

## Update on Operational Plan Actions 18/19

This paper presents an update on the actions agreed under the 3 Ambitions of the Operational Plan for 18/19. Actions are rated Yellow if they are in progress and the deadline has not been reached, Amber if there is some risk to achievement, Red if the deadline has passed or an update has not been received and the action is not complete and Green if the action is completed.

### Ambition 1: Our Patients - providing consistently safe, responsive, high quality care

Deliverable	SRO	Action	Timescale	Action Update	Lead	RAG	Recovery if Red
Delivering harm-free care: pressure ulcers, falls and Infection rates	MR	Delivery of pressure ulcer reduction plan	31.3.19	Progress has been made with delivering the plan however the impact on reducing harm is not yet being seen. Work on Datix to support reporting through the system being tested.	V Bagshaw /J Hinchliffe	Y	
		Delivery of falls reduction plan	31.3.19	Good progress in delivery of the plan with 10% improvement trajectory for falls with harm being achieved in Q1. Dashboards have been created in Datix though these have not yet been rolled out widely	V Bagshaw /J Hinchliffe	G	
		Delivery of compliance against Hygiene code as per plan	31.3.19	There has been good progress towards compliance in recent months and the trust is now able to demonstrate: 96% full compliance	V Bagshaw /K Shaw	G	
Improve our safety culture by delivering the Quality and Safety Action	NH	In line with detailed QSIP	As in plan	Safety Culture part of QSIP agreed with NHSI on time with 4 stands:  Learning from events and serious incidents	As in plan	G	

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Plan				<p>Delivery of an in-house basic Quality Improvement programme.</p> <p>Accredited NHS Improvement Quality, Service Improvement and Redesign (QSIR) Practitioner training into the Trust</p> <p>Embed human factors within practice</p> <p>Buddying arrangements with Northumbria</p>			
Initiate the implementation of e-prescribing	KT	Draft business case complete	30.4.18	Complete	M Humber	G	
		Sign off by CRIB/ET	30.4.18	Complete	K Turner	G	
		Submit to NHSI to secure funding	30.6.18	Submitted to NHSI on time. National funding application process launched on 25 July with submissions to be made prior to 3rd September 2018, for decision end of September. To be funded on a matched funding basis if successful, with monies being released by the end of November.	J Young	G	
		Initiate scheme	Tbc	The programme to be initiated in Q4, from within existing capital resources.	K Turner	G	
Strengthening our clinical governance and risk identification	NH	Governance team new model consultation	30.6.18	Nil return	N Hepburn	R	
		Recruit AD of Governance	30.6.18	Start Date 3 Sept Sally Seely	N Hepburn	G	

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		Implement Structure	31.7.18	Revised timetable agreed. Formal consultation commences 10 Sept, Outcome letters 1 Oct 2018, go live by end 2018.	AD Governance	R	<p>Agreement reached to delay consultation to allow newly appointed AD of Clinical Governance to review the proposed structure.</p> <p>This was completed by the end of September 2018 and agreement on the proposed changes at Executive Team on 25/10/18.</p> <p>Formal consultation will commence in November 2018 using the Trust Management of Change Policy. Intention to have posts filled via slotting / ring fenced competition / internal advert or posts externally advertised and staff recruited (by not in post) by beginning of January 2019.</p>
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		Review reporting from Ward to Board	31.10.18	Part of Specialty Governance plan. Toolkit rolled out but awaiting QSOs to implement consistently	AD Governance		This is being addressed as part of the Trust Operating Model work and the Quality & Safety Improvement Plan work stream QS02b as work is required to align existing arrangements for governance to the model proposed by TOM. This includes review of arrangements and expected standards of reporting, escalation and assurance from speciality to Clinical Business Unit and Division
		Implement improved reporting	31.1.19	Implement and embed Operational Governance committee Sept 2018	AD Governance	R	This met for the first time in October 2018 and has meetings scheduled for the remainder of the calendar year
		Implement Specialty Governance with clear	31.10.18	Toolkit rolled out. Implementation inconsistent and awaiting additional QSOs capacity to implement consistently	AD Governance	R	This is being addressed as part of the Trust Operating Model

