely and quickly through the hospital. The likely consequence of patients going home too quickly is re-admission. We need to improve access and patient flow and this will mean organising ourselves differently including making changes to how we use information to assist with decision-making.

We recognise the need to assure those coming into contact with the Trust of its intentions to meet the NHS Constitutional Standards to ensure quality care and the provision of excellent services to our patients. Our staff are a key part of achieving these standards. Our performance expectations mean that we need a sustainable workforce through retaining and recruiting staff who can deliver the best quality care to patients wherever they receive it and at the right time for them. We want friends and family to be involved and engaged in the patient journey so that they feel supported and informed about the care that is provided to their loved ones. This can only be achieved by engaging and working together with our partners and other supporting organisations.

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<sup>2</sup> NHS Improvement

Our key performance indicators reflect how we will measure our priorities, which include:

- Reducing the amount of time patients spend in A&E (four hour waits) and working to improving performance as a health-wide community from 82% in April 2017 to 90% from October 2017 onwards.
- Reducing waiting time for our patients so that they are treated as quickly as possible and no longer than an 18-week period from referral, with a view to achieving and sustaining the 92% standard as a health-wide community from July 2017.
- Improving 62-day waiting times for cancer treatment where patient choice is factored into targets to ensure alignment with patient needs, and achieving and sustaining 81% by April 2018.
- Sustaining diagnostics standards and performance for the period.
- Managing our income and expenditure so that our deficit reduction (debt) is positively controlled and so that development and investment opportunities are created because of targeted efficiency savings.
- Reducing our reliance on agency and locum staff to improve care and service sustainability and to reduce costs and create a sustainable workforce. Ensuring the design and delivery of our diagnostics service fully supports achieving the standard.

### **Performance Assurance Statement**

The Trust is mindful of constraints that have presented in 2016/17 that have hindered our ability to meeting key improvement trajectory milestones within our 2016/17 STF. As we progress our dialogue with healthcare providers through the STP, we will collectively work towards actions that will have performance gains for our patients and we expect a cumulative effect as system wide change occurs. Performance management will require the associated rigour through internal and system monitoring mechanisms to ensure delivery. The trajectories illustrated in Appendix B are based on this experience.

## **5. Approach to activity planning**

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### **Activity planning approach and model**

The Trust has built up a collective view of demand and capacity through engagement with its Speciality and Clinical leads. There has been a thorough dialogue with key stakeholders to bring together a plan that aims to meet our contribution to the requirements of the STP and our contract with commissioners through:

- Identifying basic capacity based on clinic slots, theatre and endoscopy lists etc. .
- Making adjustments for out of clinic attendances, treatments undertaken both in treatment areas and on the wards, for example, drug therapies.
- Further adjustments have then been made for experienced DNA rates.
- An assessment of workforce constraints, such as recruitment.

The outputs have been shared with commissioners at agreed intervals to enable a comparison with their modelling approach; the correlation of the two approaches is continuing to enable the health community to reach a joint view of demand and capacity and finalise the contract position for 2017/18. In addition, the modelling is also being validated by using the Intensive Support Team model for a small number of specialties.

## Overall

- Demand is likely to rise by 2.5%.
- Repatriation of elective activity from outside of the area back into the Trust is expected.
- STP solutions on clinical redesign and Rightcare will potentially reduce workload.
- Interventions identified in the plan for 2016/17, 2017/18 and 2018/19 mean that the beds base should remain stable.

Our A&E capacity will be aligned with the expectations of the STP and our STF trajectories and these are heavily dependent on bed availability and a system wide approach to achieving anticipated performance levels. The full implementation of the Clinical Assessment Service and other projects are designed to reduce the amount of activity in the acute A&E departments. The final demand figures will be agreed as part of the contract with commissioners.

Within resource constraints capacity will be adjusted to reflect demand assumptions both the capacity and demand models have then been converted into a site level bed requirement; beds are a limiting factor for delivery.

The iterative process of agreeing the contract means that there is a level of accepted risk around planning realistically for activity levels and this may highlight gaps between capacity and demand.

