

# Annual Plan

2014/15 - 2015/16



*Caring for You*

# United Lincolnshire Hospitals NHS Trust

## Annual Plan 2014/15 - 2015/16



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## Foreword

### Reflecting on 2013/14

The past year has been a challenging one for ULHT, but it has also provided us with a brilliant opportunity to re-focus on what is most important to us: **Our Patients**.

Improving patient safety and delivering high quality services is, and always will be, our main priority; and during 2013 we've had the opportunity to look at different ways of working to provide better care for our patients.

Along with 13 other NHS Trusts, we were reviewed by Sir Bruce Keogh during the year and have worked extremely hard implementing his recommendations to ensure we can provide the best care for our patients.

Our journey of improvement is far from complete, and we will be reassessed in 2014 by the Chief Inspector of Hospitals, Sir Mike Richards. This will give us the opportunity to demonstrate how far we have come, and to receive his expert advice on how we can continue to improve.

The Trust's financial position is one area that has been a huge challenge for us and where we need to have a focus over the next year. The Trust will end 2013/14 with a significant financial deficit and this means we urgently need to identify new ways to deliver high quality services within the money we have. It is clear that the way services are delivered in Lincolnshire needs to change, and we are working with our partner organisations across the county to look at this.



Jane Lewington  
Chief Executive

Over the past year, we have been overwhelmed by the commitment, determination and hard work of our workforce. This has already led to significant improvements in the services we provided including:

- Our mortality rate is now better than the national average;
- Our hip fracture team at Pilgrim hospital are the best in the country for speed of access to surgery;
- Our new Patient Advice and Liaison Service is in place and having a positive impact;
- We now have ambulatory emergency care centres on our three main hospital sites;
- We have recruited more than 300 new nurses since April 2013, with more to come;
- We expanded the range of services at Louth hospital with a new ophthalmology service now well established;
- Grantham hospital is working with St Barnabas Hospice to develop the unique "Hospice in a hospital", with work starting in early 2014;
- The Lincolnshire Heart Centre was officially opened in September 2013 and is matching the best in the country on response times;
- We have launched Listening into Action, a unique piece of workforce engagement work which has already involved hundreds of workforce working together and generating their own ideas on how to improve services;





## Our Ambitions for 2014 - 2016

We work in a challenging and ever-changing NHS. The scale of the changes we need to make over the next few years are significant, but we are confident that we can meet the demands ahead with the support of our partner organisations and the support of our dedicated workforce.

Our current position is:

- Services are not clinically sustainable in the current format;
- Services are not affordable in the current format;
- Services need to be better integrated and coordinated to deliver an improved patient experience and outcome;
- Care needs to be consultant-led 7 days a week;
- We need to strike a balance between ensuring local access with concentrating scarce specialist resources;
- We need to make full use of in-hospital services;
- Telemedicine technologies need to be used to their maximum in Lincolnshire;
- There is not an option to do nothing.

In 2014, we will be working with other healthcare organisations in Lincolnshire to put together an ambitious plan to ensure that patients consistently receive high quality care in our county, known as the Lincolnshire Health & Care, Shaping Services to Meet Your Needs into the Future, review.

The review will be wide ranging, but will include proposals to change the way we work in a number of areas, including:

- Ensuring services are available 7 days a week;
- Ensuring patients are treated in the right place at the right time;
- Ensuring that our healthcare services are financially viable.

2014 - 2016 will also see further emphasis on managing resources more efficiently, which will include the need to make additional savings.

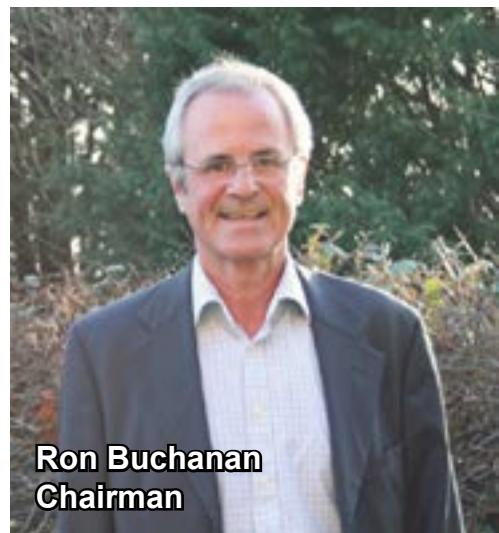
The review will enable the Trust to identify and make the necessary changes to our services and therefore achieve our financial targets.

Even though our finances are a priority, our primary focus is and always will be delivering high quality care to our patients. During the year ahead, our focus will therefore be to continue improving our services in a number of areas:

- Patient safety
- Patient Experience
- Delivering the highest clinical standards
- Working closely with other healthcare organisations
- Developing sustainable services
- Developing our workforce
- Achieving core standards

As always, everything we do is focused around improving patient safety and delivering high quality services to you, your family and friends.

## *Caring for you*



## Strategic Context

It is widely acknowledged and understood that the way healthcare services are provided needs to change. People are living longer and the NHS needs to ensure it is still meeting the needs and expectations of its patients.

To make sure the NHS is delivering the right service, in the right way and to the right people, the Government monitor all NHS Trusts and set National standards of care. These standards have to be met along with providing services within the financial budget that is given to each Trust. In order for United Lincolnshire Hospitals NHS Trust to comply with Government demands and recommendations, we need to work together with our partners to ensure health services are clinically, operationally and financially viable within Lincolnshire.

As a result, a county-wide review of health and social care services is currently being undertaken by the Lincolnshire Clinical Commissioning Groups. During 2014 this Lincolnshire Health & Care, Shaping Services to Meet Your Needs into the Future, Review will provide some recommendations about how services need to change, and we will then be required to respond to these recommendations within our organisation.

### **Political:**

- Provision of healthcare is increasingly competitive and now includes the implementation of the Any Qualified Provider (AQP) process.
- We will continue to be required to make cost improvements each year with reduced

service tariff (the cost linked to the delivery of services).

- The NHS is subject to increased scrutiny to ensure that healthcare services are of high quality and hold the patient's wellbeing as a priority.
- There are increasing numbers of external reviews and recommendations to improve quality of care. Our response to the recommendations made by Sir Bruce Keogh in 2013 will be a major part of our improvement plans in 2014/15, which will outline new ways of working and monitoring standards.
- The results of the next general election in 2015 will influence what direction the NHS will go in and the priorities for the future.





### **Economic:**

- The financial position of the NHS is challenging, particularly for ULHT, with a greater need to make more cost improvement savings and provide financially viable services whilst ensuring quality is not compromised.
- Following the National recommendations by Sir Bruce Keogh which will be confirmed in 2014, the NHS will be expected to move towards providing services seven days per week. This will evidently have a big impact on the Trust's financial position.
- Quality improvement expectations will mean that, increasingly, the amount we are paid for our services will be linked to the improvements that we make.

### **Legal:**

- The NHS Constitution outlines the principles and values of the NHS in England. It sets out the rights of patients, the public and anybody who works within the NHS and what they are entitled to. It pledges what the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.
- The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities are required by law to take account of this Constitution in their decisions and actions.
- The Constitution will be renewed every 10 years, with the involvement of the public, patients and staff. It is accompanied by the Handbook to the NHS Constitution, to be renewed at least every three years, setting out current guidance on the rights, pledges, duties and responsibilities established by the Constitution. These requirements for renewal are legally binding.

### **Environmental:**

- The carbon footprint for NHS England has risen to 21 million tonnes per year. This is larger than some medium sized countries and has increased by three million tonnes since the previous footprint was calculated. All NHS Trusts are therefore required to reduce their carbon footprint.

### **Social:**

- The Lincolnshire review will identify what services will be delivered in which setting in the future. This may involve some services moving from our hospitals to more community based care.
- Our patients' expectations will continue to grow.
- We will continue to face the challenges presented by an ageing population.

### **Technological:**

- New technologies will become increasingly available, meaning there will be a pressure on the NHS to invest in specialised or developing interventions.
- Telemedicine technologies are now available and we need to explore their use in Lincolnshire.

***The principle drivers for our plans continues and will always be to improve quality and safety for our patients. This is at the heart of everything we do now and in the future, as outlined in the Trust's vision.***



## Creating a Sustainable Future for our Services

United Lincolnshire Hospitals NHS Trust (ULHT) has developed a clinical strategy and vision for the way in which clinical services in Lincolnshire's hospitals will develop over the next five years.

This strategy, which has been approved by the Trust Board, has been developed to ensure that the organisation is clear about its role in providing healthcare for the people of Lincolnshire in the future.

ULHT is currently on a journey of improvement, with patient safety and improving the patient experience being the highest priority. However ULHT is part of a broader healthcare system and the changing external environment and expectations have been considered in developing the strategy.

In Lincolnshire the Lincolnshire Health & Care, Shaping Services to Meet Your Needs into the Future, review has established a blueprint for future healthcare services overall, and ULHT's clinical strategy is aligned with this.

Both documents recognise that the wider NHS is experiencing unprecedented change. Services are highly regulated by external bodies such as the Care Quality Commission (CQC) and Monitor (for Foundation Trusts). National standards are set, which cover the quality of services, access to services and the experience of patients using services.

The review reinforced a view that there is still too much dependence upon acute hospital services for many patients who can be cared for more effectively closer to or in their own home. This

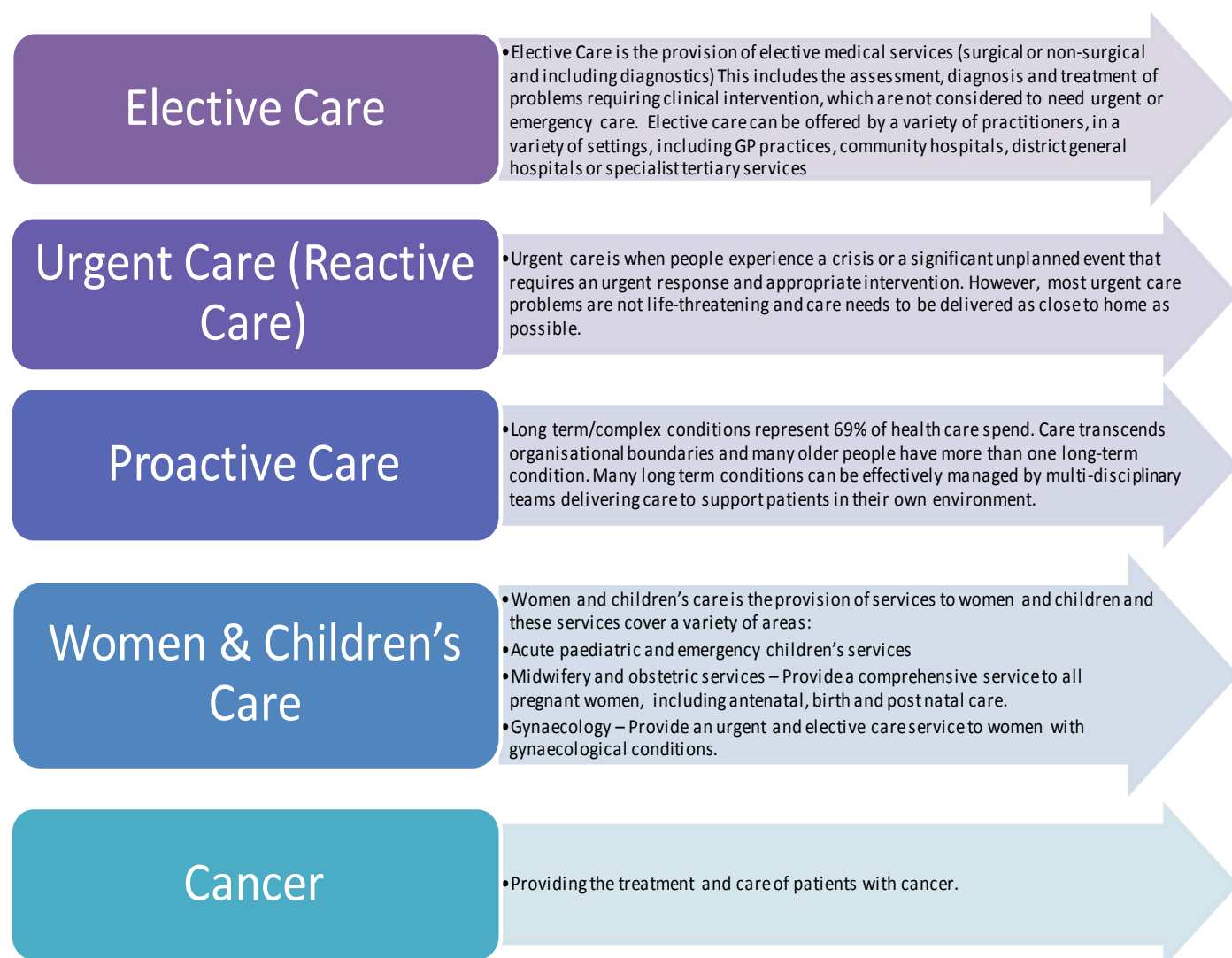
shift in focus will, over time, reduce the number of beds required for Lincolnshire residents in our hospitals. This is absolutely the right thing to do for patients, but ULHT needs to plan for the effect this will have on the clinical and financial viability of its clinical services, and this is reflected in the clinical strategy.

Developing the ULHT clinical strategy has identified the following key points:

- Services are not clinically sustainable in current configuration;
- Services are not affordable in current configuration;
- Do nothing is not an option;
- Services need to be better integrated and co-ordinated closer to home to deliver an improved patient experience and outcome;
- Patient care needs to be delivered 7/7;
- Improved clinical outcomes through centralised specialist resources has to be weighed against the benefits of local access;
- In-hospital services need to be fully utilised to achieve maximum economies of scale;
- Telemedicine technologies need to be used to



**Table 1: Clinical Strategy 5 Themes**



its maximum in Lincolnshire.

The case and need for change is compelling. The precise configuration of hospital services will now begin to evolve but the broad vision is:

- Local access is maintained for all outpatient and diagnostic and therapy services.
- Consolidation of some services based on clinical sustainability, safety and affordability but available to all.
- Maximum use of Grantham and Louth for elective work, thereby ensuring their future viability.
- Fewer hospital beds with sufficient protected elective beds to consistently meet patients' expectations for waiting times and timely

access.

- Increased focus on Pilgrim and Lincoln for a broad range of emergency services where it is safe and viable to do so, but with a concentration of very specialised urgent care on fewer sites.
- Consolidation of specific care pathways and specialities in line with Review e.g. Acute cardiology and vascular surgery.





- Rapid access to urgent care in the right place when needed with a tiered emergency service that is staffed on a sustainable basis, with the appropriate supporting clinical infrastructure.
- Development and expansion of workforce skills to enable specialist care to be delivered in the community.
- Development of enhanced clinical roles, by the use of improved skill mix and training.
- In line with the Lincolnshire Sustainable Services Review we will work with our partners to agree the timescales for change for each service over the next 5 years.
- A detailed implementation programme will be developed and the management process/terms of reference agreed for ensuring successful delivery of the strategy via the integrated business planning process.

Now work begins to deliver the strategy. Over the next few months;

- We will identify the services that are clinically and/or financially unsustainable in their current configuration in line with the local and national drivers. Areas under immediate pressure will be prioritised for review and these include the following:
  - A&E
  - Acute medicine
  - Women and children's services
  - Vascular
  - ENT
  - Breast services
  - Urology
  - Gastroenterology
- Detailed service modelling will be undertaken in order to consider all options for delivery of services, and to inform the options appraisal and public consultation processes where required.
- We will engage widely with our partners, stakeholders, membership and the public to agree how services can be configured to achieve our vision.
- We will revise our supporting strategies around workforce, estates and finance to ensure they support the delivery of the clinical strategy and ensure sustainability.
- We will develop our future Annual Plans aligned with our clinical strategy to ensure the direction of travel is maintained.
- We will undertake the detailed activity and financial planning to make the clinical strategy a reality over the next 5 years.







## The Trust's Vision & Values

ULHT has faced increasingly difficult challenges over the last two to three years, some of which have impacted on the quality and responsiveness of care we have provided.

In 2013 we began to refocus our efforts towards the most important priority for us: **our patients**.

Through 2013 this focus was translated into a simplification of our vision into just three themes – all of them directed towards the transformation of our services and ensuring that they meet the essential expectations of patients in terms of safety, effectiveness, and reliability.

We also knew that to do this we rely on the right numbers of our workforce delivering that care in a skilled, compassionate, and efficient way.