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		escalation and dissemination of learning					work and the Quality & Safety Improvement Plan work stream QS02b as work is required to align existing arrangements for governance to the model proposed by TOM. This will include review of the current toolkit for speciality governance
Ensuring that the experience of our patients receive reflects our ambitions as a Trust to put patients and safety first	MR	Continue Communications First training	As per PE workplan	Training continuing across all sites. Reflective process implemented. Ability to identify named individuals implemented and require them to attend training if communication cited as a concern.	C Tarnowski /S Kidd	G	
		Provide Directorate breakdown of complaints referring to communication against attendance at training	As per PE workplan	Beginning in September across PALS and Complaints. Unable to provide detailed Directorate reports due to configuration of Datix which maps to old business units.	C Tarnowski /S Kidd	A	Commenced in October across PALS and Complaints. Unable to provide detailed Directorate reports due to configuration of Datix which maps to old business units.
		Directorates to consider local level actions and	As per PE workplan	Reporting at PRMs but needs more grip in terms of action taken. Patient Experience Committee will also drive	CDs/J Negus	A	Meeting scheduled with MD's to discuss data

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		improvements and report through PRMs		greater assurance and engagement.			requirements. New process planned within PEC for assurance. FAB experience Champions initiative launched.
		Run internal web and web surveys against the agreed basket of questions and act on as indicated	As per PE workplan	Due to commence in PHB ED in late August / early September.	J Negus /S Kidd	A	Commenced patient survey August; Staff survey September. First report prepared and meeting scheduled with ED team to explore actions.
		Promote use of Carer's badge, John's campaign and continue Carers' survey and act on findings	As per PE workplan	Carers survey reliant on volunteers through PALS. Responses have fallen so KPIs being set.	J Negus /S Kidd	A	Carer's survey reliant on volunteers through PALS. Responses have fallen so KPIs being set. Heightened awareness through carer's initiatives and imminent awards. Working with LCC to develop a Carers Hub at Pilgrim.

**Ambition 2: Our Services**

Deliverable	SRO	Action	Timescale	Action Update	Lead	RAG	Recovery
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<i>Design and implement a revised leadership and performance management framework – Trust Operating Model</i>	JS	Task and Finish group established	31.5.18	Revised timeline agreed due to interim model	J Sobieraj	Y	
		Proposal to CMB	31.7.18	Due to revised completion timeline now expected 6th Sept	J Sobieraj	Y	
		Proposal to Board	30.9.18	Due to revised completion timeline now expected 26th Oct	J Sobieraj	Y	
		Consultation	31.10.18	Consultation timetable developed in line with April implementation	M Rayson	G	
		Structure Implementation	31.1.19	Nil return	M Brassington	Y	
<i>Preparing for a comprehensive Electronic Patient Record</i>	KT	Draft Business case complete	30.4.18	Complete but now in redraft for Board consideration	M Humber	G	
		Sign off by CRIB/ET	31.5.18	Complete, supported by FSID, approved by Board Sept 18	K Turner	G	
		Submit to NHSI to secure funding	31.7.18	Funding request has been submitted (on 16 July 2018) as part of STP capital requirements. However national funding process expected to be announced	J Young	G	
		Initiate scheme	Tbc	Subject to funding being agreed	K Turner	Y	
<i>Delivering the trajectories to achieve operational performance targets identified in the 18/19 planning guidance</i>	MB	RTT – incomplete as March 2018	31.3.19	Nil return	N Ellis	A	
		62 day cancer > 85%	30.9.18	Nil return	N Ellis	A	
		ULHT 4 Hr 83%	31.11.18	Nil return	A Prydderch	A	
<i>Deliver the financial targets agreed by the</i>	KB	Annual plan signed off by Trust Board	27.4.18	Complete	K Brown	G	
		Cross cutting efficiency plans	26.4.18	High level planning agreed and	K Brown	G	