### **Delivering our performance objectives**

Our ability to deliver performance trajectories and standards in 2017/18 is based on the following:

#### A&E: Sustaining 90% by April 2018 as a health wide community

- A positive impact of both community and acute schemes bringing delivery of the trajectories during 2017/18 and achieving and sustaining 90% from October 2017.
- Experienced A&E activity is above the current level of capacity, which is affecting the Trust's ability to deliver the performance standard until the demand management schemes become effective.
- Demand was 2.7% above our contract plan (Lincoln and Pilgrim sites only). Potential STP solutions will help to significantly reduce A&E attendances in 2017/18.
- 2017/18 schemes that are affordable recurrently within the agreed 2017-19 Contract. The Trust is expecting winter resilience monies available at the minimum level of 2016/17 and that demand remains within expected norms. Any reductions in minors attendance is dealt with as a system to main the ULHT denominator.
- Workforce stability with no planned deterioration of key roles and recruitment success where A&E workforce improves to six substantive consultants (currently four), middle grades increase from sixteen to twenty-one, for example.
- DTOCs reduce to a ceiling of 3% (5.10% year to date average – April to March). There is a reduction in MFFD.

#### RTT: Meeting and sustaining the 92% standard by July 2017 as a health wide community

- That the agreed level of CCG outsourcing is fully met between November 2016 and December 2017.
- Exploring the option to recommence the Neurology service from 1 June 2017 after a temporary suspension of first non-urgent outpatient appointments, The Trust knows that

this will temporarily skew the performance statistics. Additional community schemes will need to be in place to maintain activity levels at those agreed within the 2017/18 contract requirements.

- Dermatology activity levels within 2017/18 stay within 10% of agreed contract demand.
- System support for ongoing processes to ensure the reliability and clinical validity of the Trust's open referrals waiting list.
- Easter fell in April 2017, which led to a reduction in capacity, and this impact was mapped in our April trajectory performance.
- Through 2016/17, we have had local agreement from commissioners to submit final RTT performance at the latest available date to ensure all validation has been completed. This has resulted in a performance improvement (between submissions) of approximately 0.8%. The Trust is working on improving its validation process and has had the support from additional external support.

### Cancer: Sustaining 81% by March 2018

Despite stabilisation and improved delivery in 14 and 31-day standards, the delivery of the 62-day standard remains one of the Trust's key challenges. Our intentions are to:

- Achieving an average of 81% in Quarter 2 and then sustained delivery at this level throughout the year.
- Growth in demand has presented the Trust with a number of challenges. New cancer referrals have increased by 50% over the last five years so our trajectory is based on the same capacity but with growth in demand built in. Should STP solutions help to release capacity in other areas, the Trust will reflect this in future iterations of the trajectory.
- The key reason for 62-day breaches is delays in the diagnostic pathway. There are particular pressure points in MRI and CT capacity which both need significant longer-term capital investment. The trajectory is therefore based on current capacity within these areas, which does include a reliance on sub-contracting (through visiting van services). The Trust has received a substantial diagnostic grant however in 2016/17, which should improve access in CT so the Trust hopes this will support an improvement in our performance.
- Roll out of the community multi-diagnostic centre approach across all areas of Lincolnshire.
- Improved compliance with the 2-week wait patient information leaflets provision.

In addition, the Trust can confirm its commitment to continue improvements and delivery in the following:

- Zero tolerance to 12hr trolley breaches in A&E – the Trust has continued to meet this standard and has not had a breach in 2016/17.
- Zero tolerance to 52wk breaches in RTT – the Trust continues to embed rigour in its patient tracking for patients on RTT pathways. Through continued patient level tracking, we will continue to strive towards a zero tolerance to 52wk breaches but should one occur, we will complete a comprehensive root cause analysis so we can understand the reasons for failure and ensure it shapes our learning.
- Reduce ambulance handover delays - the Trust has undertaken a number of actions to mitigate these, which has resulted in a reduction in recorded delays. The Trust will continue to embed these actions in 2017/18 to ensure the majority of transfers take place within 15 minutes. Actions include a reconfiguration of the 'majors' bay to provide protected cubicle space for ambulance handovers, an increase in our bed-stock at

Lincoln to ensure ambulances are not backed up due to bed pressures and site visits to other neighbouring acute hospitals to learn from their best practice.

- Deliver 6wk access in diagnostics to a standard in excess of 99% - the Trust has performed well against this standard compared to the national average however has had three months of non-delivery of the standard. The Trust is containing its remedial actions to 2016/17 to ensure delivery in 2017/18.

## 6. Approach to quality planning

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### Approach to Quality Governance

The Medical Director provides executive leadership for quality improvement and quality governance. Quality improvement (QI) is shared between the Medical Director and the Director of Nursing and QI priorities are included in our 2021 Programme. The Trust's quality assurance framework includes several operational quality meetings all of which upwardly report to the Quality Governance Committee; which is a sub-board committee that provides leadership and assurance to the Trust Board on the effectiveness of the Trust's arrangements for quality.