So our vision is simple:

**To deliver the highest quality healthcare locally.**

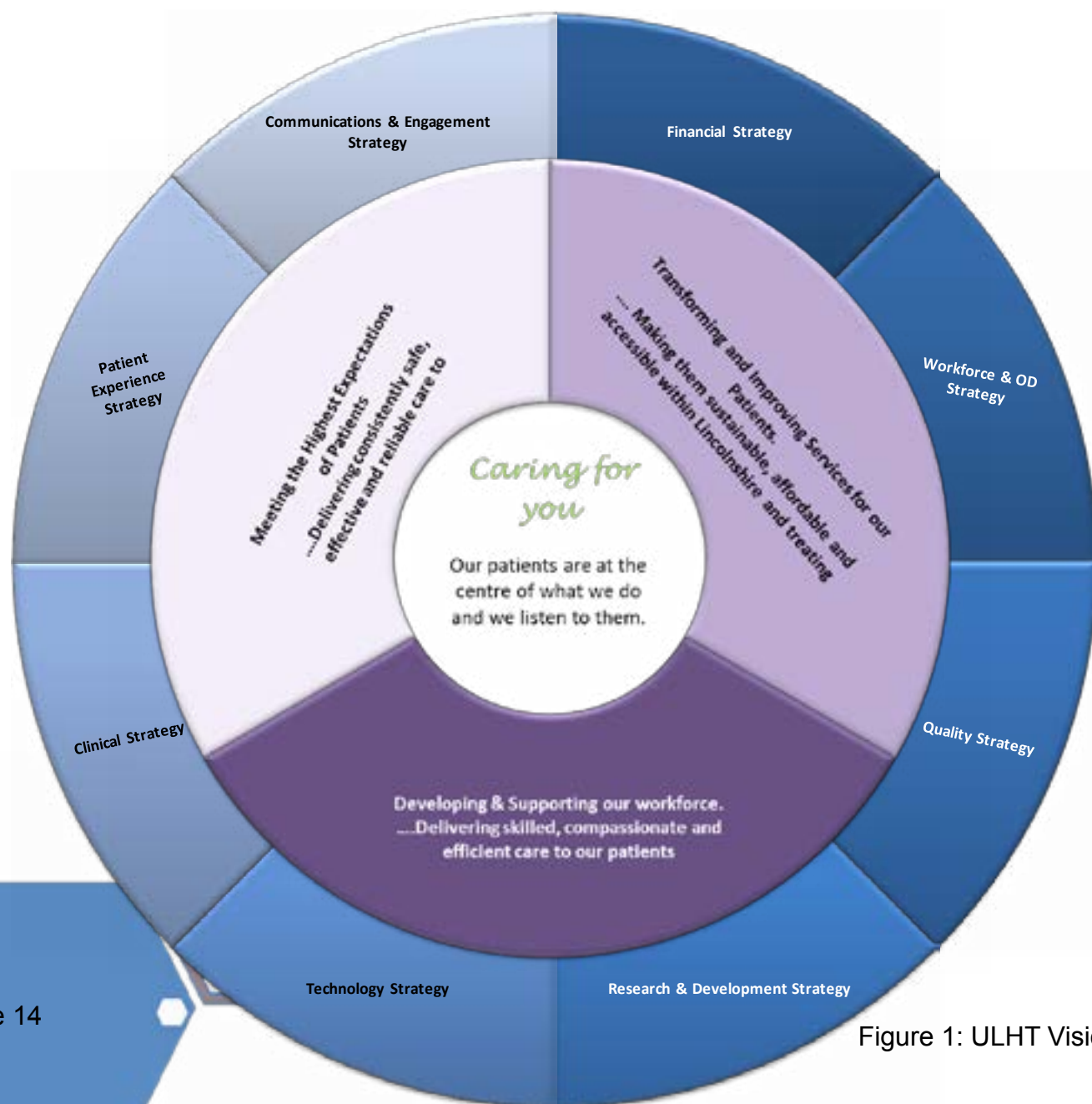




Figure 1 shows how the Trust's vision will be achieved, by aligning all of the Trust's strategies such as the Quality Strategy, Clinical Strategy and Financial Strategy; focusing on the emerging three strategic themes whilst always ensuring that our patients are at the centre of what we do.

The three strategic themes are:

- **Transforming and Improving Services for our Patients..... Making them sustainable, affordable and accessible within Lincolnshire and treating patients in the most appropriate care setting;**
- **Meeting the Highest Expectations of Patients.....Delivering consistently safe, effective and reliable care to satisfied patients; and**
- **Developing and Supporting our Workforce.....Delivering skilled, compassionate and efficient care to our patients.**

As a Trust we have nine ambitions across the three strategic themes:

***Transforming and Improving Services for our Patients..... Making them sustainable, affordable and accessible within Lincolnshire and treating patients in the most appropriate care setting***

**Ambition 1:** Ensure that collectively, our services are clinically and financially sustainable, ensuring access to these services within Lincolnshire where we can

**Ambition 2:** Ensure that only those patients who need their care and treatment in a hospital setting, come to hospital - Through working closely with other agencies to integrate care.

***Meeting the Highest Expectations of Patients.....Delivering consistently safe, effective and reliable care to satisfied patients***

**Ambition 3:** Ensure that our patients are safe - through acting on safety and effectiveness and by a continuous reduction of harmful adverse events and mortality rates.

**Ambition 4:** Ensure that our patients have the best possible experience - through our structured approach to the patient experience, we aim to ensure excellence at each discrete point of contact throughout the patients' journey with us.

**Ambition 5:** Ensure that our treatment is effective and compliant - by building strong systems of compliance, monitoring of standards and supporting clinical change, we aim to care for our patients according to the highest clinical standards.



Ambition 6: Become a high reliability organisation - through our focus on building capacity for improvement, flagship interventions of education for change, we aim to create a centre of safety, reliability and improvement.

Ambition 7: Meet the National targets and standards for our responsiveness to patients expectations and rights - through our focus on having the right capacity and systems.

**Developing and Supporting our Workforce.....  
Delivering skilled, compassionate and  
efficient care to our patients**

Ambition 8: Ensure that there are sufficient numbers of workforce who are skilled and developed to perform their role - through effective recruitment processes, we want to attract the best workforce, to further develop and maintain their skills and training and retain them within Lincolnshire.

Ambition 9: Ensure that our workforce are engaged, empowered and healthy; Well led and in a safe working environment

The 2014/15 & 2015/16 objectives are detailed in Appendix 1.

***Improving patient experience and clinical outcomes are key elements to enable the Trust to deliver the highest quality healthcare locally.***

***As the Trust keeps patients as the central focus, not only will they choose to be treated at our hospitals, but better quality, performance and finance will follow.***

***In 2014/15 & 2015/16, this will be delivered by ensuring these nine ambitions are the focus of what we do whilst embedding the Trust's values and behaviours.***





ULHT Trust Board

To drive ULHT forward, we have adopted new values in order to help us achieve our vision. These have been chosen by our workforce through the Listening into Action (LiA) process that started in 2013:

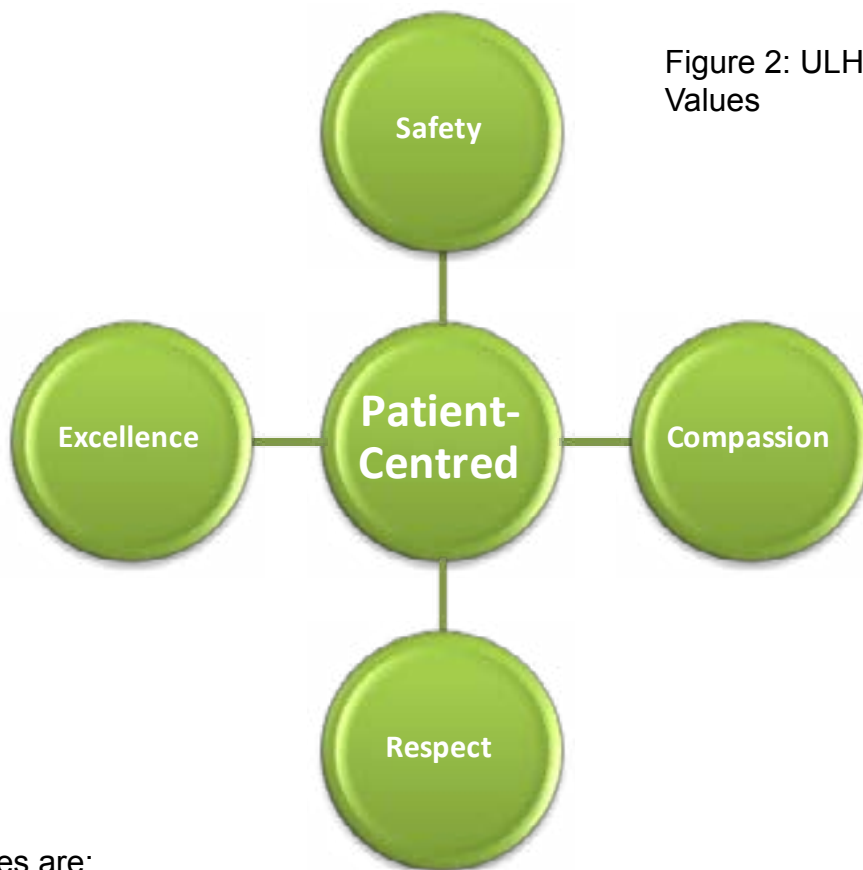


Figure 2: ULHT Workforce Values

The values are:

1. **Patient-Centred** The delivery and development of our services will be patient-centred
2. **Safety:** We put our patients safety and well-being above everything
3. **Excellence:** We measure and continuously improve our standards, striving for excellence at all times
4. **Compassion:** We offer our patients the compassion which we would want for a loved one
5. **Respect:** We show respect for you and for each other



## Trust Profile

United Lincolnshire Hospitals NHS Trust (ULHT) provides secondary services on four main hospital sites and four smaller satellite sites. The services that the Trust provides are detailed in Appendix 2.

### *Lincoln County Hospital*



The four main sites include: Lincoln County Hospital, Pilgrim Hospital, Boston, Grantham & District Hospital and County Hospital, Louth.

In an average year we treat more than 140,000 accident & emergency patients, nearly 500,000 outpatients and almost 100,000 inpatients.

The Trust employs 6216.14 whole time equivalents and sickness absence for

2013/14 to month 10 was 4.66%

Total income in 2013/14 is forecast to be over £422 million, and expenditure over £433 million. The Trust will end 2013/14 with a deficit of £26.3 million. This deficit has a resolution plan to bring the Trust back into a surplus position over the next four years.

Total income for 2014/15 is forecast to be £430 million, and expenditure £455 million. At the end of 2014/15 the planned deficit will have reduced to £25.4 million, reducing further to £17.4 million at the end of 2015/16.





## Grantham & District Hospital



### Population

The population of Lincolnshire (using local authority boundaries) is currently estimated to be over 700,000 and projected to rise to 838,200 by 2033. The GP registered population is 732,510.

By 2033, all age groups are projected to grow with the largest increase in the group aged 75 and over. This age group is projected to more than double in size (109% between 2008 and 2033).

The increase in the overall population is expected to be greater in Lincolnshire than in either the East Midlands or England. The greatest increase in Lincolnshire is expected to be in the West Lindsey area with the lowest increase in Lincoln.

Secondary care services are provided to the population of Lincolnshire. This area is covered by four Clinical Commissioning Groups (CCGs): NHS Lincolnshire East CCG, NHS Lincolnshire West CCG, NHS

South Lincolnshire CCG, NHS South West Lincolnshire CCG.

The Trust also provides Specialised Services which is commissioned by NHS England. These services include Specialised Rehabilitation, Neonates, Radiotherapy and Chemotherapy. Referrals for these services are accepted from outside Lincolnshire as well as within the County.

According to the Lincolnshire Health Observatory, in 2011, 12% of Lincolnshire's population now live in areas categorised within England 20% most deprived areas - This is an increase of 1% from 2007. The most deprived area in the County is in Lincoln.



# Caring for You

The Trust has undergone some major changes to ensure the services we deliver are of high quality and meet the expectations of our patients. Our achievements in 2013/14 are discussed in chapter 6, however some key headlines are:

## ***New emergency service opens at Pilgrim Hospital***

A major new service was launched at Pilgrim Hospital (1st October 2013), which provides faster, better care for patients who are well

enough to be seen and discharged on the same day.

Ambulatory Emergency Care (AEC) provides urgent same day treatment for patients, so that they don't have to be admitted to hospital if there is no requirement for this.

Patients with certain symptoms who arrive via A&E or are sent by their GP are fast tracked for assessment and appropriate tests by the acute medical team, enabling them to be treated quickly and sent home.

## ***Pilgrim Hospital, Boston***



## ***Pilgrim Hospital among the best for hip fracture care***

Pilgrim Hospital has been recognised as one of the best in the country for its treatment of patients with broken hips.

In a comparison of 186 hospitals, Pilgrim is top for ensuring that patients are operated on quickly. This has a major impact on their ability to make a full recovery.







***New emergency service extended across  
Lincolnshire's hospitals***

A major new service which was launched at Pilgrim Hospital has been rolled out at Lincoln County Hospital.

Ambulatory Emergency Care (AEC) service provides urgent same day treatment for patients, so that they don't have to be admitted to hospital if there is no requirement for this.

The new service will reduce the time taken to see and treat patients, resulting in improved clinical care and a better experience for patients who are well enough to be allowed home on the same day. Most of these patients are looked after in chairs rather than beds.

***Emerald Suite opens at Grantham Hospital***

A new Breast Unit has been officially opened at Grantham and District Hospital.

The Emerald Suite brings together all breast outpatients services in one place for the first time at the site.

The area, which had previously been a ward

and discharge lounge was recently completely refurbished and now provides purpose built consulting and examination rooms, two waiting rooms, a counselling/prosthetic fitting room, as well as new ultrasound and mammography rooms. The new unit is light, modern and spacious with waiting areas offering twice the previous space.

***Awards ceremony celebrates excellence***

Staff at United Lincolnshire Hospitals NHS Trust (ULHT) were recognised for their hard work and dedication at a special awards evening in February 2014.

There were 12 award categories including awards for Compassion and Respect Towards Others, Improving Patient Service and two awards presented by the Chair and Chief Executive.



## Our Achievements in 2013/14

### Introduction

The Trust has made some significant improvements in 2013/14 to the quality of care being provided to our patients. Those priorities are now at the centre of our Quality Strategy and include:

- **Safety - no avoidable harm to our patients**

Our mortality rates have reduced to a better than National average position.  
The number of Grade 3 and Grade 4 pressure ulcers has fallen consistently.

- **Clinical Effectiveness - the right treatment at the right time, every time**

Care bundles are in place for septicaemia, pneumonia and stroke.  
The Trust remains fully compliant against the single sex accommodation standard.

- **Patient Experience - why go anywhere else?**

The number of complaints has fallen and we respond better.  
Improvement in the Friends & Family Test score.