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<i>Board</i>		confirmed		submitted as part of planning return to NHSI.			
		Financial Efficiency Workshops held to confirm clinical directorate schemes	31.5.18	Complete	K Brown	G	
		Management of plan through a governance structure with escalation to FTG	Ongoing	FEP plan managed via a revised FTG membership following appointment of new Turnaround Director. Significant risk exists to the delivery of the £25m FEP requirement for 2018/19, with the current delivery total being £13m.	J Sobieraj	R	Revised trajectory & recovery plan to come to November Board
		Management of financial spend within budgetary envelope with oversight at PRM	Monthly	PRM structure being revised from Month 5 following implementation of 4 divisions. Reporting to be updated to follow format of new Board IPR. Divisional IPR packs are still evolving	K Brown	Y	
		Capital programme delivered in line with plan with oversight at CRIB	Monthly	Capital programme on track to be within CRL for the year. Work ongoing to review prioritisation of schemes.	K Brown	G	
<i>Development of Estates strategy and investment programme to reduce backlog maintenance and eradicate Critical Infrastructure risk</i>	PB	Draft Estates Strategy ready for December 2018	17.12.18	Development of STP 1a+ options progressed. Further funding required to deliver the subsequent stages of the complete estates strategy.	P Boocock	Y	Draft strategy at risk for December delivery.
		Data analysis and master planning underway	31.7.18	Data analysis for 1a+ significantly completed	P Boocock	G	
		Fire capital investment case being deployed to achieve enforcement	31.3.19	Fire capital being deployed in line with expected plan.	P Boocock	Y	Delays encountered for ventilation



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							and lockdown aspects. Capital plan under review.
<i>Delivering the ULHT elements of the Lincolnshire Single System plan</i>	KB	Tbc on approval of the SSP		Main areas for ULH within the SSP are ASR, Cancer, A&E, planned care and system working. All in process and on track and actively monitored.	K Brown	G	
<i>Acute Services Review, design and consultation and implementation</i>	KT	Finalise Trust Clinical Strategy	31.5.18	Going to private Trust Board in Aug 2018, and Public Trust Board in Sept 2018	N Hepburn /J Pipes	G	
		Trust Board sign off of 2021 Strategy	30.6.18	Delayed awaiting outcome of ASR. Now aligned, so can finalise and sign off strategy after ASR engagement launch	K Turner /K Sleigh	G	
		Trust Board commitment to ASR outcome	30.6.18	Agreed in October 18	K Turner	G	
		Finalise PCBC	31.7.18	Submission on 21 November 10	K Turner /STP	G	
		Implementation/consultation	tbc	Engagement to commence post PCPB submission, to be confirmed	K Turner /STP	Y	
<i>Deliver inpatient ward reconfiguration at Pilgrim Hospital</i>	MB	Phase 1 - Sign off proposed workforce, clinical sign off of plans, enabling works on Ward 1/Discharge Lounge. AEC decant to Ward 1.	30.6.18	Complete	S Evans	G	
		Phase 2 AEC estates works. AMU move to ward 3A, AEC moves from Ward 1 to	25.9.18	Nil return	S Evans	Y	

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		Assessment area, Surgical Assessment moves. Closure of Bostonian. Ward 3a Moves to AEC area and becomes the Bevan ward.					
		Phase 3 8b estates work complete. Stroke established on 8 <sup>th</sup> floor, T&O moves from ward 3b to ward 9a	31.10.18	Nil return	S Evans	Y	

### Ambition 3: Our People

Deliverable	SRO	Action	Timescale	Action Update	Lead	RAG	Recovery if Red
<i>Workforce Skills and Numbers</i>	MR	Develop a new workforce model for ULHT which reflects affordability, ability to recruit and embraces new roles, seeking support to do so from SLF, HEE and NHSI	31.10.18	Project progressing. Two phases – Workforce Plan to fit with Financial Recovery Plan to be completed by end-Nov. Full model to be completed by end-March 2019 and new workforce planning process to be in place to implement model	M Rayson	Y	
		Deliver the outcomes of the KPMG workforce capability planning piece	31.10.18	18/19 job plans to be completed by end – December. 19/20 job plans to be in place early in the new financial year to maximise benefit in that year. Limited financial benefit in 18/19	Lisa Geraghty	R	Red due to challenges around delivering the job planning process at a pace that will deliver