Additionally an integrated approach to quality, operational, workforce and financial performance is discussed at speciality governance meetings, which upwardly report to business unit governance meetings. Performance is then monitored and challenged through monthly business unit performance reviews, which feed into the Trusts Integrated Performance Report that is presented to Trust Board. The process provides a 'ward to board' assurance process and is underpinned by the Trust's Quality Governance Toolkit.

In response to the recent CQC Inspection in 2016, further improvement work will be undertaken over the next two years to improve ward to board assurance processes ensuring that an open learning culture is central to reducing avoidable harm. This will include reviewing the Quality Governance Toolkit, Duty of Candour arrangements, progressing with the on-going work to improve risk and incident management processes as well as strengthening how the organisation progresses through lessons learned.

The Trust is committed to achieving a CQC rating of 'good' but is realistic that the most recent CQC Trust Inspection has confirmed that significant progress still needs to be made. An improvement plan has been developed in response to the recent CQC inspection with some elements aligned to existing improvement plans.

The Trust, in their commitment to achieving a 'good' CQC rating, is ensuring that there is sufficient capacity and capability through and has introduced a restructure of business units into clinical directorates led by a triumvirate of management, nursing and clinical leadership. Greater clarity regarding operational and quality responsibilities through reshaped teams and roles will assist the Trust in meeting their statutory obligations as well as implementing the STP.

Risk management is under review as part of a risk governance improvement plan. This improvement is leading to refreshed policies and procedures with clarity of roles and responsibilities and includes incident management.

It is acknowledged that as the STP progresses the Trust, in partnership with other agencies, will develop quality oversight processes and key performance indicators so that safety of services can be continually monitored as services transform.

Over the next two years, the development of the 'model hospital' as recommended by Lord Carter, will enable the Trust to eliminate unwarranted variation in quality performance so that resources are effectively utilised to ensure that the right care is provided to the right patient at the right time every time. It is anticipated that this will evolve and influence the Trust's approach to quality improvement.

### **Quality Improvement Plan**

The Trust's quality priorities have been influenced through:

- Patient, carer and staff feedback.
- Risk and incident management lessons learned.
- Trust's quality performance data.
- Lincolnshire STP.
- The Lincolnshire Joint Strategic Needs Assessment.
- Local and National Quality Commissioning e.g. CQUINS.
- National, regional and local healthcare priorities.
- CQC Inspection findings in 2015 and the most recent inspection in 2016.
- External service reviews and benchmarking data.
- Wide range of patient safety initiatives including the Sign up to Safety Plan.
- Quality Account 2015/2016 and priorities for 2016/2017.

### **Priority One: Improvement in the recognition and management of Sepsis**

*The Trust aims to reduce sepsis mortality by 30% over two years through improving timely recognition of sepsis to 90% and administration of Intravenous Antibiotics within 1 hour to 90%.*

There is a plethora of evidence that supports early intervention in the management of sepsis is critical to reducing mortality and the Trust is committed to reducing and eventually eliminating avoidable deaths from sepsis. The Trust has a pro-active multi-professional working group that has developed an e-learning package, introduced sepsis nurses at Lincoln County, and Pilgrim Hospital, and Grantham Hospitals, developed a patient group directive regarding antibiotic administration amongst many other interventions. The Trust continues to work to achieve the national CQUIN targets, however, recent audit data on the completion of the Sepsis 6 care bundle reports identifies that there remains significant challenge in achieving full compliance. As such, prevention of avoidable deaths from sepsis remains a quality priority for the Trust as outlined in the Quality Accounts 2015/2016. The requirement for further improvement was also identified by the CQC in their Inspection in October 2016, with their feedback integrated into the Trust's sepsis improvement plan.

Achieving an improvement in the recognition and management of sepsis is good for patient care and is in line with the national drive to reduce patient mortality from sepsis.

### **Priority Two: Reduction in the incidence of Catheter Associated Urinary Tract Infection (CA-UTI)**

The Trust aims to achieve 10 per 1000 incidence for CA-UTI as reported the national average on the NHS safety Thermometer.