- **Continuous Improvement - always in the lead.**

The Trust has put a new Governance Framework in place  
Quality & Safety Officers have been appointed within the Operational Directorate

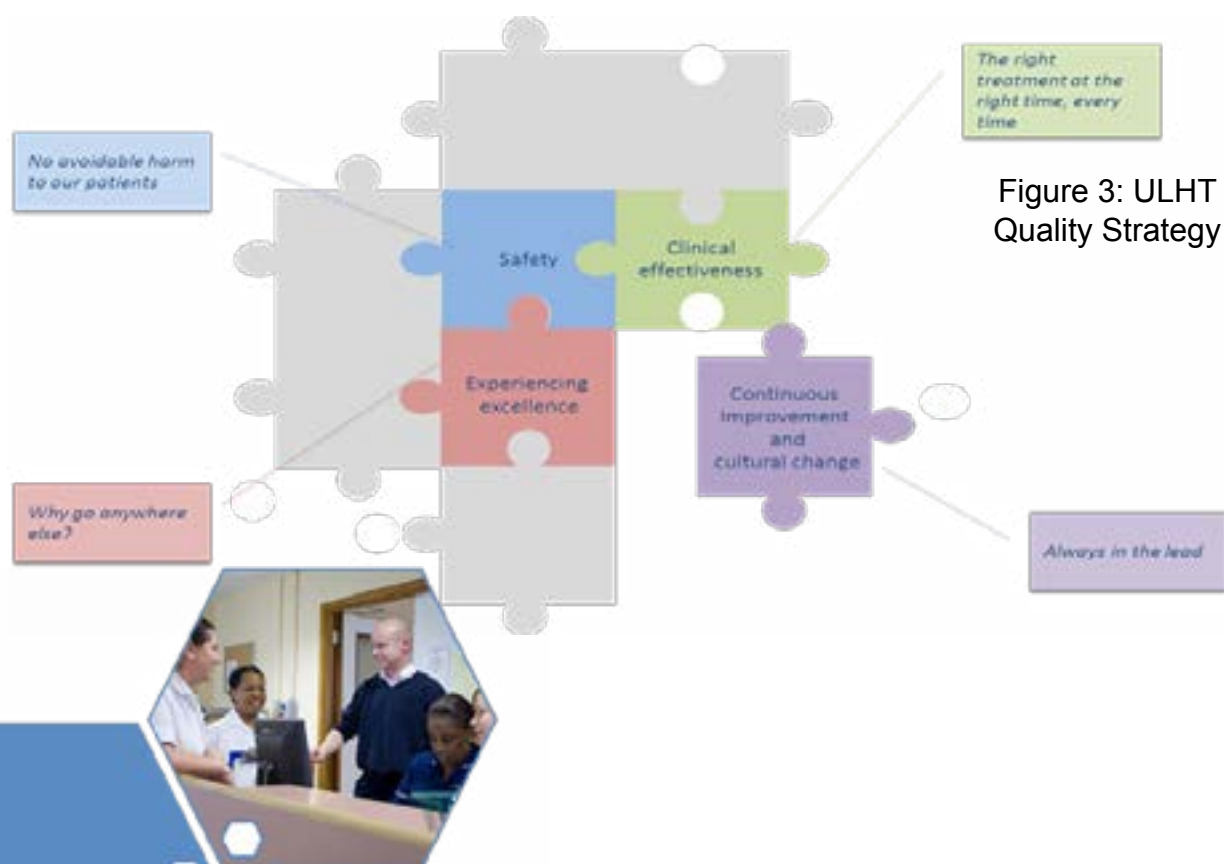


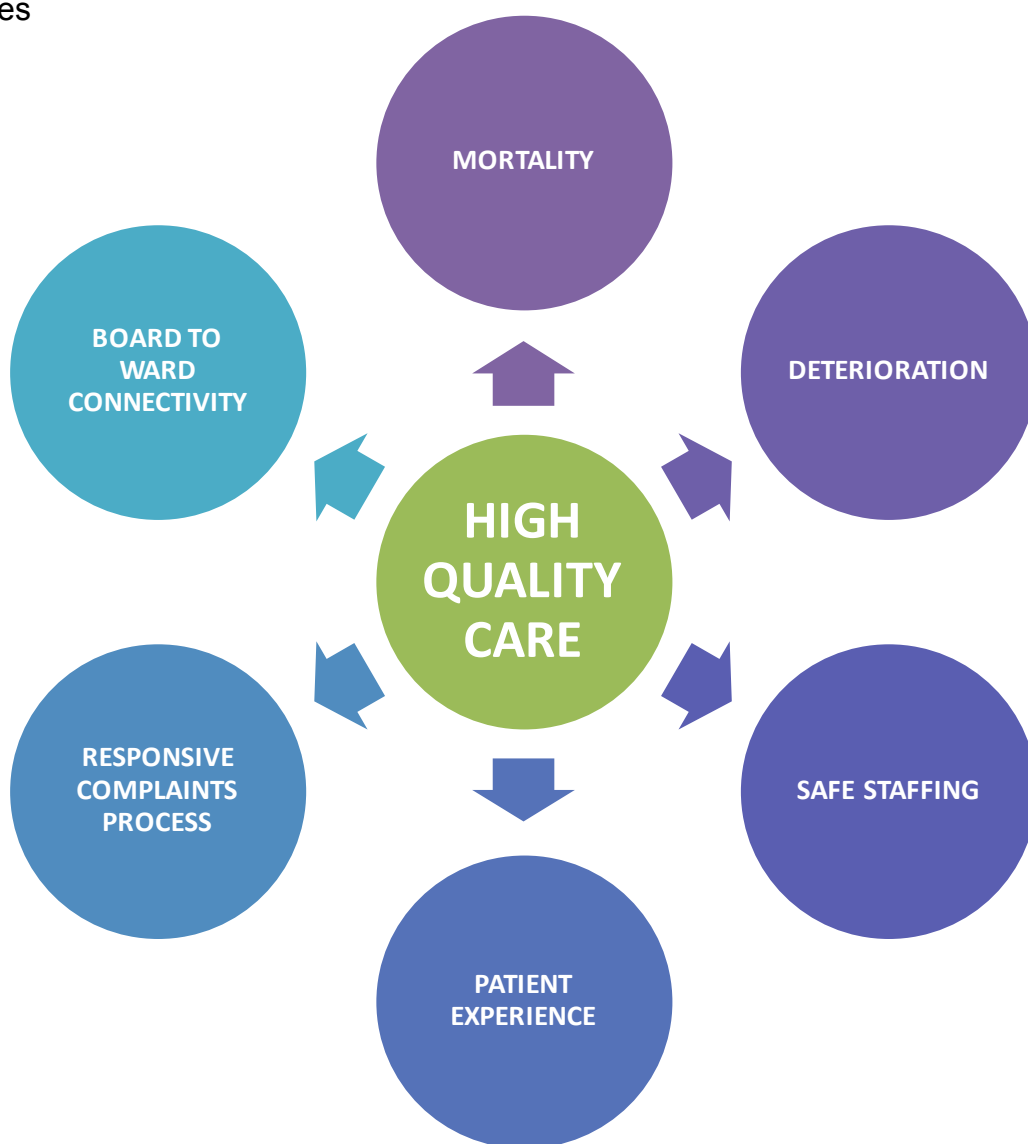
Figure 3: ULHT Quality Strategy

## Review of ULHT Services

The Trust's Quality Strategy has been influenced by the outcome of the Francis report. Specifically we refocused our Quality & Safety priorities in our response to the review carried out by Sir Bruce Keogh and team in June 2013.

The review identified six main themes for improvement within our services (figure 4).

Figure 4: Key themes from the Keogh Review of ULHT Services





The Trust has made significant improvements in each of the areas as described in figure 4:




### BOARD TO WARD CONNECTIVITY

- The Listening into Action 'Pulse Check' was completed in July 2013 and March 2014. This was to see how our workforce felt about things in the Trust. There was an improvement in the % of staff who felt that there was effective communication between themselves and senior managers. Appendix 3.
- Executive Roadshows are being held to inform our workforce of the Trust priorities and areas of improvement.
- Lead Executive and Non-Executive Directors have been identified for each site and regularly hold communication events including announced and unannounced visits to clinical areas.



### MORTALITY

- Mortality rates have reduced to a better than average position based on a national benchmark. Appendix 6.
- A New Governance Framework was developed, approved and is being implemented.
- Ward/Team level dashboards were developed and rolled out to inform our workforce of individual and team performance in terms of quality, safety, effectiveness and experience.



### DETERIORATION

- We relaunched the Track & Trigger policy in 2013, to highlight deteriorating patients. Further improvements to this process will be made in July 2014 with the implementation of NEWS (National Early Warning Score).
- As a result of improving the response to deteriorating patients, we have seen a reduction in the number of cardiac Arrest calls. (See, Appendix 7).
- Additional staffing support is being implemented as part of the Hospital @ Night teams on all hospital sites.





- The Trust has made significant investment in nursing establishments with an excess of 100 additional nurses employed to date and recruitment is ongoing.
- Daily staffing levels are monitored and reviewed with escalation to senior managers, to ensure wards are properly and safely staffed at all times.
- Where posts are difficult to recruit to, the Trust has pursued different avenues such as overseas recruitment drives and the development of roles such as Nurse Practitioner.



- Regular walk-about visits are in place for Non-Executive Directors to understand patient experience first hand.
- Improvements have been made to the care of patients with Dementia, including the implementation of a tool to identify if patients are in pain and need help (Abbey Pain Score).
- Through the actions and outcomes of the review, the Friends and Family test has shown an improvement in patient experience. See Appendix 8.

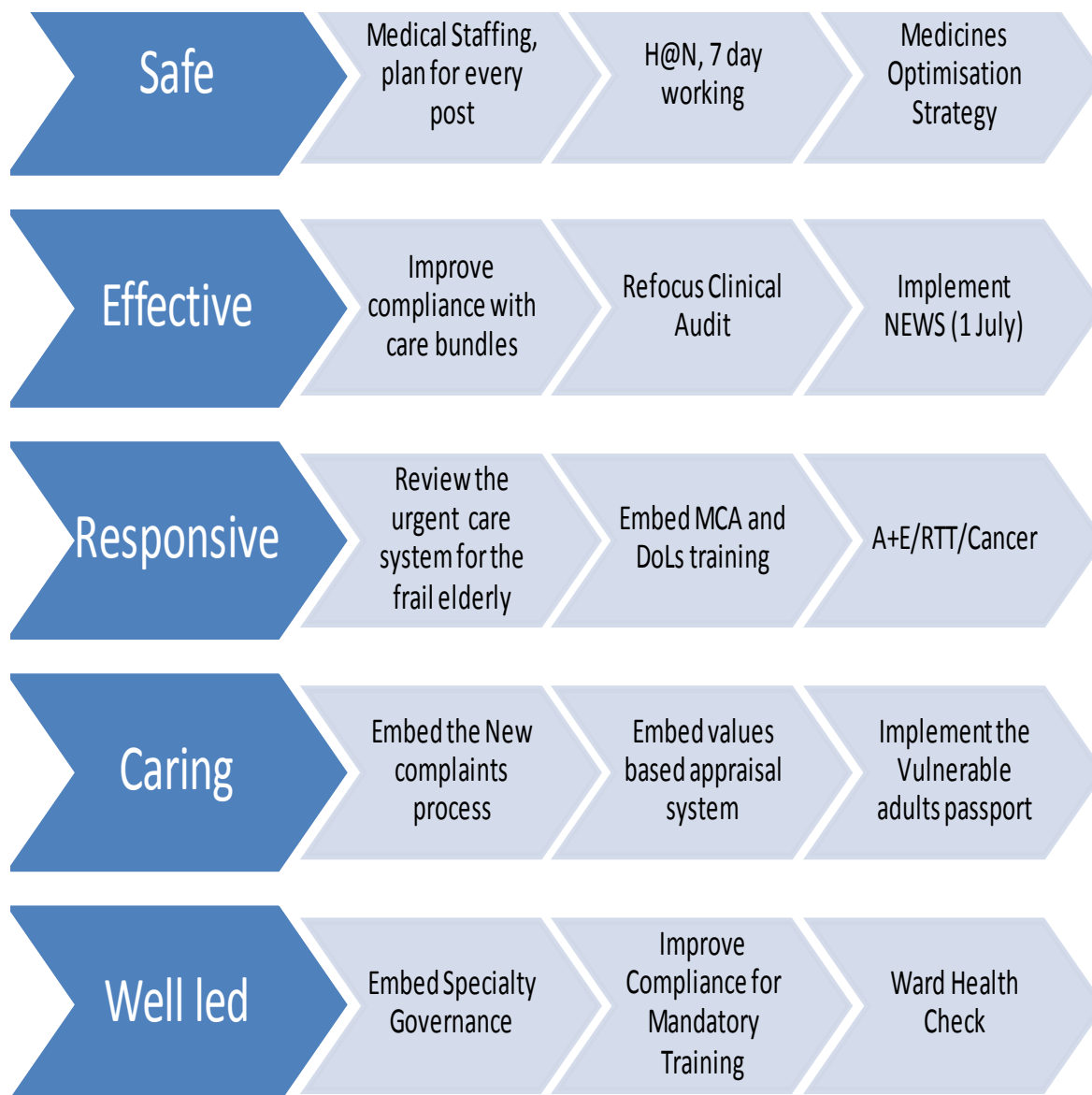


- The Trust has implemented a PALS (Patient Advice Liaison Service) on all hospital sites.
- A new complaints policy has been developed. Implementation of the new policy has started and staff training is currently underway.
- The Trust has seen a reduction in the number of formal complaints received. Appendix 9.



The Trust will continue to improve the services that we provide to our patients and the objectives for the next two years are detailed in Appendix 1. Our priorities in relation to the quality of our services and the actions that we are going to take are detailed in figure 5.

Figure 5: ULHT Quality Priorities for 2014/15 & 2015/16



The Trust partially met the 2013/14 objectives, and any unmet objectives will be rolled over into 2014/15. The performance against each objective is detailed in Table 2.

Table 2 therefore shows what actions we have taken and the issues that we have addressed over the last year. It is highlighted where we have achieved the action and provides a summary of what has been completed.



Table 2: Achievement of 2013/14 annual plan objectives

Strategic Aim / Ambition	Action	Met	Summary
Aim: Meeting the highest expectations of quality and safety / Ambition: Improving patient safety in 2013/14	Review our Governance Framework	√	During 2013/14 the Trust conducted a detailed review of the Trust's governance systems and restructured according to a two level approach to governance.
	Improve nursing process reliability compliance by 10%	√	The Safety and Quality Dashboard, which is an independent audit of ward care processes conducted on adult inpatient wards every month, provides immediate feedback to nurses and patients on every ward. Since its introduction in November 2011, ward reliability has risen from an average of 55% to over 80% during 2013/14.
	Eliminate all avoidable grade 3 and 4 pressure ulcers	X	There has been some improvement in the reduction of Grade 3 & 4 pressure ulcers, however we feel we still need to keep this as a priority and reduce this further. Every pressure ulcer is reviewed by a dedicated route cause analysis process, which is then quality assured by the Incident Review Group and reported to the Board.  <b>This remains a priority action for 2014/15 &amp; 2015/16.</b>
	Not exceed the maximum limits for HCAIs and prevent all avoidable HCAIs	X	The Trust has continued to work hard to manage HCAIs through hand washing programmes and reliable stewardship of antibiotics. Every incident of health care acquired infection is investigated through formal route cause analysis processes, which are, in turn, monitored by the Infection Prevention and Control Committee, which has independent representation and patient representation.  <b>This remains a priority action for 2014/15 &amp; 2015/16.</b>
	Reduce falls by 10%	√	In 2013/14, the Trust reduced the rate of falls from the 2012/13 position of 2750 to 2351 (to date), which is a 14.5% reduction. See Appendix 4
	Introduce a medical reliability dashboard	√	We have introduced a medication safety dashboard which includes key reliability metrics from pharmacists and doctors. Further medical process reliability data will be introduced in January 2014.
	Implement the mortality reduction strategy and reduce SHMI by 10%	√	The mortality reduction strategy was developed following a detailed mortality review and has been submitted to the quarterly mortality summit conducted by our Commissioners. During the first six months of this year, our mortality has fallen dramatically and we expect HSMR to show a continuing fall for the entire year 2013/14.
	Ensure that each death is reviewed, peer reviewed and any subsequent learning acted upon	√	All deaths in surgery and medicine are reviewed every month through formal procedures. We have introduced a detailed mortality review toolkit which is used by all clinicians throughout the Trust.
	Introduce full compliance with care bundles for high volume mortality: Septicaemia, Pneumonia	√	Care bundles have been introduced throughout the year and the Trust continues to work to ensure full compliance; these data are displayed on wards as part of the Safety and Quality Dashboard.
	Ensure that co-morbidity data is accurately recorded in patients' notes	√	The Trust continues to perform close to the national average in terms of the recording of co-morbidity data, as demonstrated by the acute trust quality dashboard.
	Respond positively to the findings of the rapid response review	√	All recommendations have been progressed with regular review.
	Implement the action plans of CQC and other regulators within timescales agreed	√	All action plans for the CQC and other regulators, including the Keogh Team, have been complied with during the course of the year.
	Complete the review of Hospital @ Night and implement agreed proposals	X	A review of Hospital @ Night has been completed. The Business Case has been approved, and implementation is in progress which will be completed in 2014/15.  <b>This remains a priority action for 2014/15 &amp; 2015/16.</b>



Strategic Aim / Ambition	Action	Met	Summary
	Develop the Trust response to the Francis recommendations	√	Response was developed with detailed actions for the Trust.
	Aim to ensure no never events	X	We have had two 'never events' this year, both due to a retained item in obstetrics and gynaecology; this is currently under review with a view to strengthening our systems through human factors interventions.  <b>This remains a priority action for 2014/15 &amp; 2015/16.</b>
	Adopt a fundamental set of care principles and processes and implement as always events	√	'Always events' were launched in June 2013, as part of our patient safety programme. Every clinician in the Trust has been presented with a patient safety pocket guide, which includes 'always events' as an integral part of our approach.
	Implement the revised Health and Safety Strategy	√	The Health and Safety Strategy was approved by the Trust Board during 2013 and has been implemented across the Trust.
	Develop reliability in care pathways through applying continuous improvement methodology. Critical areas are: Septicaemia, Stroke, Acute Myocardial Infarction, Chronic Obstructive Pulmonary Disease	√	Care bundles for Septicaemia, Stroke and COPD are in place and are being continually monitored. Trust performance on Acute Myocardial Infarction remains excellent.
	Create a safe environment for our workforce to raise their concerns about quality and safety	√	The Trust has implemented a revised Whistle Blowing Policy and will implement duty of candour as required by the government's response to the Francis Review.
Aim: Meeting the highest expectations of quality and safety / Ambition: Improving patient experience in 2013/14	Implement the Carers Policy; and ensure ward-based feedback and public facing feedback	√	The Carers Policy developed in close partnership with patients, their Carers and Lincolnshire Carers Partnership was launched in March and April 2013 and has been included in training sessions such as dementia training and a specific Making Every Contact Count Carers pathway has also been developed.
	Publicly report our patient experience and continue to listen to patients stories at each Board meeting	√	Patient stories have been a key feature of the monthly Trust Board meetings throughout 2013 with stories presented by and on behalf of patients and their relatives. Our workforce have been present and given presentations on key patient experiences and now stories are being cascaded through site Hospital Management Groups.
	Engage with clinicians on quality improvement by putting in place an innovative education programme designed to support this, which include: *Improving access to training for all of our workforce *Improving core training for all of our workforce *Human Factors training programme *Patient Safety Masters module under development in association with the University of Lincoln *Regular conference programme *Pilot programme in proactive risk management using Safety Case methodology *Provision of core process reliability dashboards and support for improvement programmes	X	Work has commenced and is ongoing.  <b>This remains a priority action for 2014/15 &amp; 2015/16.</b>