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							the original target savings
		Support the delivery of the ASR, from a workforce perspective	From 5.18	Draft workforce plan as part of outline business case produced	Lisa Geraghty	G	
		Develop a plan which demonstrates how we will achieve the target reduction in temporary staff cost and the agency spend target.	Plan by 30.6.18 Deliver by 31.3.19	Revised agency cost reduction plan produced. New agency project manager in place. Seeking to maximise savings to be delivered in 18/19	Darren Tidmarsh	Y	
		Review our overall approach to recruitment, assessing the impact of the actions taken to date and looking at best practice elsewhere to support the achievement of our 2018/19 vacancy rates and the target recruitment timescales	31.10.18	TRAC in place. Turnaround Director has led on the development of a new approach to recruitment to make significant inroads into current vacancy rates. Initial work to identify a recruitment partner was not successful. Now assessing alternative approaches.	M Rayson /K Taylor	Y	
<i>Engagement through change</i>	MR	Develop the employment brand of ULHT	30.11.18	New branding: "One Trust, endless opportunities" used across the new Staff Benefits comms campaign on social media, Trust intranet and hard copies being distributed across sites July/August. This will be built upon in September to produce the Recruitment campaign with supporting materials.	H Nicholson	G	Completed
		Define our development offer more clearly	31.12.18	Part-time fixed term Project Manager appointed 23/7/18. Project plan in place. Focus initially on nurses Bands 5-9 but will extend to medical,	H Nicholson	G	

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				other clinical and non-clinical staff. First world café event to look at nursing pathways held September 18			
		Deliver the development centres and leadership programme	31.3.19	First development centre held July 2018. Process being evaluated. 1:1 feedback to be scheduled with all participants resulting individual PDPs. Next DC scheduled August 2018. Four DCs now completed with more scheduled. Paper going to ET Oct 18 to give feedback and agree next steps	H Nicholson	G	
		Develop around the core leadership offer a development programme for medical leaders	30.11.18	Leadership modules in place. Further work needed to refine the medical leadership offer.	H Nicholson	Y	As before plus medical leaders will be supported through links with Northumbria
		Embed the individual performance management system to support accountability of leaders and others and the effectiveness of supervision	31.3.19	Process launched. Planned and bespoke training taking place to meet service needs.	H Nicholson	G	
		Build on the success of the pilot to establish an ongoing approach to making service improvements	31.10.18	First Quality Improvement Programme successfully delivered, with 109 staff producing an improvement piece of work. The next in-house Quality Improvement Programme is planned for September 2018, with a rolling programme to be developed for 2019	K Sleigh /J Negus	G	

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				through to 2021. Additional specialist modules for programme and project management have been developed for the Leadership Training Modules, this will work towards embedding the agreed methodology for the Trust. There are further specialist modules being developed for Stakeholder Analysis, Benefits Management and Process Mapping. This will be further supported by the implementation of the NHS I Quality, Service Improvement and Redesign Practitioner Programme from April 2019.			
		Embed the staff charter in the organisation through a communications campaign	31.3.19	Staff Charter workshops held across the Trust plus bespoke team sessions. Hard copies of Charter and Personal Responsibility Framework being distributed . Regular updates through Trust comms channels focussing on a particular value.	H Nicholson	Y	All departments have received copies of the Staff Charter plus regular workshops run for individuals and for teams
		Continue to improve the basics of employee relations management, reviewing policies to ensure they are fit for purpose	31.3.19	Appointment made to project officer role, which enables the review of policies to progress. Very high levels of ER cases at present, which impacts on ability to deliver to timescales in policies	K Taylor /Deputy HRD	Y	
		Deliver the objectives	31.12.18	Inclusion Strategy recently signed off	T Couchman	G	

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		within the Trust Inclusion Strategy		by Trust Board and annual plan for the year in development. Staff survey on bullying to take place in September with further work planned and feedback to SLF in November. Survey completed, and follow-up actions now taking place.	/D Knight		
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### Next Steps

- This update will be presented to Board in January.
- A number of items are listed Nil Return as no response was received to the update requests. These items require completion before the paper goes to Board in January.

Helen Wilson  
Associate Director of Contracting and Performance

4<sup>th</sup> December, 2018