Benchmarking data from the NHS safety thermometer reports that more patients at the Trust have a catheter inserted and as a result, more patients with a catheter develop a CA-UTI at ULHT (15 per 1000). The most frequent pathogen related to CA-UTI is *Escherichia coli* (*E-Coli*). Year to date the Trust has not reported any MRSA bacteraemia and is under trajectory for *Clostridium difficile* making the reduction of hospital acquired E-coli a priority for the reduction in hospital acquired infections. The Trust has reported a reduction in the number of CAUTI in 2016/17 but further improvement is required. Additionally, in light of the Government's pledge to halve all bloodstream infections caused by antibiotic-resistant gram-negative bacilli by 2020; the Trust plans to relaunch the quality improvement work on reduction of CA-UTI, ensuring that its integral to wider improvement projects regarding the reduction of infections (above) which include continued focus on hand hygiene, hospital cleanliness and publicising hospital acquired E-Coli figures by ward. These improvement projects will be cross cutting across infection prevention, antimicrobial stewardship, nursing practice, Facilities Department and procurement processes.

### **Priority Three: Reduction of In-patient falls**

*The Trust aims to achieve 0.19 per 1000 OBD for falls resulting in harm*

Falls prevention has been identified as a key quality priority for the Trust in the Quality Account. Additionally, Lincolnshire Council in their Joint Strategic Needs Assessment has also identified falls prevention as a key issue given the ageing population particularly on the east coast, which is served by Pilgrim Hospital. The Trust Fall group has been progressing an annual falls work plan that has led to the introduction of multi professional review panels to review all falls resulting in harm to identify local and organisational learning.

For 2017/18, the focus of the falls prevention quality improvement will be on reducing falls at Pilgrim Hospital, preventing patients from falling multiple times and ensuring consistency in delivering the five interventions as recommended by the National Fall Safe Project. Additional support is also planned for Pilgrim through involvement in the NHS Improvement National collaborative on reducing Falls.

### **Priority Four: Improving the Reliability of Checking and Charting**

*The Trust's aim is to achieve 90% for Safety and Quality Data (SQD) metrics*

The priority was outlined for 2016/2017 and refers to patients receiving care in a timely fashion. This is monitored through the SQD, which incorporates monthly data capture against 60 metrics and serves as a data source for the quality dashboard and ward health check. Improvement in compliance has been achieved for 2016/2017 with more areas meeting the 90% target. Building on the quality performance targets that were introduced this year, the Trust intends to introduce a ward accreditation scheme over the next eighteen months to monitor and hold leaders to account on the standards of care delivered to patients.

### **Priority Five: Reduction in the development of grade 3 and 4 Pressure Ulcers**

*The Trust's aim is to eliminate avoidable hospital acquired grade three and four pressure ulcers.*

The Trust has reported a reduction in all classifications of pressure ulcers except grade 3. Review panels to identify lapses in care have been implemented for all new grade 3 and 4 pressure ulcers and this learning then informs the quality improvement work e.g. introduction of a visual guide to aid classification. Analysis of NHS patient safety data and Trust data report significant number of patients being admitted to hospital with a community acquired pressure ulcer. The Trust is therefore committed to working as a whole health economy to develop an integrated Tissue Viability Team.

## **Priority Six: To deliver Seven-Day Services**

The Trust is committed to ensuring consistent high standards of care, seven days per week and through delivery of the 2021 Programme we will prioritise our activity to achieve 7 days in the medium term. Services are self-assessed against the four standards (2, 5, 6 and 8) and the following services are being prioritised to deliver the four standards by November 2017; vascular; stroke; major trauma; cardiology and children's critical care. Whilst increased productivity and the release of efficiencies will help to enable 7 day working, we are still constrained by the level of funding available through the agreed CCG contract and this is a key factor to achieving the required standards

Planned full implementation of 7 Day Services in Pharmacy and Medicines Optimisation against standards will start in June 2017, supported by releasing and retaining skilled staff from the Lincolnshire Partnerships NHS Foundation Trust.

## **7. Approach to workforce planning**

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### **Articulation of a robust approach to Workforce Planning**

We recognise that the development of our staff is critical to our ability to deliver our vision of working together to provide sustainable high quality patient-centred care for the people of Lincolnshire.

The process for workforce planning is clinically driven aligning operational needs with strategic direction. Workforce plans, based on operational need and safe staffing levels, are built up from the service level by each clinical directorate. The planning process also considers workforce supply, including assessment of the age profile of existing workforce, turnover, sickness absence, the current labour market and the impact these will have on our vacancy levels and the need for temporary staff.

### **Developing our Operational Workforce Plan**

We are aware that the ULHT financial plan is dependent on achieving a workforce reduction and this is referred to in this workforce plan. We will over the course of the year be seeking to define in detail the workforce reductions that will be made through to March 2019, as part of our overall 2021 programme.