Strategic Aim / Ambition	Action	Met	Summary
	Invest £500,000 in ward environment improvements with a focus on the environment for the elderly frail, and implement the 2013/14 backlog maintenance programme	√	Burton Ward at Lincoln County Hospital has been refurbished in the Autumn of this year with key specialist features such as a non-slip floor, colour coded rooms and doors, handrails and clear signage that meets best practice standards for a dementia friendly environment. Ward 6B at Pilgrim has also developed colour coded rooms along with themed bays that reflect the local setting such as farmland and seaside, orientation boards have been developed and across all 3 main sites mealtimes for our elderly wards include social eating in day rooms and coloured cups and jugs to assist with identifying and highlighting who needs assistance. An Older People's Board was convened in October to provide strategic direction and guidance across the Trust on all aspects of older people's care and this includes task and finish groups relating to falls and dementia both of which will continue the focus on environment our elderly frail patients. The 15 steps challenge was launched at Pilgrim Hospital in October with a plan for rolling out to Lincoln and Grantham in the New Year; this too looks at overall environment and early indicators are that a standard for displayed information on wards and in departments is needed which relates too to the general environment.
	Improve the timeliness of our response to patient complaints as part of a major review of our complaints system	√	A full review of the formal complaints process is well underway with plans on track to implement revised processes and procedures from April 2014. The central customer care team will become site based complaints services to enable responsiveness and support which alongside the new PALS service aims to see a significant increase in immediate resolution and a corresponding reduction in formal complaints.
	Implement ward health-checks, measuring the key areas of compassionate care and the 6 Cs of the national vision	√	Ward health check tool has been developed for all wards. This will be implemented and monitored throughout 2014/15.
	Reduce the relative number of complaints related to communication and attitude by 10%	√	The Trust has reduced the number of complaints relating to communication and attitude by 18% from 2012/13 (276) to 2013/14 (227).
Aim: Meeting the highest expectations of quality and safety / Ambition: Improving clinical effectiveness in 2013/14	Complete the Trust-wide nurse staffing review and implement those recommendations adopted by the Board	√	The Trust has had significant investment in nursing establishments and recruitment is ongoing.
	Implement major trauma unit standards at two sites	X	Major Trauma features in 2014/15 with units across the two sites. An in-year review of the provision will take place to monitor activity transferring to the Major Trauma Centre. <b>This remains a priority action for 2014/15 &amp; 2015/16.</b>
	Implement the type 2 vascular centre action plan	√	Service has been centralised to the Pilgrim site since Aug-12. The Vascular Laboratory and new OP facility was opened in Nov-12. In 2013/14 <ul style="list-style-type: none"> <li>•One-stop clinic have started at both the Pilgrim and Lincoln sites</li> <li>•Level one beds have opened on Ward 5b</li> <li>•The first elective EVAR case is planned for Jan-14 at the Pilgrim Hospital</li> <li>•There continues to be problems with recruitment of Consultant Interventional Radiologists</li> <li>•From Oct-13 there was new national specification and Pilgrim is working towards this, but currently failing on minimum numbers, due to EVAR going elsewhere and lack of IR.</li> </ul> AAA screening commenced in Jan-13 and has been providing a successful service across the county
	Successfully return to level 2 status for Lincoln neonatal services	√	Achieved



Strategic Aim / Ambition	Action	Met	Summary
	Finalise and implement the Radiotherapy Business Case	√	The Radiotherapy service at Lincoln County Hospital has been running since the year 2001 when the existing three linear accelerators, the machines that deliver the radiotherapy treatment, were installed. Following the development and approval of a business case during 2012 and 2013 the project to replace the linear accelerators with new machines will commence in February 2014. The initial phase is to construct a new bunker for the first new machine. The current linear accelerators will then be removed on a phased basis for alteration works to take place in the existing bunkers to allow the second and third new machines to be accommodated. This will be a priority in 2014/15.
Aim: Meeting the highest expectations of quality and safety / Ambition: To become a high reliability organisation	Implement our duty of candour to patients	√	This is covered through the 'being open' policy and is monitored through serious incident investigation reports.
	Use clinical audit more effectively and: • Rationalise clinical audit through removing duplication • Provide timely feedback to all professional groups after or during the audit process • Carefully consider participation in non-mandatory audits against our needs for improvement resource • Review Trust performance in audit at Board level • Continue to improve and change our culture	√	New policies have been discussed at the Clinical Effectiveness Committee and new guidelines have been agreed. All audits are now presented and discussed at the Clinical Effectiveness Committee. Assurance from the committee goes through Quality Governance Committee for Non-Executive challenge/agreement. Listening into Action has been successfully implemented and continues to improve and change our culture.
	Deliver the CQUINS schemes agreed with Commissioners	X	CQUIN delivery agreed with commissioners
Aim: Transforming our services for the future / Ambition: Ensure that patients receive care and treatment in the right healthcare setting	Implement the 6-bedded palliative care facility at Grantham Hospital in partnership with St Barnabas Hospice Trust	√	Capitol scheme has been developed, implementation commenced in February 2013. This is due to be completed in 2014/15.
	Implement the emergency ambulatory care model	√	Implemented at Lincoln & Pilgrim sites. Capital scheme under development for Grantham site for 2014/15.
	Implement the joint admission, attendance and early support discharge scheme across ULHT, LCHS and LPFT.	√	Reduction in admissions through rapid response, independent living team and ambulatory care in place since November 2013. It is being evaluated by the University of Lincoln in 2014.
Aim: Transforming our services for the future / Ambition: Sustainable services locally provided where we can	Finalise the Trust's Clinical Strategy	√	Signed off by Trust Board in early 2014.
	Implement the outcomes of the Shaping Health for Mid Kesteven programme.	√	This has commenced, however is ongoing and will remain a priority action for 2014/15 & 2015/16
	Implement the joint palliative care strategy with St Barnabas Hospice.	√	Strategy agreed. Implementation has commenced, to continue in 2014/15.
	Progress the collaboration on the joint provision of clinical services with Northern Lincolnshire and Goole NHS Hospitals Foundation Trust (NLAG).	X	<b>This remains a priority action for 2014/15 &amp; 2015/16.</b>



Strategic Aim / Ambition	Action	Met	Summary
	Expand the specialised rehabilitation medicine service	√	Business Case under review
	Improve market share	X	<b>This remains a priority action for 2014/15 &amp; 2015/16.</b>
	Improve planned care productivity	√	There has been a 2.5% increase in theatre utilisation between 2012/13 (83.32%) and 2013/14 (85.86%).
	Complete the sustainability review of Women's & Childrens Services	X	This is an ongoing piece of work that is being completed as part of the Lincolnshire Sustainability Review. <b>This remains a priority action for 2014/15 &amp; 2015/16.</b>
	Understand the impact of the outcome of the independent sustainability review of services provided by Peterborough and Stamford Hospital NHS FT	√	Completed.
Aim: Developing our Workforce / Ambition: Ensure an engaged, empowered and healthy workforce	Finalise and implement the Organisational Development Strategy	√	Organisational Development Strategy implemented.
	Participate in the national pioneer programme for 'Listening into Action'	√	Implemented Listening into Action. This started in July with over 600 of our workforce engaging in "Big Conversations" directly with the Chief Executive. We now have six Enabling our People schemes working on topics such as recruitment, 7 day care, induction and reducing bureaucracy and a further 10 teams working on topics such as improving case notes, reducing never-events and reducing delays to discharge. Each team is lead by a triumvirate of a doctor, a nurse/clinician and a manager with a designated Executive sponsor.
	Implementation of a revised clinical management structure	√	Implemented a revised clinical management structure increasing the ability of our clinical leaders to take responsibility for the effective delivery and development of services.
	Implement a revised internal communications plan	√	Implemented our Visible Leadership plan with Executive and Non-Executive Directors assigned and aligned to each site and carrying out regular site visits. A review was undertaken of the Trust's communication strategy and recommendations were implemented.
	Engage our workforce in revisiting the vision and values of the organisation	√	Engaged our workforce in developing our vision, values and behaviours. This is detailed in section 4.
	Develop a Behaviours Framework	√	A framework has been developed and is linked to the new appraisal system.
	Review the Trust's workforce appraisal system	√	A new appraisal system will be in place from 01/04/2014. Improved data collection to provide assurance on medical appraisal Provided support and training of appraisers to enable medical appraisal Agreed remuneration for medical appraisers.
	Implement a talent management plan	√	A plan has been developed and is linked to the new appraisal system.
	Reduce monthly sickness and absence rates	√	Developed action plans for monitoring long term and intermittent short term absence cases
Aim: Developing our workforce / Ambition: Skilled and developed workforce	Review the Trust's mandatory training programme	√	Produced revised mandatory training matrix to provide clear framework of what constitutes mandatory training for each workforce group Redesigned the programme of delivery of mandatory training with planned roll-out for April 2014
	Develop an Education and Training Strategy	√	A strategy has been developed.



Strategic Aim / Ambition	Action	Met	Summary
	Full implementation of medical and clinical validation processes	√	<p>The Trust has an appraisal rate of 90% for medical workforce this year and 42 doctors have been revalidated to date. This is overseen by the HR &amp; OD Assurance Committee, reporting exceptions to the Trust Board.</p> <p>The Trust's Revalidation Implementation Plan has been reviewed and updated to reflect the actions achieved in 2012/2013 and those required to ensure that all doctors achieve a revalidation recommendation by the end of 2015/16. The GMC has notified all doctors, with a prescribed connection to ULHT, of their revalidation submission date within the next three years. The first revalidation cycle started January 2013 and ends March 2016. During this period, all doctors to whom ULHT is the Designated Body will have a recommendation made about their fitness to practice to the GMC by the Trust's Responsible Officer (Medical Director). There are seventy doctors employed by ULHT revalidating in year one (2013/14); a further 40% will revalidate in year two (2014/15) with a further 40% revalidating in Year 3 (2015/16).</p> <p>Consultation has just started with the NMC and the Trust will be responding to this through the Professional Advisory Committee as and when we know what the requirements will be.</p> <p>The Trust has a robust process for ongoing registration for nurses. We consider NMC requirements in the management of individual performance.</p> <p><b>This remains a priority action for 2014/15 &amp; 2015/16.</b></p>
	Develop a recruitment and retention strategy	√	<p>Developed a recruitment and retention strategy</p> <p>Included vision, values and behaviours into all elements of recruitment and selection process</p>
Aim: Developing our workforce / Ambition: Effective leadership	Nominate and support our workforce onto the Aspiring leaders programme	√	<p>Become full member of East Midlands Leadership Academy allowing our workforce free access to a range of leadership development opportunities and 1:1 coaching</p> <p>Secured places for ULHT workforce on all four NHS Leadership Academy Professional Development Programmes</p>
	Implement the Senior Clinical and Non-Clinical Leadership Development Programme	√	<p>A strategy has been developed. A needs analysis and implementation programme will be completed in 2014/15</p> <p><b>This remains a priority action for 2014/15 &amp; 2015/16.</b></p>
	Supporting supervisory and leadership development for: <ul style="list-style-type: none"> <li>• Medical secretary band 4s</li> <li>• New appointed workforce to business unit structures</li> <li>• Ward Sisters and team Leaders (band 7)</li> </ul>	√	<p>Implemented an in-house leadership programme "Leadership in Practice" for Ward Sisters which utilises in-house expertise, has visibility of the Chief Executive and Directors and has patient experience and the patient voice as a key part of the programme</p> <p>Commissioned University of Lincoln to run bespoke Postgraduate Certificate and Diploma in Leadership. Certificate commenced December 2013</p> <p>Supported 2 members of our workforce to attend University of Lincoln Leadership Programme for all NHS colleagues in Lincolnshire</p>
	Develop a robust workforce plan which is aligned with the future service models	√	<p>A workforce plan for 2014/15 &amp; 2015/16 has been developed and will be reviewed throughout the year to ensure alignment to service models.</p>





Strategic Aim / Ambition	Action	Met	Summary
	Deliver our financial plan	X	The Trust will end 2013/14 with a deficit of £26.3 million. This deficit has a resolution plan to bring the Trust back into a surplus position over the next four years.
	Deliver our investment programme	√	Investment Programme Board has managed capital programme in year to within 2% of allocation.
Aim: Making it happen / Ambition: Fit for purpose estate	Finalise the backlog maintenance assessment	√	Completed
	Finalise the Estates Strategy	√	The development of the estate strategy builds upon the previous strategy developed in 2009. The strategy sets out the general principles for the current and future development and management of the Trust estate in conjunction with both the Trust Clinical Strategy and the emerging multi-agency Sustainable Services Review. Supporting the estates strategy will be the estates plan which set out in more detail how the principles of the strategy will be implemented while at the same support the production of strategic outline cases for investment schemes integral to the provision of safe, secure, high quality health care buildings capable of supporting current and future service needs. Both of these important documents cannot be developed in isolation they are essential to successful service planning.
Aim: Making it happen / Ambition: well governed organisation that delivers what is expected	Deliver the key national performance targets	X	Partially achieved, Refer to Appendix 5
	Develop our workforce plans which are aligned to future service models	√	Workforce plans have been developed for 2014/15 which will be updated to ensure alignment to future service models
	Implement a new performance framework	√	A new performance framework was implemented at the beginning of 2013/14. This will subsequently be revised at the beginning of 2014/15 to ensure it is still fit for purpose and terms and conditions are revised.
	Finalise and implement an Information Management & Technology strategy	√	Completed
	Finalise our review of Access, Booking and Choice	X	<b>This remains a priority action for 2014/15 &amp; 2015/16.</b>
	Continue our Foundation Trust journey	X	Due to the Trust being in special measures, the Foundation Trust application is currently on hold. This will resume once the Trust has been re-inspected and shown improvements have been made in the necessary areas.  The Trust has still been working on gaining membership and currently has 889 public members and 213 workforce members.
	Deliver our contract for the four Clinical Commissioning Groups, their associates and the Specialised Commissioners	√	Achieved.
	Implement our revised clinical management arrangements	√	Partially completed. Outstanding actions to be completed in 2014/15.
	Implement our communication plan to build registration in collaboration with local partners	√	Achieved.
	Implement service based improvement plans for those services falling within the Trust's Service failure regime for the Board	√	A programme of service reviews will be developed for 2014/15.



# Looking Forward - Transforming our Services for the Future

# 7

## ***Clinically & Financially Sustainable Services***

Whilst the Trust has made some excellent progress across many aspects of the quality and reliability of its services over the last year, we have found it increasingly difficult to meet some of these challenges in a consistent or sustainable way. It has become increasingly clear over the past 2-3 years that the way in which services are provided and distributed in Lincolnshire are not sustainable given the financial challenges faced by the CCGs and providers in Lincolnshire, together with the real difficulties of recruiting sufficient numbers of clinical workforce to cover those services in a safe way.

In recognition of this, in 2013 we began engaging in a County wide sustainable service review which will this year address some of these county wide issues and create a strategic plan for all care services across Lincolnshire. The Trust will need to reflect upon future form based upon the service configuration outcomes from this work.

Running concurrently with this review, we have also refined our clinical strategy in 2013/14 and will develop this in more detail as County-wide consensus is reached on overall service configurations; but at this point in time the strategic review has not crystallised sufficiently in terms of numbers and there is a risk that when it does, potential income withdrawal will outpace the scope for associated cost reduction and/or conflict with cost improvement programmes.

The Trust is in early stages of discussion with partners the management of financial flows within the transition phases of the review and also potential for support to facilitate loss of overhead and non-direct costs.

During that time our current ambition is to pursue FT status when special measures in the Trust are lifted.

In terms of our financial position, even with significant risk we are in the position of maintaining a substantial deficit, which may worsen with unfavourable outcomes to some of the risks we face. The Trust will continue discussions with the TDA and all partners to endeavour to reach a more favourable conclusion, within the context of the collective Lincolnshire position. Currently, however, the whole economy deficit sits with the Trust. Given the deficit plan, there is a corresponding cash pressure which the Trust is seeking support for.

We have developed and submitted a capital requirement in excess of internally generated resources as it needs to break the spiral



of revenue problems which have starved investment. Maintaining a fit for purpose estate and making key ICT investments combine with urgent need to support 'invest to save' and key patient safety schemes are key drivers for generating a higher value capital programme. The Trust proposes to submit a request for the additional capital in relation to the latter two programmes.