It is our intention in the future to create two year Workforce Operational Plans to align to the overall Operational Planning cycle. However, we are inhibited in our ability to plan over a two-year cycle by the uncertainties caused by the Sustainability and Transformational Plan (STP) for Lincolnshire. This proposes significant changes to the way services are provided and changes to the workforce to provide those services. To date that analysis is on the basis of roles defined at a "basic" through to "advanced level". We recognise the need to define in more detail future clinical pathways and the workforce required to deliver them. This work will be taken forward in ULHT through the clinical strategy. We will be in a position to develop longer-term workforce plans, once that work has been completed.

### **Lincolnshire Workforce Transformation Themes**

Lincolnshire Health and Care leaders have developed an Organisational Development Strategy and Five Year Plan to support the STP. The Strategy sets out how we will deliver our transformational vision of truly integrating health and care at a scale and with pace.

The Lincolnshire Workforce Advisory Board (LWAB), has a number of programme boards will be the vehicle by which the workforce themes and 'big ticket items' outlined in the Lincolnshire STP Workforce Strategy will be realised.

The LWAB has identified five priorities, which are:

- Talent Academy
- Attraction Strategy
- Workforce Transformation
- Culture and Organisational Development
- Workforce Supply, Demand and Retention

## **Whole Systems**

The Lincolnshire STP identities where changes in whole time equivalent by work streams and skill levels are required.

ULHT's ability to deliver its vision is impacted by a number of significant financial, performance and service quality challenges. It is recognised that the Trust can only achieve both its financial and performance goals through a fundamental review of the health and care system in Lincolnshire. ULHT is therefore an active participant in the Sustainability Transformation Plan (STP) for the County.

It is recognised that the plan will impact on the workforce, both in terms of total workforce numbers (a reduction circa. 700 expected over 5 years, as part of STP), but also the roles that will be performed and where care will be undertaken. The intention to deliver more care in the community and to place greater emphasis on the prevention agenda will drive our plans for the workforce over the next five years.

The specific workforce strategies to manage this process are being developed and will include both a reshaping and a managed downsizing consistent with the impact of the clinical redesign. This will ensure that Lincolnshire retains, grows, deploys and, where necessary, secures the workforce that is needed.

Within our People Strategy and Operational Workforce Plan a programme of work has been identified to establish clear timescales for identifying roles, numbers, sources of educational pathways, training and recruitment.

## **Workforce Efficiency Programme/Plan**

As a Trust, we need to make recurrent financial efficiencies over the next five-year planning period of £18 million per annum, representing 4% of the operating cost base. As spend on our workforce accounts for over 65% of the Trust's total financial expenditure, the circumstances demand that our future workforce be leaner and more efficient, whilst not compromising on quality and safety. We are set the challenge to do with more with less and workforce productivity is therefore of prime importance.

It is anticipated that the workforce efficiency contributions for 2017-19 will be derived from a range of different projects and programmes designed to transform clinical and non-clinical services, some of which will require consultation.

## **Meeting our Challenges through the Workforce**

What ULHT must start to address in 2017/18 are the fundamental challenges we face.

Workforce issues are at the heart of each of these challenges. They are:

1. Reducing the financial deficit – this is largely driven by our agency spend and the reliance on agency costs reflects both pressure on the system and our inability to recruit to key roles. There is also a need to protect elective income levels.
2. Performance against key national performance indicators – how we can utilise our workforce most effectively and efficiently to deliver against the targets.
3. Concerns about the consistent provision of safe, quality care – this is impacted by our high reliance on agency staff, but there is also a lack of clear accountability in consistently delivering care in ways that reflect our values.

### **Workforce Challenges and 2017/18 Priorities**

As part of the process we have identified ten workforce priorities for 2017/18. The Board annually sets stretch targets against a number of key performance indicators, to support delivery of the strategic goals and annual plans and monitors performance on a monthly basis. The workforce KPIs for 2017/18 are included against the priority areas below and the actions being taken corporately to deliver the priorities. They include:

- Improving recruitment and retention rates to reduce levels of agency spend (and improve the overall financial position).
- Reducing further voluntary staff turnover and increasing retention.
- Continue to drive down sickness absence rates.
- Building levels of staff engagement with the Trust.
- Ensuring accountability through individual performance management.
- Ensuring that our leaders are equipped to lead effectively.
- Other actions to reduce agency spend.
- Reshaping the workforce.
- Workforce – Financial Efficiency Plans (FEPs)
- Addressing Workforce Equality Issues.

### **Next Steps**

The Operational Workforce Plan will be adjusted when necessary to ensure closer alignment with the Lincolnshire STP Workforce & OD Strategies.

The Workforce and OD Committee have signed off both the People Strategy and the Workforce Operational Plan for 2017/18. The actions are defined in more detail (with timescales and owners) in one People Strategy Work Programme. Having one programme enables prioritisation and more effective monitoring. The 2021 Programme Board monitors delivery of the Programme.

The Board are updated on progress against the workforce KPIs in the monthly Integrated Performance Report.

Delivery of Directorate Business Plans will be monitored through regular performance review meetings. Workforce plans will be monitored as part of that process. To assist

Directorates, a Workforce Scorecard is produced on a monthly basis highlighting actual performance for each Directorate against current KPIs.

## 8. Approach to financial planning

### Introduction

The Trust faces a very significant financial challenge over the two-year operational planning period. In 2016-17, our planned deficit is one of the highest in the country. In 2017-18 and 2018-19, we need to plan to manage the requirements of the national efficiency gain in tariffs, a reducing control total offer, delivery on key operational targets, managing risk and moving to a new era where workload will not continue to increase.

This overall plan therefore needs to ensure that we are organised, operationally, strategically and financially to respond to our overall financial strategy requirements.

### Context

In December 2016 the Trust Board signed off the proposed two-year financial plan for 2017/18 and 2018/19 inclusive of the acceptance of the STF allocation and control total. On this basis, the Trust submitted its two-year operational and financial plan to NHSi on 23rd December 2016.

The overall signed off control total position over a three-year period can be summarised as:

<b>Table 1 – Control Totals</b>			
2016-17 (£m)		2017-18 (£m)	2018-19 (£m)
47.9	Control total (deficit)	48.5	41.1
<u>16.1</u>	Sustainability and Transformation	<u>14.7</u>	<u>14.7</u>
<u>64.0</u>	Funding	<u>63.2</u>	<u>55.8</u>

There is an implied requirement within this scenario for an improvement in our financial position of £0.8m from 2016/17 to 2017/18; however, this represents one of the highest deficit offers across the whole of the provider sector.

However, there are a number of risks to the delivery of the plan that the Trust are sighted on and managing;

- The underlying financial position in 2016/17 is a deficit of £56.9m. The Trust have signed off budgets in line with the required control total for 2017/18 so will need to contain spend within these levels.
- The recent CQC visit highlighted a number of investments that the Trust needs to make to improve quality. The Trust must contain these investments within the financial envelope.

- Whilst the Trust has, a reasonable record of efficiency delivery the 2017/18 ask is significant and will require a detailed framework to facility achievement.
- The Trust must continue to monitor demand and the impact of finalising the contract and the STP by Specialty and POD and ensure that capacity is flexed to meet demand fluctuations from the baseline. This could include disinvestment as well as investment.
- The control total is inclusive of STF related to performance and finance metrics of £14.7m. Delivery of finance and A&E trajectories is required to access this funding.
- The capital programme is constrained by resources available. The Trust needs to maximise its capital funding available in 2017/18 including accessing all external capital funding resources available, including; STP related funding, specific invest to save, IT and infrastructure (A&E Streaming) when / if they become available.

The Trust is in the process of developing a Long Term Financial Model (LTFM). This will be aligned to the 2021 programme, with each work stream incorporated to set how the Trust will begin to improve its financial position over a 10-year period. This may require capital and revenue investment now to access benefits in the future.

### **Strategic Context**

This operational plan for 2017-19 will need to consider and reflect the following strategic plans that are currently being developed:

- System wide plans for health and care across Lincolnshire. These plans are captured within the Lincolnshire STP. The United Lincolnshire Hospitals NHS Trust (ULHT) operational plan will need to reflect years 1 and 2 of the STP where achievable, and ideally will mirror the milestones and timescales
- Where initiatives can be implemented without public consultation, these need to be included in the operational plan where achievable. In addition, the items that require public consultation also need to be reflected as appropriate to the timescales of both the public consultation process and our operational planning timeframe e.g. 2017-19.
- The 2021 Programme plan that incorporates elements of the STP relevant to ULHT, the ULHT clinical strategy and service developments within ULHT that are not applicable to the STP.

### **Overall Financial Framework**

The proposed Directorate expenditure budgets for both money and WTE are fundamentally built on the 2016/17 full year effect budgets. This is inclusive of the allocations for bringing the agreed number of escalation beds into the funded bed stock and the service developments and cost pressures. This was to facilitate delivery of safe and sustainable patient services and the contract activity agreed with commissioners.