The Trust is in the process of finalising the Clinical Strategy which details a 5 year strategic plan for the delivery of our clinical services. This has been written in conjunction with the discussions held with our healthcare partners and commissioners in relation to the Lincolnshire Health & Care review. In the absence of any conclusions from the review, the clinical strategy will inform the 5 year Integrated Business Plan (IBP) including the 5 year financial model. Operational details will be given which incorporate the aims and objectives of the Clinical Strategy and associated strategies. The IBP however, will contain contingency plans in order to adapt the objectives to accommodate and align the delivery of our services to the outcome of the the review once it has been approved and finalised.

## **Financial Sustainability**

### **2013/14 and Underlying Position**

The Trust will end the 2013/14 financial year with a deficit of £26.3m, consistent with a revised plan submitted in December 2013.

A £5m deficit in the final quarter of the year represents an improvement on the previous quarter which had seen monthly deficits rise to £3.1m. Around £0.5m of the monthly improvement in the final quarter is recurrent, the balance being via technical/non-recurrent measures.

Moving into 2014/15, this leaves the Trust with an underlying position of £37m deficit (£3.1m per month), reduced by £6m to £31m reflecting the full year effect of the final quarter 2013/14 improvements.

### **2014/15**

The Trust is planning a deficit of £25.4m for 2014/15, an improvement of £1m on the out-turn for 2013/14 and £6m better than the recurrent position.

The main movements realising this are detailed in table 3:

Table 3: 2014/15 Financial Breakdown

	£m
Recurrent Deficit	-31
Inflation Costs (1)	-12
Full year effect costs	-4
Contingency (2)	-4
Net contract income gain afer costs (3)	1
Savings	25
<b>2014/15 Plan</b>	<b>-25</b>

(1) Inflation is calculated at 2.8%, exactly in line with tariff and non-tariff income provisions.

(2) A 1% contingency sum is provided comprising a 0.5% general contingency and a further 0.5%, taking account of the overall risk in the plan, the savings programme level and the need to 'pump prime' elements of the savings programme.

(3) Income includes £306.4m from Lincolnshire CCGs. This is the Trust's interpretation of an arbitration ruling on 2nd April 2014. The figure represents an increase in income of £4m above 2013/14, with £3m related costs to generate it.





## 2015/16

The Trust is planning a deficit of £17.4m for 2015/16, an improvement of £8m on the out-turn for 2014/15.

This is inclusive of the following generic assumptions:-

- Tariff deflation at 1.6%
- Cost inflation at 2.9%
- Savings at 5.5%
- Contingency at 0.5%

The 2015/16 out-turn is also predicated upon a net £7.5m gain from the early stages of implementing actions from one or both of the Lincolnshire Health & Care review and the Trust's approach to challenged services. Arrangements will be required which leave all or most of the income with the Trust once the related costs have been eliminated in order for the deficit improvement to be realised.

Notwithstanding the above, the context for 2015/16 will be increasingly challenging, bearing in mind transfers of resource to the 'Better Care Fund', potential loss of 'winter pressures' funding, decreased commissioner uplifts and the increasing difficulty of realising year-on-year 5.5% savings.

### **Over-arching Strategy & Sustainability**

The emerging financial strategy for the Trust is to aim towards being back at breakeven in three years' time. An improvement trajectory of £17.4m deficit (2015/16) would need to be followed by c. £8.7m (2016/17) and £0m (2017/18), meaning average improvement of £8-9m in each of the three years.

Within the context of 4.5% savings to 'stand still' under forecast tariff efficiency requirements, this level of improvement will be very challenging and only achievable with substantial service re-design and transformation. Therefore, the key elements to deliver the financial improvement trajectory going forward will be:-

- Continued internal efficiency and savings at the nationally required level;
- Strategic service change under the review
- Implementation of the Trust's clinical strategy and vision;
- Re-design and changes to the Trust's challenged services (note 1 below); and
- Agreement on premiums above tariff where the Trust is still required to provide economically sub-scale services, due to geographic necessity.

The above elements, with implementation support both in terms of revenue costs of change and capital/infrastructure developments form the basis for financial recovery and a sustainable future.



(Note 1) Trust services which are under pressure clinically and/or financially, such as the list below. We are working to develop the clinical and financial models which will show how, working with partners, costs can be taken out. To improve the Trust's deficit position, support will be required to remove these costs and maintain the income position despite activity transfer.





- Cessation of Grantham retrieval service
- Change to A&E model across sites
- Change to CCU/Acute Medicine service provision across sites
- ENT Out of Hours provision
- Urology Out of Hours provision
- General Surgery at Pilgrim Hospital
- Breast Services
- Diabetes
- Frail Elderly Wards
- Acute stroke provision

Where work can be progressed at a realistic pace there may, exceptionally, be some financial benefit towards the end of the current financial year which could provide some upside to the 2014/15 position.

The Trust will need to request external cash support through the next three years' deficit periods.

### **Savings**

The 2014/15 plan includes a £25.2m savings requirement. The Trust has adopted a largely thematic approach to meeting this with twelve executive led themes, branching into individual schemes. The twelve themes are:-

- Effective staffing and removing premiums
  - Doctors
  - Nursing
- Clinical Support Services
- Process and Productivity
- Corporate Functions / Management Costs
- Procurement
- Contract Income
- Non- Contract Income
- General Pay Costs
- Facilities
- Technical
- Smaller Business Unit Schemes

Opportunities to the full value of the requirement have been identified. The Executive Team have received and agreed plans to 76% of the value with a further 30% due to be received by the end of April 2014 and the final 10% in place before the end of May 2014.

The 2015/16 plan includes a £25.6m savings requirement. With diminishing returns in some

of the traditional areas included in the 2014/15 programme above, it will be necessary to include more transformational change, such as that through the Lincolnshire review and re-design of the Trust's challenged services.

Therefore, the 2015/16 savings programme is based around:-

- Full-year effects of 2014/15 schemes;
- Additional, smaller tranches of the 2014/15 themes;
- Current identified opportunities with a longer time-horizon than 2014/15; and
- Gains from the review and/or Trust challenged service opportunities.

### **Capital**

The capital submission plan for 2014/15 is at £17m. This reflects need both in terms of safely sustaining existing services and making vital investments in Information Technology, along with using capital for 'invest-to-save' purposes.



The level of capital expenditure across the two years is above that available from internally generated sources and capital loans will be unaffordable to the Trust due to the level of deficit. We therefore seek external support on capital and the plan assumes the increased level of capital funds requested through additional Public Dividend Capital.

### **Risks**

There are a number of key risks to the plan, principally:-

#### **1) Base Contract Income**

Issue(s):- CCGs interpret or seek to apply the arbitration ruling in a way that is different to that in the Trust's plan, specifically in relation to reducing the discretionary sum or applying part of it to costs which are not part of the existing cost base.

External review of CCG counting and coding measures upholds part or all them.

Approach:- Work closely with CCGs and the TDA to ensure consistency of interpretation and application.

#### **2) In-Year Income**

Issue(s):- In-year income becomes reduced as a result of fines, penalties or performance issues.

Approach:- Work with commissioners to anticipate problems and agree solutions up-front, ensure that internal performance compliance frameworks are in place and functioning effectively, and ensure effective internal framework for CQUIN delivery is in place.

Understand root cause of any issues leading to potential fines to determine whether it was within the Trust's capabilities to avoid.





### 3) Expenditure Control

Issue(s):- That budget holders' expenditure exceeds their available resources.

Approach:- Revised, renewed and reinforced business processes.

Compliance based approach to business processes and Standing Orders and Standing Financial Instructions.

Continued development of training for non-financial managers.

Review and strengthening of budgetary control regime.

### 4) Delivery of Savings

Issue(s):- Sub-optimal delivery against the £25.2m savings requirement.

Approach:- A robust structure to support the delivery of plans, including executive oversight and responsibility.

Identification of key milestones, prompts and escalation.

Improved reporting and integration with financials, with early warning prompts for remedial action.

### 5) Keogh and CQC

Issue(s):- The Trust is under close external scrutiny as a result of the 2013 Keogh review and is subject of an imminent CQC inspection. These may lead to potential further costs.

Approach:- Developing quality will normally fit with reduced process and/or waste and hence provide an opportunity for compensating savings.

Where direct mitigation is not obvious, go beyond the marginal cost to examine the whole related cost base so that equivalent savings are identified at or near to the same time-scale.

### 6) Lincolnshire Health & Care review

Issue(s):- Progress on the review and/or the Trust's internal strategic service changes, does not progress at sufficient pace to realise savings and/or the Trust is not allowed to retain the benefit of these.

Approach:- Full, active participation in the review, prompting key acute service related decisions being made early enough in the process.

Support to robust project management arrangements.

Creation of internal capacity and focus on Trust clinical strategy and approach to changing challenged services.

Agreement of protocols with CCGs and the TDA, to support the Trust retention of benefits from changes, enabling deficit reduction.

### 7) Cash and/or Capital

Issue(s):- Availability of external cash support to the deficit and additional capital.

Approach:- Early and continued liaison with the TDA to establish the case and provide appropriate supporting information.

Financial risk in general is subject to review as part of the Trust's governance structure, specifically in the Finance, Performance and Investment sub-committee of the Board.



## ***Innovation***

### ***Adopting the latest technology and best practice***

We will be building on our existing approach to the adoption of new technology in 2014/15. ULHT has a systematic approach to the assessment and implementation of new technology approved by the National Institute of Clinical Excellence but resources are currently limited in terms of supporting clinical workforce in understanding and adopting these developments.

Information is currently disseminated to clinicians; however the newly created Quality & Safety Officer posts, that will be part of the new Operational structure, will be responsible for the increasing the pace of implementation and dissemination of NICE guidance and Best Practice.

They will also support our discussions with commissioners where their support is required to adopt a new technology. We have a systematic approach to implementation of NICE approved technologies including:

- The automatic inclusion of positive NICE Technology Appraisals in local formularies in a planned way that supports safe and clinically appropriate practice,
- The publication of local formularies in line with the best practice guidance from NICE,
- Demonstrable improvements in the uptake and utility of NICE Technology Appraised products tracked through the Innovation Scorecard,
- Support to overcome the system barriers to implementation of NICE Technology Appraisal guidance and other guidelines through the NICE Implementation Collaborative.

### ***High impact innovations: improving care for people with dementia***

The Trust has a robust programme in relation to improving Dementia Care patients in an acute setting. A detailed training programme and dementia champions are in place.

### ***Better procurement***

Better Procurement, Better Value, Better Care is a procurement development programme to support the NHS to save £1.5 billion to £2 billion through improved procurement. Last year we set out our plans to maximise the opportunities of better procurement for the organisation. We will:



- Identify those suppliers who we do the most business with and establish more regular engagement with them in order to improve our terms with them, including the use of GS1 in contract terms and conditions as set out in the McKinsey report.
- Establish quarterly price comparison on a rolling basket of 15 products: Over the last 12 months the trust has been part of a price benchmarking exercise hosted by the NOE CPC. Price benchmarking is not an exact science, and there are many reasons why one trust has obtained a better price. We will pick up this work in earnest when we see the outputs of a National Initiative in this area.
- As part of the transparency agenda publish all opportunities above the EU procurement threshold on the trust's website.
- Progress our e-procurement solution which facilitates a move to desk top ordering of products. We will review this in the light of new guidance which may be forthcoming in the new national strategy.
- Continue to involve front line clinical workforce in our procurement. For many years the Procurement team has included a Clinical Nurse, reporting to the Head of Procurement as well as being professionally accountable to the Chief Nurse. This is an invaluable resource for spearheading clinical engagement in the trust, and we will continue to encourage more clinicians to become involved in the decision making process over what products are used in delivering care.

We have also recently adopted the new NHS Standard terms and conditions for the supply of goods and services. We are awaiting the publication of the e-procurement strategy from the Department of Health, after which we will begin implementation of GS1 coding in line with the NHS Standard Contract 2014/15. The Procurement team has been part of a GS1 update event on the principles involved. To date it was expected that the implementation of GS1 in NHS Trusts would begin with implantable devices and medicines only.

## Research and Development

Last year we developed a new research strategy. This set out our research priorities and methodology over the next 5 years. Research is NHS core business, a patient constitutional right and Trust Development Authority service condition for delivery of NIHR commercial and non-commercial clinical research. Research is seen as a fundamental requirement of the NHS in the delivery of patient care for the 21st century to provide innovative and effective clinical services. Research is vital in providing the new knowledge needed to improve health outcomes and reduce inequalities. Research is even more important when resources are under pressure – it identifies new ways of preventing, diagnosing and treating disease.

Lincolnshire Clinical Research Facility (LCRF) entry for Workforce Development was short-listed as finalist in Health Service Journal award competition in November 2013. LCRF work closely with the National Institute for Health Research (NIHR) Network and Academic Health Science Network in promoting and delivering NIHR portfolio commercial and non-commercial studies. In addition, the LCRF has started working with Collaboration for Leadership in Applied Health Research and Care (CLAHRC) theme leads. The department will continue to work with Clinical Business Units in setting up specialist clinical services and embedding research culture. The department is also working closely with the University of Lincoln in promoting collaborative research projects.



# Looking Forward - Meeting the Highest Expectations of Quality & Safety

## Patient Safety

The safety of patients in our care is our first priority. We are focussed on a number of interventions in order to ensure our services are safe.

### *Managing deterioration in patients conditions.*

The early detection of deterioration in a patient's condition is vital if effective treatment is to be initiated. We apply the Policy for Performing & Responding to Observations in Adult Patients to make sure that this happens.

The policy details the use of the Track & Trigger system as an early warning system for the escalation of care in deteriorating patients. The policy also demonstrates our compliance with Nice guidance on physiological observations and our response to the deteriorating patient. This policy describes the pathways and processes to ensure compliance.

The Trust is developing a plan to move from our current National Early Warning Score (NEWS) to the National best practice.

Our current system ensures that:

- Independent monthly audits are carried out at ward level and displayed in public as part of the Safety and Quality Dashboard to ensure compliance against the policy.

- Reliability measurements are reported to the Quality Governance Committee and to the Trust Board on a monthly basis.
- We take particular consideration of the care of children through the implementation of a pathway for children - Paediatric early warning score (PEWS), which outlines the escalation process in response to the deteriorating patient within the children's service. Training is currently ongoing to integrate the process throughout all A&E departments Trust-wide.
- We use a maternity specific Track & Trigger system based on the one currently being used on the non-maternity adult patients.



Also in use is an obstetrics step-up form which is in the process of being reviewed and will be completed in 2014/15.

### *Understanding mortality within our hospitals*

We need to be assured that any death in our hospitals is unavoidable. To do this we need to understand the circumstances of each death and check that everything that could have been done – was done. If we find that there were things that we could have done differently, we will learn from this and improve; so all deaths in hospital are reviewed using a screening template to identify any evidence of sub-optimal care.







### ***Raising concerns***

We have clear processes in place and encourage our workforce to voice any concerns they might have about any aspect of our services or the specific care provided to our patients. The people closest to patients – our clinical teams – are particularly important in this process; but the responsibility applies across all the workforce in the organisation. Our workforce are encouraged to use the Voicing Concerns policy which was adopted in November 2013, and our policies for the management of incidents also provide a means for our individuals and teams to highlight problems. Our Board members also visit wards and departments on a regular basis and as part of these are able to discuss any issues that people are concerned about, either directly at the time, or by organising other ways of expressing those concerns.

### ***Ensuring Safe staffing levels in our wards and departments***

The Trust introduced a standardised mortality toolkit in April 2013, with specific templates for medical and surgical deaths. All deaths are reviewed under the supervision of Deputy Medical Directors by a multi-disciplinary team, including doctors and nurses, and reported to the Trust Mortality Committee. The outcomes are reported initially to mortality reduction committees on each hospital site with a trust wide view being taken at the Trust Mortality Reduction Committee. In addition the Patient Safety Committee, chaired by the Medical Director, has mortality as a standard item agenda as does the Quality Governance Assurance Committee which is chaired by a Non-Exec Director.

### ***Detecting and learning from untoward incidents***

The Safety Thermometer and the Safety and Quality Dashboard form a part of the triangulated safety report reviewed by the Quality Governance Committee every month. The results of the Patient Safety Thermometer are reported to the Trust Board on a monthly basis as part of the Quality Performance Report.

Significant investment was made in 2013/14 to address shortfalls in nursing workforce on our wards. Workforce plans are currently being refreshed to improve the alignment of resource to commissioned services. Looking forward, existing workforce plans are being refreshed at ward and service level using evidence from the Safer Nursing Care Tool along with specific recruitment plans for every vacant medical post. A board approved workforce plan for 2014-16 developed by HR and Finance that is aligned to activity and compliant with safe staffing requirements, will formally be in place by June 2014.

The IBP and Clinical Strategy are core inputs to this process and the output will be reflected in the LTFM.



The Trust is developing consistent key principles for workforce planning across partner organisations; to enable organisational flexibility that facilitates a 'read-across' between organisational plans and care pathways.

The Trust has a fully compliant Quality Impact Assessment (QIA) process in place which is founded upon the National Quality Board guidance 'How to Assess Provider Cost Improvement Programmes'. Each QIA will be signed off by the Medical Director and Chief Nurse.

A plan is being developed to provide assurance through our new governance arrangements that any CIP implemented has a look back review to ensure that no adverse impact has occurred for patients and our workforce. The workforce plan will be subject to a specific quality impact assessment using the National Quality Board Guidance and will be signed off by the Medical Director and Chief Nurse.

The Trust has policies and systems in place to support staffing decisions. In parallel a project is underway to improve the existing roster policy, implement more effective use of the current workforce and upgrade the existing e-roster system to a more advanced version which includes a safer care module.

Every six months, the Trust board will undertake a detailed review of staffing using evidence based tools. The first of these is required to take place in June 2014 and Trusts will be required to set out what evidence they have used to reach their conclusions. The second review, to be undertaken by December 2014, will use National Institute for Health and Care Excellence accredited tools. Our next review of staffing using an evidence based tool commences in March 2014 which is ahead of the June timeline.

This has been planned to enable us to provide an update in advance of our re-inspection. A second review will be undertaken later in 2014 which will comply with the NICE accredited staffing review tool to meet the December review timescales.

Workforce plans will be delivered through QIPP schemes. All QIPP schemes are subject to risk analysis (including mitigating solutions) and a Quality Impact Assessment (in line with the National Quality Board guidance).

By the start of April 2014 the Trust will be compliant with the requirement to publish staffing levels at ward entrances. The actual nursing data will then be compared against the planned levels and aggregated into the monthly trust board performance report.





undertaken in 13/14. Each reportable Hospital Acquired Infection is subject to a root cause analysis and the Trust requested and worked with an external TDA review this year.

- Continue to ensure that the Infection, Prevention & Control Committees take place every month and report to a Trust Wide Infection, Prevention & Control Committee.
- Plan to maintain improvement in 14/15, acknowledging that the C-Diff trajectory has been increased for 2014.

Infection control nurses are present on all sites and make regular reports through the committee structure. A pan Trust Infection, Prevention & Control Committee is chaired by the Director of Infection, Prevention & Control and attended by the Medical Director, and representatives from the three main hospital sites.

Wards display up-to-date infection rates. The Trust-wide position is also reported on the Trust intranet, which is updated on a weekly basis. Data analytical support is available.

Our root cause analysis process is robust, reliable and compliant with national guidelines

A core group including the Medical Director, Chief Nurse, Lead Pharmacist and Consultant Microbiologist meet regularly to provide assurance to the Board sub-committee chaired by the Chief Nurse. The Trust supports the antimicrobial week which is a specific awareness programme. A report is disseminated on antibiotic use and feedback is given to clinical teams as part of a quarterly programme.

### ***Managing and controlling infection***

The Director of Nursing is the organisation's accountable director of Infection Prevention and Control (DIPC) and is accountable directly to the Chief Executive. We have made real improvements in reducing the incidence of infection in our hospitals in recent years. In order to maintain this improvement we will:

- Review all outbreaks in accordance with established policy and subject to external scrutiny.
- Maintain the level of attention on and scrutiny of Infection, Prevention & Control at the Trust Board.
- Implement the outcomes of the review of the Infection, Prevention & Control Committee



## *Managing medicines safely*

Medication safety is reviewed by a committee chaired by the Chief Pharmacist which in turn goes up to the Patient Safety Committee chaired by the Medical Director. We are currently implementing the new regulatory compliance in relation to safety medicines management. The named lead Director with Trust wide responsibility for medicines optimisation is the Medical Director.

The Trust has recently appointed a Chief Pharmacist professionally accountable to the Chief Nurse.

The medicines optimisation strategy is part of an improvement plan for patients which contains all of the requirements, informing the specification for the social enterprise which is being formed. The strategy and implementation will be completed in 2014/15.

The Trust has a Medication Safety Dashboard covering patient demographics, documentation of allergies, allergy named bands, timely administration of medicines, medicines reconciliation on admission and pharmacist review. There is a trust wide E-learning medicines management competency package which all of our workforce involved in medicines administration are expected to complete.

We currently have a 2 year strategy in place covering all key areas, this is being evaluated and will be developed into a 5 year strategy. A draft 5 year strategy will be completed by the end of March 2014, which will be agreed and signed off in the beginning of 2014/15.





# Effective Services

## *The role of audit*

Audit is a key part of our drive to improve the effectiveness of the services we provide. The Trust Quality Account presents details of our audit plan every year for public scrutiny. The Trust audit plan is reviewed internally through the Clinical Effectiveness Committee and externally through the quality reviews conducted by the Clinical Commissioning Groups.

Clinical Effectiveness Committee reviews are reported to the Quality Governance Committee and then to the Board. We are putting plans in place to ensure that we publish all our activity, clinical quality measures and survival rates from all the national clinical audits. We will ensure that this work is connected throughout the organisation and that the trust board are able to review our audit reports and action plans.

## *Adopting best practice*

NICE guidance is disseminated through clinical governance and will be reviewed at Business Unit level following our new quality governance procedures.

NICE quality standards are included in key strategic and operational trust documents as and where relevant e.g the complaints policy and patient experience strategy.

## *Services provided 7 days a week*

Services across the NHS have not traditionally been provided on a 7 day basis. Whilst most aspects of urgent care are provided 7 days a week, some supporting elements are not, creating barriers to effective care, inefficiency, and delays and inconvenience for patients.

5 day services are even more common in planned and non-urgent care. This is changing across the NHS, as organisations look to treat patients more quickly and cut out delays, which are costly and do not use our limited facilities – such as beds, theatres and clinics – to their maximum capacity. In ULHT we have made real progress in the last year in areas such as the provision of weekend endoscopy sessions and increased support to inpatient wards from our therapy teams.

Our workforce plans are setting out how we can continue this early progress into other parts of our services, and in particular ensuring that our workforce plans are able to support the outcomes from the Lincolnshire Strategic Services Review. Whatever the outcome, this is a major change for the organisation and we need support from our local CCGs for inclusion in our contract. Implementation will be dependent upon additional funding being secured, transitional or otherwise.

## *Working effectively with other providers*

Our work on urgent care has made it very clear we are reliant on effective relationships and with our colleagues in the Lincolnshire Community Healthcare Trust and the Mental Health services provided by Lincolnshire Partnership Foundation Trust. This requires the development of complementary plans which ensure that each organisation plays the most effective part on the overall provision of care to people in Lincolnshire. The progress we have made together on urgent care needs to be extended to other parts of our services, and the principles of information and evidence sharing extended as a founding principle.



# Caring Services

Care is the essential element of what we do as an organisation. Despite the positive feedback we get from many of the thousands of patients we treat every year, we know from the feedback we get directly from patients and carers, or through the various surveys and engagement events we hold, that there are still areas where we can do better. So going forward we will:

- Make sure that every patient has a named consultant and named nurse responsible for their care while they are in hospital, with their name above their bed where this is applicable.
- Continue the work we started in 2013 to use the Friends and Family test to understand what our patients think about our care and respond to that feedback. We have plans in place to meet to meet the national CQUINs response rates for the Friends and Family test (FFT). A variety of methodologies are in place to capture the FFT.
- Continue to provide FFT information to all areas, detailing current performance in terms of both the score and response rate and publish all the additional comments made by the patients. Every FFT area has a 'You said We did' poster demonstrating how the FFT score is used to implement improvements
- Build upon the work we have done in the Trust Board to share FFT information and learning, as well as the monthly patient story at trust board meetings. The Patient Experience Committee also reviews FFT information on a monthly basis.
- Refine our data formats and methods of collection. The new TDA Patient Experience Framework has been received and will be

taken forward by the Patient Experience Committee which will enable the Trust Board to view benchmarking data. This is due to commence in April 2014.

- Continue the presentation of Patient stories at every Trust Board, attended by patients, family members and our workforce. Stories are replicated at the site Hospital Management Groups. Healthwatch are members of the Patient Experience Committee, and are involved in patient experience activities for example 15 steps assessment, and agreements have been secured for Healthwatch to enter and view visits.
- Seek continuing improvements and learning through our complaints process. Currently all complaints are reviewed and signed off by an Executive Director. As part of our new complaints management process we are reviewing how we learn from complaints and how we implement an independent opinion.
- Seek out and implement improvements which will respond to changing guidance and advice on end of life care, including that from the Leadership Alliance for Dying People. We are currently looking to identify a trust wide end of life lead role in view of the importance of this work.





## Responsive Services

The provision of safe, effective, high-quality care is the focus of our organisation. At times, we have fallen below the core elements of national standards during 2013/14 and failed to meet the expectations of our patients.

We are determined to improve and have already made a number of significant changes to the way the organisation works, such as restructuring our entire Operations Directorate in line with clinical need and patient outcomes.

However, it is envisaged that instability will remain in our ability to consistently achieve the core operational standards during 2014/15. The reasons for under-performance are often complex and multi-faceted. Significant work is underway to understand the key risks to delivery – enabling the implementation of appropriate, sustainable solutions during the year ahead. The Trust is working closely with Lead CCG colleagues on a weekly basis to agree community actions to assist in demand management, and the Lincolnshire Sustainability Services Review is a key strand of work that will have a significant impact on our ability to consistently achieve core national standards.

The Intensive Support Team have been invited to undertake an evaluation of the Trust's 18 week processes. Dates for this review are currently being agreed.



## Referral to Treatment times (RTT)

Under the NHS Constitution, all patients have the right to access treatment within 18 weeks of referral from their GP. We measure ourselves against this standard in three areas: admitted (where patients receive definitive treatment as an inpatient or day case; Non- admitted (where patients receive treatment as an outpatient); and incompletes (being the total of patients waiting).

In relation to the Non-Admitted standard, we are in the process of recovery with agreed trajectories at speciality level with the CCGs, which are planned to deliver and sustain performance in year.

Action plans are in place and are updated monthly for each of the specialities not meeting these standards. These are shared with CCGs and monitored as part of our contractual relationship with them. Progress against these are monitored on a weekly basis with the our operational teams, monthly via the Planned Care Board and with regular reports to the TDA. As part of the Planned Care Board detailed discussions regarding forecast trajectories and demand management take place.

We have made considerable progress in 2013 to eliminate very long waiting times of and we have plans are in place to ensure zero tolerance of any patient waiting longer than 52 weeks for treatment. Following instances of waits in excess of 52 weeks in 2013/14, a review is underway to strengthen our systems and processes. For any waits over 52 weeks a full Root Cause Analysis will be undertaken and reported via the internal governance systems and shared appropriately with CCG and TDA colleagues.





### ***Access to diagnostic tests***

We have maintained improvements in reducing waiting times for diagnostic tests and these now do not exceed more than 1% of patients waiting longer than 6 weeks.

### ***Access to accident and emergency***

We are committed to ensuring that at least 95% of patients should be admitted, transferred or discharged within 4 hours of their arrival in accident and emergency. We do not tolerate, or have experienced, patients having to wait more than 12 hours on a trolley waiting for admission

The achievement of this standard relies on a number of factors; some of which are internal to ULHT; some of which rely on effective partnerships with other providers in Lincolnshire who support the flow of patients through our hospitals. We know that the single most important factor influencing this standard is the availability of hospital beds in the right speciality at the right time. The key requirements then, are to admit only those patients requiring acute inpatient care, and to ensure the timely discharge of patients when that care is no longer necessary. Our emphasis over the last 1-2 years has been to make those improvements in our admission and discharge processes both of which require input from community and primary care services.

We will continue our improvement plans into



2014 and build on the successes achieved over the past year:

- We will maintain and develop the ambulatory care centres at Lincoln and Pilgrim hospitals and take forward plans for Grantham Hospital;
- We will continue to work in tandem with our partners to reduce admissions/attendances.
- We will implement a nurse led minor injuries stream. This is a 3 year plan for Pilgrim and will be fully implemented in Lincoln in 2014/15.
- Out of hours GPs are co-locating on all three sites which will be completed in May 2014.
- The Trust is piloting GPs in A&E on the Pilgrim site and we expect implementation in 2014. This has been fully implemented already on the Grantham site.

In addition, we expect all handovers between an ambulance and A&E Department to take place within 15 minutes. To this end, new processes are in place on each site resulting in a reduction in wait. The Paramedic will hand patients over to the coordinator, freeing up the EMAS (East Midlands Ambulance Service) resource. EMAS and ULHT also have a process in place for HALO (Hospital Ambulance Liaison Officer) deployment.

### ***Waiting times for Cancer treatment***

We are committed to achieving the range of standards applicable to the treatment of patients with cancer. These standards are detailed in Appendix 5.

Performance against these standards has been extremely variable over the last year, and despite a number of interventions we have been unable to sustain performance across the range



of standards. However, we understand the causes of these problems and our current plans are based on a clearer understanding of these. As a result we will:

- Ensure that the findings of the recent study by the Improvement Team, and cross checked with the Colchester report, are fully accounted for in our cancer improvement plans
- Maintain the focus of the Cancer Delivery Group – overseeing improvement chaired by Deputy Director of Operations every two weeks
- Maintain the monthly cancer board chaired by Medical Director and attended by lead cancer nurse and Deputy Director of Operations. This involves the review of each MDT;
- Redesign the Patient Targeting List (PTL) to improve tracking of the 62 day pathway
- Design a monitoring system for the diagnostic pathway for cancer patients as part of redesign of the reporting systems and forecasting of cancer performance
- Instigate root cause analyses of all breaches of the 62 day standards
- Maintain the weekly health community meetings to discuss system wide cancer improvement plan including actions re GP referrals and communication with patients re expectations
- Contract continuing IST support targeted towards:
  - reducing 2ww patient cancellations (currently 12.9%);
  - reducing referral rate for suspect breast;
  - investigating alternative breast service models;
  - reviewing brachytherapy provision and finding solutions within the wider radiology network.

### ***Priority issues in cancer performance***

Currently, the consistent achievement within three standards lack resilience:

#### **Breast Symptomatic –**

A review has been undertaken and short term actions will be agreed by 13.3.14 to improve access. Consistent achievement will remain challenging until referrals can be reduced; radiology is at full establishment and the service has been re-modelled from full service on three sites to a hub and spoke model. Support to undertake a full review has been requested with the review process. Support from IST has been requested in terms of referral processes and alternative service models.

#### **31 day subsequent radiotherapy –**

Due to the age of the LINAC machines regular servicing and machine updates are required resulting in a loss of capacity. This places sustainable performance at risk. To consistently achieve this standard the LINAC replacement programme needs to be completed (expected 2016).

We are currently in discussions to understand if this could be accelerated.

#### **62 day classic –**

A number of key issues exist that require significant action in order to reduce the pathway length and achieve minimum standards; including:





- Enhancing radiology support to MDTs to promote timely decision making. 3 locums have been recruited, BUT 7.5wte vacancies remain with a further 3 vacancies expected (March, April and August).
- Unknown pathway length for cancer diagnostics. A system to report and monitor the diagnostic pathway is now in place. The first report is awaited and due mid-March upon which our response will be based.
- A full service review has been requested of the Brachytherapy pathway of the IST.
- The lower GI pathway currently contains multiple delays. A reduced pathway length has been designed and we are planning to reduce the backlog in the waiting lists subject to agreement on the activity plan with CCGs

### ***Complying with mixed sex accommodation requirements.***

We have continuously met the standard for ensuring the segregation of male and female patients over the last year. We do not tolerate breaches of this standard.

### ***Preventing and controlling infection***

Infection Prevention & Control receives significant attention at the Trust Board. A review of the Infection, Prevention & Control Committee has been undertaken in 13/14 and the output from that form the basis of our plans for the next two years. Each reportable Hospital Acquired Infection will be subject to a root cause analysis and the DIPC and the Medical Director confirm and challenge with relevant business units when an incidence of MRSA occurs. We fully expect to meet our requirements in 14/15.



In common with many Trusts, we continue to have isolated incidents of MRSA. The Trust continues to screen every patient and responds with appropriate intervention/actions to prevent the risk of harm.

In terms of Clostridium Difficile Whilst the trust incidence of C-Diff was over the required trajectory in 2013./14, this still represented an improvement over the previous year and we are within the best 20% of trusts in the East Midlands.

We expect further improvement in 2014/15, and with the increase in threshold for C-Diff in 2014/15, fully expect to meet the standard next year. To support this improvement we will:

- Continue our hand hygiene promotions & audits
- Promote the appropriate use of high risk antibiotics
- Promote our overall approach to managing and responding to C.diff



- Continue with our program of deep cleaning Trustwide
- Test and Implement a new RCA tool for C.diff cases (>3/7)
- Provide specific training on C.diff and other aspects of IP&C to our workforce

### ***Improving our systems and processes***

Supporting the delivery of responsive services are a number of system and process improvements which we are planning in over the next two years.