The key components of the plan are; the 2017/18 contract income is anticipated to be relatively consistent with the 2016/17 an efficiency gain of £18m (4% of expenditure

budgets), which then creates a resource to invest to improve quality and to cover inflationary pressures. The 2017/18 financial plan was inclusive of reserves of £19m described as follows:

<b>Table 3: Analysis of Reserves</b>		
	(£m)	(£m)
Contingency – a contingency to be held centrally to help manage in year risk.		4
Inflation – Pay and prices	7	
– Clinical negligence	2	9
Investment – Performance and delivery	1	
– Organised for the future	1	
– Priorities, risks and compliance	4	<u>6</u>
		<u>19</u>

This overall financial plan is supplemented by detailed directorate plans signed off by Clinical Directors for activity, capacity, workforce, budgets and establishments and efficiency programme. This process facilitates accountability with those that have the power to make decisions and moves us towards greater local ownership, opportunity and responsibility. The entire Executive team has been fully engaged in this process over a number of months, scrutinising and supporting service planning and ensuring sound governance throughout. This supports the transparency framework, by providing a basis of sound audit trail for our decisions to our Board and Regulators and has resulted in a clear and detailed plan at specialty level within the overall strategic framework of the Trust.

## Efficiency

The Trust financial plan requires delivery of an overall efficiency requirement of 4.0% calculated as:

	<u>2017-18</u>
	<b>£m)</b>
National Tariff	2.0
Control Total	1.0
Management of risks	<u>1.0</u>
	<u>4.0</u>

Directorates have been given a 2% direct efficiency target based on full year effect budgets. The remaining 2% is to be achieved through central schemes that where relevant will be allocated to Directorates. This will include initiatives aligned to Carter and opportunities presented through the STP. The delivery of the full year effect of 2016/17 cost improvement plan is built in to the 2017/18 plans.

Each scheme will be supported by fully developed Project Initiation Documents and Quality Impact Assessment documents.

## **Capital**

The Trust has developed a capital programme of £14.6m predominantly supported by internal resources.

This programme is inclusive of;

- Completion of the development of Neonates facility at Lincoln
- Upgrading of the Trust Radio-Pharmacy facility
- Investment in Grantham Theatres
- IT upgrades and purchases including new digital dictation, maternity and theatre systems.
- Upgrades to current facilities to improve fire safety across all sites
- A&E developments including the Resus footprint
- A replacement and upgrade programme of medical equipment across all sites.