## ***Data and referral management***

- The Trust is prepared for paperless referrals and currently uses this system as well as paper referrals. The Trust's preferred referral method is through the Choose and Book system and discussions with Commissioners will ensure that a full move to paperless referrals will occur in 2015.
- The Trust is already using the NHS number as the primary identifier, and performance as measured on the SUS data quality dashboards produced by the HSCIC show performance for ULHT as above National average for records with a valid NHS number.
- There have been some issues in 2013/14 with moving to a new data warehouse but these have been worked on and regular meetings have taken place between the Trust, GEM and CCGs to go through the issues. Major issues have been resolved, some minor issues remain and these will be resolved going for the year ahead.

## ***A responsive complaints process***

Whilst our service does meet the national requirements set out in the Local Authorities and NHS Complaints (England) Regulations 2009 and NHS Constitution, it was recommended in the Keogh review that the service could be improved further. This review has been completed and a revised complaints procedure is being implemented which is compliant with the latest best practice.

All complaints information is reported monthly to the Trust Board. Learning from complaints is currently not reported, however will be as part of the new complaints process. The findings of the Clwyd/Hart recommendations have been fully incorporated within the new design.

## ***Safeguarding patients***

Executive responsibility with safeguarding resides with the Director of Nursing and is line managed through Quality Governance. The Trust is compliant with statutory requirements and the vacancy for an adult safeguarding named professional has been recruited to with

a start date to be agreed. A specific focus for 14/15 is to improve safeguarding training for all of our workforce.

There is an established Children & Young People's Board which will be expanded to include Women's services. The forward agenda is based on the outcomes forum. Plans are being developed that are aligned to the review and meets the Outcomes Framework.

There is a partnership with LPFT that meets the needs of patients with Learning Disabilities.



# Well-Led organisation

## *Our Governance arrangements*

We conducted an internal self-assessment of Quality Governance during 2013, followed by an external evaluation and review by Deloitte of board governance. The outcome of these assessments/evaluations was a complete restructure of the Quality Governance systems within the Trust, which has been implemented at sub-board level.

We will re-evaluate compliance with the Monitor framework following these changes and review the Trust's Quality Governance Assurance Framework early in 2014/15.

## *Acting on feedback from our workforce*

The Trust undertakes a workforce survey every year which the results are presented to the Board. The results form the basis of the HR and OD strategy.

Cultural work is also being completed around the sites using cultural web tools.

Over 1200 of our workforce have attended Listening into Action (LiA) events over the past few months, and have told us that they feel listened to and engaged. 15 LiA teams have already delivered impressive results, from reducing the time to recruit workforce, to saving over £200k, to stopping thousands of unnecessary blood results being printed. There are a further 29 LiA teams underway.

The Trust have also acted on the little things that have a huge impact. The quick wins include: Our workforce can now decorate their own areas, we have improved eyesores across the Trust,

stopped the Vacancy Approval Form process, implemented a Cycle 2 Work scheme, started a smile campaign and implemented Face 2 Face Wednesdays - to reduce the volume of emails generated within the organisation.

The Trust has also proposed a workforce FFT CQUIN for 2014/15.

The Trust has arrangements to ensure all of our workforce have appraisals and continuing professional development plans, with regular reports to the Board. This is a key objective for the Trust. Compliance rates remain lower than planned but robust action plans are in place to improve, overseen by the Human Resource & Organisational Development Assurance Committee. Senior Human Resource Business Partners on each site now hold clear plans and target to work with line managers to ensure compliance in all areas of HR performance including appraisals, mandatory training and key areas such as sickness.

A new appraisal framework tool has been approved and its implementation is commencing in March 2014.

## *Acting on feedback from our medical trainees*

The Trust receives external feedback through the Deputy Director of Medical Education which is discussed at the HR & OD Assurance Committee, which reports assurances to the Trust Board.

Regular feedback is obtained from Universities in relation to non-medical trainees. This is reviewed in partnership with the education provider. An educational audit of the learning environment is undertaken annually.







### ***Appraisal and revalidation of our medical workforce***

The Trust has an appraisal rate of 90% for medical workforce this year and 42 doctors have been revalidated to date. This is overseen by the HR & OD Assurance Committee, reporting exceptions to the Trust Board.

The Trust's Revalidation Implementation Plan has been reviewed and updated to reflect the actions achieved in 2012/2013 and those required to ensure that all doctors achieve a revalidation recommendation by the end of 2015/16. The GMC has notified all doctors, with a prescribed connection to ULHT, of their revalidation submission date within the next three years. The first revalidation cycle started January 2013 and ends March 2016. During this period, all doctors to whom ULHT is the Designated Body will have a recommendation made about their fitness to practice to the GMC by the Trust's Responsible Officer (Medical Director). There are seventy doctors employed by ULHT revalidating in year one (2013/14); a further 40% will revalidate in year two (2014/15) with a further 40% revalidating in Year 3 (2015/16).

### ***Appraisal of our nursing workforce***

Consultation has just started with the NMC regarding nurse revalidation and we will be responding to this through the Professional Advisory Committee as and when we know what the requirements will be.

The Trust has a robust process for on-going registration for nurses. We consider NMC requirements in the management of individual performance.





## ***Engaging patients and carers in quality improvement***

The 2013/14 Quality Account was constructed and reviewed by patient representatives and CCGs as well as local government bodies. We intend to continue and extend this process in 2014/15 and 2015/16, including compliance with the internal audit requirements.

## ***Information governance***

Trusts need to have a framework in place to ensure a minimum of level 2. The Trust has a functioning Information Governance Committee, which reviews all compliance aspects of the HSCIC Information Governance Toolkit and the Caldicott 2 review on a quarterly basis.

## ***Quality governance***

The Trust has a quality dashboard which is geared toward assuring the organisation that it is providing services which are Safe, Effective, Caring, Responsive and Well Led. The Trust has a monthly Quality Performance report as part of an Integrated Performance Report that is presented to the Trust Board. This continues to evolve to meet best practice, and we are setting out to revise and improve the trusts overall performance management framework in spring 2014, with the principal aim of integrating the revised quality agenda with operational performance, financial performance and a stronger focus on monitoring the achievement of the annual plan objectives set out in this document and the IBP.

## ***Patient and public engagement***

We set out our engagement strategy in 2013/14.

For patients and public there is an up to date patient experience strategy which includes wide ranging engagement. For workforce this is addressed in the workforce and OD strategy.

Quarterly locality forums are held in different areas of Lincolnshire to keep potential FT members updated with Trust developments.

The Medical Director is on the Board of the Academic Health Science Network.

A representative from the Trust attends the Trent CLRN Board meeting.

Once the patient safety collaboratives are established the Trust will have senior representation and sound clinical engagement.



ULHT workforce Awards  
Winners 2014





## Looking Forward - Developing our Workforce

### Background Information

Quality is at the heart of everything we do in caring for our patients. Our Organisational Development (OD) Strategy describes how United Lincolnshire Hospitals NHS Trust (ULHT) will develop our people, structures, processes, strategies and culture in order to deliver high quality, safe and reliable patient care.

A key platform of our OD Strategy is the implementation of Listening into Action (LiA) as a new way of working at ULHT. LiA is a tested and proven approach to achieving a fundamental shift in the way we work and lead, putting clinicians and staff, who know the most, at the centre of change for the benefit of our patients and our staff.

Our Strategy is intended to be applied in conjunction with the NHS Constitution which includes the following rights to help ensure that staff:

- Have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives;
- Have a fair pay and contract framework;
- Can be involved and represented in the workplace;
- Have healthy and safe working conditions and an environment free from harassment, bullying or violence;

- Are treated fairly, equally and free from discrimination; and
- Can raise an internal grievance and, if necessary, seek redress, where it is felt that a right has not been upheld.

NICE guidance will help to ensure NHS services have safe and efficient staffing levels.

Following the poor levels of care witnessed at Mid-Staffordshire hospital, the Francis and the Berwick report outlined ways in which the NHS can improve care.

Both reports raised the issue of staffing levels, with the Francis report explicitly stating that inadequate staffing levels at Mid Staffordshire led to the poor quality of care.





Our OD Strategy for 2014-16 sets out a direction and a clear plan of action to how we engage, lead and manage our people and most importantly how we empower our staff to use the undoubted knowledge and skills they have to meet the highest expectations of patients for quality and safety.

It aims to provide a clear framework for developing and maintaining a healthy organisation that will perform consistently and be sustainable. In doing so, we believe that our workforce will deliver high quality safe services and patient care to the local communities with pride.

ULHT recognises that new ways of working and new models of care are an essential part of its future success as an organisation. It supports staff to embrace change whilst remaining focused on the needs of patients.

The Trust is committed to ensuring, in tandem with its improving efficiency and effectiveness, that it is open and transparent and maximises staff engagement.

Safety, Compassion, Respect and Excellence. These values are being integrated in various dimensions of the employee lifecycle.

The Trust's values will continue to be embedded in its leadership and the day-to-day behaviours of all staff. In this way, its staff will be able to trace a 'values pathway' during the different aspects of their experience of working at ULHT and be aware of their individual role and contribution in achieving its strategic objectives.

Clearly organisational development is not a single technique and is based on systematic appraisal and diagnosis of problems, leading to planned change. It is concerned with:

- 'The way we do things here (culture)',
- The nature of the leadership,
- The direction provided (strategy),
- The value we place on involvement of staff, service users, patients and stakeholders (value base),
- The structures and processes needed to support efficient and effective working and the development of the workforce

This means acknowledging that Human Factors is not a separate agenda or programme, but a way of thinking that should be incorporated as part of the design of processes, jobs and training.

The National Quality Board – which brings together different national organisations with responsibility for quality in the NHS, alongside patient representatives and experts - will provide leadership and oversight for embedding Human Factors principles and practices, bringing together all levels of the system to support:

- Strong leadership and understanding for Human Factors in the NHS;



- Inclusion of Human Factors principles and practices in core education and training curricula for health professionals and managers and to support on-going professional development;
- The development of a just, open and positive organisational culture that optimises human performance, supports strong, respectful and accountable working relationships; acknowledges the potential for human error at all levels; and, ensures a systematic approach to best practice through proactive identification of risk, effective debriefing, learning from feedback and complaints, and dissemination of learning;
- Alignment of the system to embed an understanding of Human Factors principles and practices, including a commitment to developing genuine 'Learning Organisations' which focus on delivering high quality care;
- Standardisation of clinical care, where

evidenced through guidelines, care pathways and protocols;

- Supporting commissioning and procurement that embeds Human Factors principles and practices.

### Workforce Profile

Our staff are fundamental to our ability to deliver high quality services that will “put our patients at the centre of all that we do and provide the best quality care with passion and pride”. One of the key strategic aims for 2014/15 is to ensure that our staff have the necessary training and skills and development opportunities to enable them to provide safe, effective and high quality care to our patients.

- At the end of February 2014 the Trust employed 6216.14 whole time equivalent (WTE) staff. Figure 6 shows the percentage breakdown of staff groups at United Lincolnshire NHS Hospitals Trust by whole time equivalent.

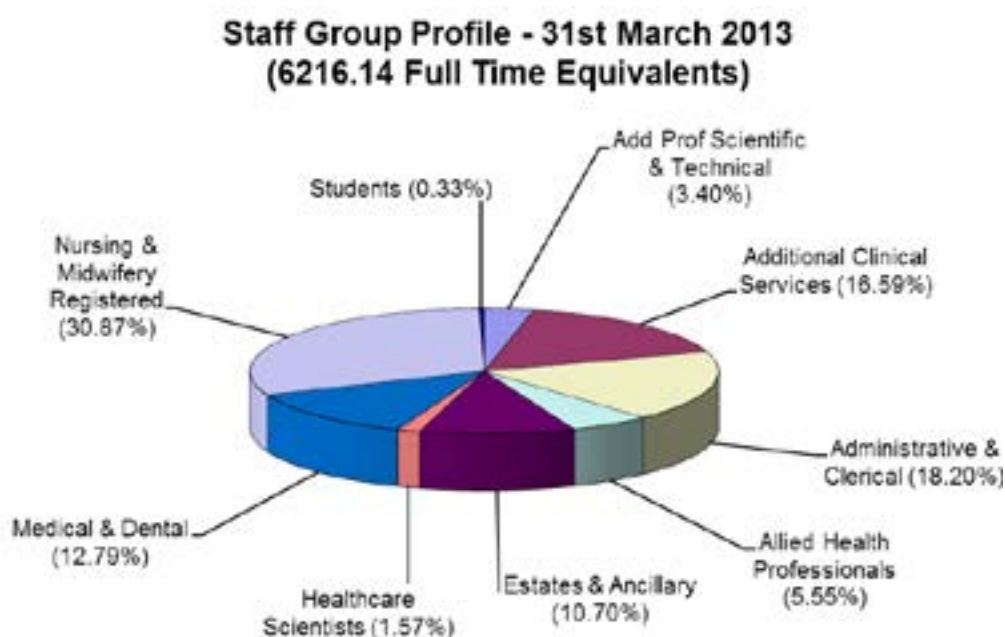


Figure 6: Staff Group Profile 31st March 2013



- Just over 79% of our staff are female (Table 4)

Table 4: Analysis of ULHT staff by gender

ANALYSIS OF ULHT STAFF (HEADCOUNT) BY GENDER					
Staff Group	Headcount			Percentage	
	Female	Male	Total	Female	Male
Additional Professional Scientific and Technical	151	73	224	67.41%	32.59%
Additional Clinical Services (Inc HCSW's)	1111	154	1265	87.83%	12.17%
Administrative and Clerical	1181	208	1389	85.03%	14.97%
Allied Health Professionals	313	90	403	77.67%	22.33%
Estates and Ancillary	632	290	922	68.55%	31.45%
Healthcare Scientists	62	54	116	53.45%	46.55%
Medical and Dental	305	538	843	36.18%	63.82%
Nursing and Midwifery Registered	2214	135	2349	94.25%	5.75%
Students	14	1	15	93.33%	6.67%
<b>Total ULHT Workforce</b>	<b>5983</b>	<b>1543</b>	<b>7526</b>	<b>79.50%</b>	<b>20.50%</b>

- The age profile of Trust employees is shown in table 5. It is anticipated that the percentage of employees working beyond the age of 65 years will increase due to demographic changes and modifications to State and NHS pension schemes. This is potentially advantageous to ULHT in retaining skills and experience and contributing to a reduction in staff turnover and associated recruitment costs.

PERCENTAGE OF ULHT EMPLOYEES BY AGE BAND										
Age Band	Professional Scientific and Technical	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Students	Grand Total
Under 20	0.00%	1.26%	0.86%	0.00%	0.33%	0.00%	0.00%	0.00%	0.00%	<b>0.41%</b>
20 - 24	4.02%	8.77%	4.25%	10.92%	5.42%	4.31%	6.88%	7.11%	20.00%	<b>6.72%</b>
25 - 29	10.71%	11.15%	6.91%	16.38%	5.75%	11.21%	17.67%	11.71%	46.67%	<b>10.95%</b>
30 - 34	9.82%	10.43%	10.37%	12.90%	6.18%	16.38%	9.73%	11.49%	13.33%	<b>10.36%</b>
35 - 39	11.16%	11.30%	8.14%	12.16%	6.18%	7.76%	14.12%	12.43%	13.33%	<b>10.75%</b>
40 - 44	16.07%	12.33%	12.46%	12.41%	12.47%	11.21%	13.88%	12.94%	6.67%	<b>12.82%</b>
45 - 49	16.96%	13.04%	17.28%	12.41%	14.21%	14.66%	10.56%	17.37%	0.00%	<b>15.12%</b>
50 - 54	15.18%	14.31%	17.35%	10.67%	18.00%	14.66%	13.05%	15.54%	0.00%	<b>15.37%</b>
55 - 59	9.82%	10.20%	13.68%	9.18%	15.84%	14.66%	7.59%	8.85%	0.00%	<b>10.80%</b>
60 - 64	3.13%	5.38%	7.13%	2.98%	12.26%	3.45%	4.63%	2.21%	0.00%	<b>5.24%</b>
65 - 69	2.23%	1.66%	1.44%	0.00%	3.04%	0.86%	1.54%	0.34%	0.00%	<b>1.28%</b>
70 - 75	0.89%	0.16%	0.07%	0.00%	0.33%	0.86%	0.24%	0.00%	0.00%	<b>0.15%</b>
75 - 80	0.00%	0.00%	0.07%	0.00%	0.00%	0.00%	0.12%	0.00%	0.00%	<b>0.03%</b>
<b>Grand Total</b>	<b>100.00 %</b>	<b>100.00 %</b>	<b>100.00 %</b>	<b>100.00 %</b>	<b>100.00 %</b>	<b>100.00 %</b>	<b>100.00 %</b>	<b>100.00 %</b>	<b>100.00 %</b>	<b>100.00 %</b>

Table 5: Percentage of ULHT employees by age band





- The Trust complies with Equality Act 2010 public sector equality duties. ULHT has implemented the Equality Delivery System (EDS) to ensure good practice, compliance with legislation, provision of a platform for change and an improvement in demonstrating and realising equality in the workplace.