# Appendix A: Delivery Plan

United Lincolnshire Hospitals  NHS Trust		Strategic Framework										
Our purpose	...is to deliver safe, excellent, compassionate and respectful healthcare for our patients											
Our vision	... working together to provide sustainable high quality patient-centred care for the people of Lincolnshire											
<b>Patient Centred</b> The delivery and development of our services will be patient centred		<b>Safety</b> We put our patient safety and wellbeing above everything		<b>Values and behaviours</b> <b>Excellence</b> We measure and continuously improve standards, striving for excellence		<b>Compassion</b> We offer our patients the compassion we would want for a loved one						
						<b>Respect</b> We show respect for you and each other						
2021 Programme												
Redesign our clinical services		Productive Hospital to improve our Market Share		Improve productivity, efficiency and Estates		Review our workforce						
						Improve staff engagement						
						Targeting quality improvement						
Delivery Plan												
We aim to be...	Safe and responsive		Caring and effective			Well-led						
Our objectives are to deliver ...	<b>1. Consistently high quality and safe patient care</b>		<b>3. Services shaped around patients needs</b>		<b>5. Performance improvement</b>		<b>6. Financial stability and recovery</b>					
Our key activities are ...	<ul style="list-style-type: none"> <li>Improve patient safety</li> <li>Minimise hospital associated infections</li> <li>Improve positive patient and public feedback</li> <li>Improve our quality standards</li> <li>Develop and deliver our Communication Strategy</li> <li>Introduce 7 day services for priority specialities</li> </ul>		<ul style="list-style-type: none"> <li>Develop our Five Year Strategy</li> <li>Improve our responsiveness to patient feedback</li> <li>Develop our Consultation and Engagement Strategy</li> <li>Promote and develop our clinical leadership</li> <li>Develop and deliver our Clinical Strategy</li> <li>Develop a 'One Trust' culture</li> <li>Develop a five year Capital programme</li> </ul>		<ul style="list-style-type: none"> <li>Implement Lord Carter review</li> <li>Working in partnership with our health care partners to redesign care models that meet future needs</li> <li>Urgent care flow redesign</li> <li>Elimination of MFFD/ DTOC's</li> <li>Return of elective Market Share</li> <li>Developing our early intervention and prevention strategies</li> <li>Improving the built environment through our Estates Strategy</li> </ul>			<ul style="list-style-type: none"> <li>Deliver our People Strategy</li> <li>Improve recruitment and retention</li> <li>Develop workforce review (skills mix)</li> <li>Embed our values and behaviours</li> <li>Reduce agency staff</li> <li>Review our Bank / Agency Staff</li> <li>Review back office functions</li> <li>Improve job planning</li> </ul>		<ul style="list-style-type: none"> <li>Strengthen our Risk Management Governance and Strategy</li> <li>Strengthen our integrated performance management</li> <li>Conduct audits for monitoring patient outcomes and sharing lessons</li> <li>Review our "Board to Ward" performance reporting</li> <li>Deliver our "Digital Strategy"</li> <li>Develop research, development and education</li> </ul>		<ul style="list-style-type: none"> <li>Agree a system wide and Trust Long Term Financial Model</li> <li>Develop our Financial Strategy</li> <li>Deliver our financial plan to support the Integrated Business Plan</li> <li>Document and confirm financial lines of accountability</li> <li>Review our financial governance systems and controls and risk management</li> <li>Develop a Procurement Strategy</li> </ul>
Performance management												
Improving our performance by ...	<ul style="list-style-type: none"> <li>Reducing avoidable patient harm</li> <li>Improving our quality standards</li> <li>Demonstrating learning from errors</li> <li>Reducing complaints and increase reporting</li> <li>Improving our positive patient feedback (friends and family test)</li> <li>Consistently reporting and investigation</li> <li>Improving communication</li> </ul>		<ul style="list-style-type: none"> <li>Improving our stakeholder engagement</li> <li>Improving team working</li> <li>Reducing failures from safety checks</li> <li>Increasing our staff suggestions and feedback on results</li> <li>Increasing leadership development as part of integrated performance management</li> <li>Improving sustainability through delivering the Transformational Change of the Clinical Strategy</li> </ul>		<ul style="list-style-type: none"> <li>Improving capacity and demand planning</li> <li>Improving planning for future community needs through horizon scanning</li> <li>Reducing variation of services across sites</li> <li>Improving patient flows</li> <li>Improving admissions</li> <li>Reducing delayed discharges</li> <li>Improving partnership working to deliver integrated services locally</li> <li>Improving risk stratification of the community</li> </ul>		<ul style="list-style-type: none"> <li>Improving performance through the retention and recruitment of staff</li> <li>Reducing the risk of clinical staff vacancies</li> <li>Improving people management through conducting and recording appraisals</li> <li>Reducing sickness through absence management</li> <li>Demonstrating embedding our values and behaviours</li> </ul>		<ul style="list-style-type: none"> <li>Continually progressing improvements to meet constitutional standards</li> <li>Improve performance identified from audits areas for improvement</li> <li>Improve performance through research and innovation</li> <li>Improve the management and prevention of risks</li> </ul>		<ul style="list-style-type: none"> <li>Ensuring Business Units and corporate financial plans are agreed and signed off prior to the start of the year as part of the IBP process</li> <li>Introducing a financial performance management regime as part of the Integrated performance management</li> <li>Ensuring the FRP is delivered through the Hub infrastructure</li> <li>Improving financial reporting to CEC, FPIC and Board</li> </ul>	
Achieving outcomes of...	Positive patient experience		Openness and transparency		Efficient and effective services		Sustainable service delivery		Continuous improvement		Value for money	

## Appendix B: Performance Trajectories

### ULHT Performance STF Trajectories

This document provides a summary of the proposed trajectories for the three constitutional standards falling under the Sustainability and Transformation Fund.

#### **Referral to Treatment (RTT)**

*E.B.3* Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral

2017/18

Standard	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
% performance	90%	94%	91%	92%	92%	92%	92%	92%	92%	92%	92%	92%

#### **A&E**

*E.B.5* Percentage of A & E attendances where the Service User was admitted, transferred or discharged within 4 hours of their arrival at an A&E department

2017/18

Standard	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
% performance	82%	82%	82%	87%	87%	87%	90%	90%	90%	90%	90%	90%

#### **62 Day Cancer**

*E.B.12* Percentage of Service Users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer

2017/18

Standard	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March
% performance	75%	77.0%	78%	81%	81%	81%	81%	81%	81%	81%	81%	81%