### **HR & OD Profile & Services**

The HR & OD Directorate will continue to be reviewed to ensure it meets organisational requirements; there will also be a focus on developing the skills and expertise of the team through a planned and focused professional framework. The team will have a key objective of developing the wider HR capability of the workforce. In particular there will be a focus on developing the skills of leaders/managers to take a more pro-active and independent approach to the management of HR issues, based on the development of key skills. Figure 7.



Figure 7: HR & OD Services



### **HR & OD Strategic Ambitions:**

As a result of significant organisational change, the considerations of workforce planning, talent management, succession planning, leadership and management development and the development of workforce skills will become an important focus.

There is a continuing need to develop new approaches to service delivery, increase efficiency in processes and facilitate a self-service approach to basic enquiries for managers in carrying out their people management responsibilities.

It is imperative that the Trust can plan ahead to meet the strategic challenges for the organisation, bridging the skills and resource gaps between current and future demands of a modern diverse workforce. It will enable the Trust to recruit and retain the highest calibre of staff to “provide consistently excellent and safe patient-centred care for the people of Lincolnshire, through highly skilled and committed staff working together”

To this effect there are a number of key aims/ambitions which the HR & OD Directorate seeks to achieve, which are outlined in Appendix 1.

To deliver these aims/ambitions, principle strategic areas of activity have been identified and explored in more detail. The five strategic activities will provide more detailed analysis of the context and will have an action plan with detailed activities to be undertaken, which will reflect a balanced mix of strategic, operational and developmental activities:

The five strategic activities are:

- ☐ Recruitment & Retention
- ☐ Employee Wellbeing
- ☐ Staff Engagement/Satisfaction
- ☐ Management & Leadership Development
- ☐ Workforce & Staffing

### **Recruitment & Retention**

Vision, values and behaviours are being implemented within the recruitment process. It is essential that Trust staff are very skilled at their jobs, it is also important we recruit staff

who share our values. The revised process went live on Friday 14th February, and includes mandatory shortlisting for behaviours, interview questions for managers and a candidate guide to the behaviours that we expect when working at ULHT.

Nursing staffing levels have increased since June '13 when the Trust entered special measures. The Trust has been undertaking international nursing campaigns, with so far 73 international nurses having joined the Trust. A further international campaign has taken place during March 2014 and a further 41 offers have been made. The start date for these nurses has been set as the 12th May 2014.

The Trust has an appraisal rate of 90% for medical staff for 2013/14 year and 42 doctors have been revalidated to date. This is overseen by the HR & OD Assurance Committee, reporting exceptions to the Trust Board.

The Trust's Revalidation Implementation Plan has been reviewed and updated to reflect the actions achieved in 2012/2013 and those required to ensure that all doctors achieve a revalidation recommendation by the end of 2015/16. The GMC has notified all doctors, with a prescribed connection to ULHT, of their revalidation submission date within the next three years. The first revalidation cycle started January 2013 and ends March 2016. During this period, all doctors to whom ULHT is the Designated Body will have a recommendation made about their fitness to practice to the GMC by the Trust's Responsible Officer (Medical Director). There are seventy doctors employed by ULHT revalidating in year one (2013/14); a further 40% will revalidate in year two (2014/15) with a further 40% revalidating in Year 3 (2015/16).

Consultation has just started with the NMC and the Trust will be responding to this through the Professional Advisory Committee as and when we know what the requirements will be.

The Trust has a robust process for ongoing registration for nurses. We consider NMC requirements in the management of individual performance.

Work is being undertaken to address key metrics and issues across the Medical Workforce. As part of enabling the organisation and delivery of medical workforce team action plan for 2013/15 the following analysis in key subject areas has been produced to support recommendations and actions being taken by each Business Unit in managing their medical workforce establishment holistically.

In particular we explored data and activity with reference to:

- Establishment
- Recruitment & Vacancy position
- Agency Staff use (cost and WTE)
- Bank Staff use (cost and WTE)

Current active vacancies information provided by the Recruitment team indicates that 56 posts are within the recruitment cycle.

To address the gap between establishment and in post, a programme of 'Plan for Every Post' is underway, led by HR through the Business partners engaging with the Clinical Director and business unit to confirm the required establishment, taking account of any workforce changes and alternative roles, and agreeing the actions required to achieve a full establishment.





## Remedial Actions Underway:

It is evident that the collation of a few key metrics presents an opportunity to challenge practice and recommend solutions and actions for each business unit to take. Specific areas being explored are:

- Plan for Every Post
- Specialty Led work
- Medical Recruitment
- Shared Learning

## Employee Health & Wellbeing

We recognise that our employees have a direct impact on our clinical outcomes and the experience of our patients. When our staff are healthy, well and satisfied, the experience of our patients improves. We acknowledge that the work and health and wellbeing of our employees are interlinked, and as a Trust we commit to developing a culture of promoting the health and wellbeing of all our staff.

Through our strategy and plan, we will provide a framework to take a proactive approach to enhancing the health and wellbeing of our staff. This will be achieved through wellbeing initiatives, employee support mechanisms and joint working with staff and their representatives and local partners to identify and address areas for improvement.

We will work with employees to ensure our organisation identifies and minimises those issues which may impact negatively on staff health.

They key actions for 2014/15 (Q1 & Q2) in line with our LiA, will cover:

- Launch of strategy.
- Re launch of Health & Wellbeing Website.
- Introduction of the National Examination Board in Occupational Safety & Health, health and wellbeing champions. (funded by Lincoln county council)
- Making health trainers available to all staff. (funded by Lincoln county council)
- Launch health and wellbeing questionnaire.
- Re launch Health and wellbeing calendar in line with national programmes.
- Have health and wellbeing days lead by British heart foundation (funded by Lincoln county council)

## Staff Engagement

Members of staff who are empowered, engaged and well-supported perform better and provide better care. Staff engagement is therefore essential to achieving the strategic objectives of the Trust.

ULHT has participated routinely in the annual NHS Staff Survey to assess levels of staff engagement and the findings of the Staff Survey are used in several ways:

- Firstly, as a measure of overall staff engagement, informing the Trust at organisational level on what is being done well and where to focus attention on improvement.
- Secondly, at site level, to assess staff experience alongside indicators such as patient surveys, complaints and compliments, so that a holistic view is taken on decisions to improve quality and patient experience.
- Thirdly, as a way to benchmark with comparable organisations. Its importance is reinforced by the NHS Operating Framework which highlights that the Survey's question regarding whether staff would recommend their hospital to patients should be regarded as a





key indicator of quality.

During 2012/13 the survey was supplemented with localised opportunities for staff to provide feedback as part of a broader staff engagement as part of the Listening into Action (LiA) programme.

Listening into Action is a national improvement initiative to improve quality and safety for patients and staff by engaging and empowering staff to make positive changes and, at the same time, to deliver actions at a corporate level to help 'unblock the way'. ULHT have been implementing LiA since May 2013.

Over 1200 staff have attended Listening into Action (LiA) events over the past few months, and have told us that they feel listened to and engaged. 15 LiA teams have already delivered impressive results, from reducing the time to recruit staff, to saving over £200k, to stopping thousands of unnecessary blood results being printed. There are a further 29 LiA teams underway. The Trust have also acted on the little things that have a huge impact. The quick wins include: Staff can now decorate their own areas; we have improved eyesores across the Trust, stopped the VAF process, implemented a Cycle 2 Work scheme, started a smile campaign and implemented Face 2 Face Wednesdays.

Members of staff have contributed to/ developed the Trust's Vision, Mission and Values statements. Our Values describe the way in which the Trust intends to work, and will shape all our behaviours and actions. These behaviours will form the basis of appraisal, communication, customer care, induction, performance management, recruitment and recognition approaches throughout the organisation.

Having an engaged workforce at every level has benefits in terms of patient safety, patient experience and outcomes, the performance of the Trust more generally and its reputation. All NHS Trusts are required to implement the Friends and Family test for NHS staff from 1st April 2014. The purpose is to encourage improvements in service delivery with the results used by providers and commissioners to celebrate success or make improvements.

It should be used alongside the intelligence gained from the Patient Friends and Family test. The power of this data will be triangulating with other intelligence to form a clear picture at ward, Business Unit, site level and to hold confirm and challenge conversations with those responsible and accountable at each level about what the whole picture is saying and what action is required.

### ***Management & Leadership Development***

A continued focus on the capacity and quality of leadership within ULHT are a vital component of the Workforce Strategy to ensure a quality patient experience.

Clinical and non-clinical leaders and managers are encouraged to lead by example, to articulate a clear and compelling vision, and to live the values of the Trust.



All members of our workforce are expected to receive an annual appraisal in which they discuss and agree a personal development plan. A new appraisal framework tool has been approved and will be launched on 1st April 2014, which focuses both on performance and behaviour. An electronic system is being introduced to support staff members and line managers in conducting and managing appraisals. Employees are encouraged to take ownership of their development supported by their manager and a Learning and Development Team.

During 2014/15 we will continue our investment in leaders which has improved significantly during 2013/14. We will:

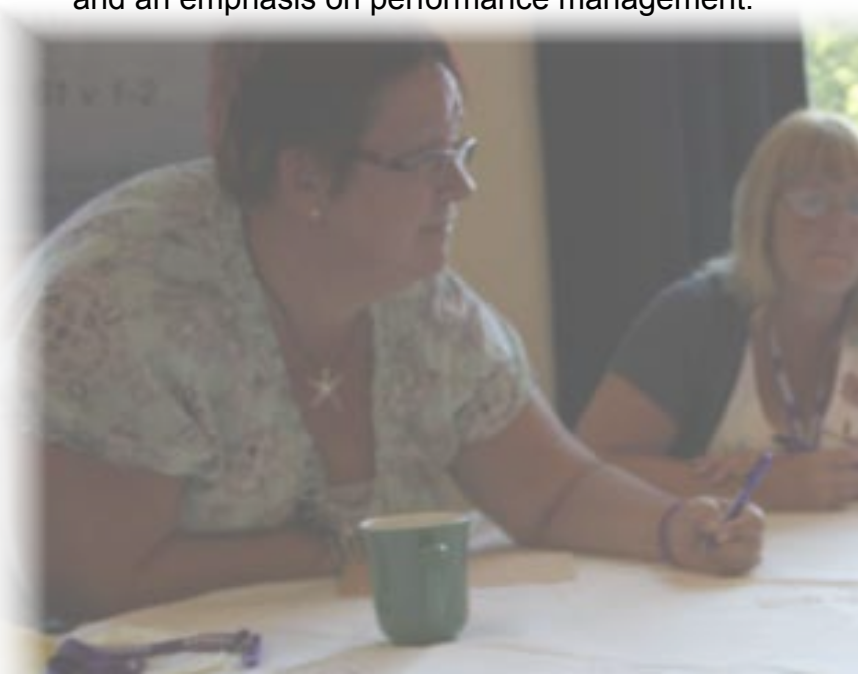
- Agree our Leadership Strategy and conduct a Training Needs Analysis around leadership development
- Continue to support East Midlands Leadership Academy and encourage staff to participate in programmes, master classes and operational leadership workshops.
- Support our managers on the Postgraduate Certificate in Healthcare Leadership with the University of Lincoln which commenced in August 2013
- Promote national core leadership programmes and support our successful candidates with their learning
- Roll out our internal Leadership in Practice Programme for our Band 7 leaders and managers which has the direct support and involvement of our Executive team
- Develop a senior leadership forum where we will develop a clear picture of what excellent leadership looks like in ULHT and ensure that all our leaders and managers are clear about the Trust's expectation of them as leaders and managers, both in terms of what they do and how they do it.

### ***Workforce & Performance Indicators***

In the context of the need for cost reduction, it is important for U LHT to have a focus on workforce performance indicators that assist in driving business sustainability.

ULHT has committed to reduce and maintain sickness absence at a Trust-wide average of 3% or below by 2016. The Trust sickness absence rate has been steadily falling with the 12 months rolling average down from 5.12% as at 31st March 2013 to 4.73% as at 31st January 2014. This is the lowest Trust sickness absence rate since the introduction of ESR in 2007.

Specific action has been taken through, for example, we have carried out an extensive review of our Attendance/Sickness processes. A new Sickness Absence Policy will be launched in 2014/15, with a number of key changes to support staff and to improve Occupational Health support, more accurate data for managers, targeted action in directorates and training for managers in dealing with absences. Key focus areas going forward would be on management responsibilities/accountability with regards to the management of staff absence and assurance that the new guidance is applied and an emphasis on performance management.



The Trust currently has a staff turnover rate of 2.05%, which is slightly higher than the previous year of 1.90%. Some degree of turnover is considered beneficial but excessively high levels are costly in terms of potential disruption to services, especially when some skills are in short supply

We have seen an increase of Locum/Bank/ Agency Staff from 2.66% to 2.99% over a twelve month period. We have a number of cost improvements which will be realised through a reduction in pay expenditure which will effectively reduce average pay costs. These include reducing the reliance on locum and agency staff through more effective workforce planning and staff rostering; managing attendance and consequently reducing sickness absence costs; improving use of the Trust's nurse bank and managing current flexibilities available within Agenda for Change and other national contracts.

In general, the Trust needs to develop a more flexible workforce, functioning differently whilst providing continuous care and timely access to services. Workforce plans for skill mix and staff numbers, together with pay expenditure and service changes will be continuously reviewed to make the most effective and efficient use of the Trust's infrastructure and resources without compromising on quality.

Work is under way to introduce new standardised shift systems and introduction of a 7-day service for both planned and unplanned care, with more services operating across the week and over extended periods of the day.

The Trust percentage figure is for completion of both annual mandatory fire & infection control training and excludes medical and bank staff. For a 12 month rolling period at the end of February 2014 the figure stands at 59.80% against a target of 85%. The Trust "Core" Mandatory Training Matrix has been reviewed and a new programme of core learning has been adopted.

### **HR & OD Assurance**

As part of local delivery of this HR & OD Operational plans, we have refined our Assurance Framework and have agreed new terms of reference, together with a revised meeting structure that reflects the sources of assurance set by the Trust Board, and Pan Trust Committees and external bodies e.g. CCG's.

Our HR & OD Strategic Board Assurance Framework (BAF) will capture concerns from our local committees, risk assess those concerns and form our site risk register. Each risk will have a mitigation plan, which will be owned by the Workforce & OD Assurance Committee and will form our framework of assurance to our Trust Board.





The BAF is a structure and process that enables the organisation to focus on those risks that might compromise achieving its most important (principal) annual objectives; and to map out both the key controls that should be in place to manage those objectives and confirm the Board has gained sufficient assurance about the effectiveness of those controls”

### ***Delivering the Strategy and Outcomes over a Rolling Two Year Period***

The HR & OD Work Plan evidences the key milestones, measures and planned timeframes within each project over a rolling three year plan. The Action Plan will also show the expected outcomes including specific actions for sickness absence rates, staff survey actions and quality indicators. The detailed project plan is reviewed, updated and monitored by work stream leads on a monthly basis as per the Operational Plans.

Monitoring of the HR & OD Work Plan will be through the Workforce & OD Assurance Committee, which is held on a bi-monthly basis.

The approaches contained in this plan will underpin the Trusts efforts to be a provider and employer of choice and help it to achieve excellence in service provision. Progress against this plan will be reported to the Board at regular intervals and the strategy itself will be reviewed on an annual basis.





The actions and strategies identified in this document are not without risk. The scale and type of risk varies across the different elements and themes, and it is not our intention to duplicate our organisational risk register in this plan. However, below we have identified a small number of Corporate risks that have the potential to undermine the delivery of our strategies if not mitigated. These risks are contained in our corporate risk register and monitored by the Board as detailed in our Board Assurance Framework.

Table 6: Corporate Risks

Risk	Impact	Mitigation
Failure to deliver the Lincolnshire Health & Care review (formally the Lincolnshire Sustainable Services review), caused by slippage.	<p>Financial deficit: We will not achieve financial balance moving forwards if the redesign is delayed.</p> <p>Delay in optimised care pathways: Patients in Lincolnshire may not have the optimal choices in where they have their treatment and services that are offered.</p> <p>Misalignment to the Clinical Strategy: There may be a mis-match between what the Trust is planning in its business models and the needs of the patients in Lincolnshire.</p>	<p>Collaborative working within the Lincolnshire Health &amp; Care review alongside partner organisations.</p> <p>Continue to provide best practice models of care until recommendations have been made following the completion of the review, within ULHT resources.</p> <p>Constant revision and adjustment of our clinical strategy in line with changes that are made from the review.</p>





Risk	Impact	Mitigation
A failure to ensure the capacity to meet regulatory obligations	<p>GMC/Deanery restrictions or removal of trainee doctors.</p> <p>The balance of the Executive team to provide Strategic Leadership when having to directly manage Operational and regulatory demands.</p>	<p>Recruitment to substantive Executive post:</p> <p>Posts currently substantively filled within the last financial year:</p> <ul style="list-style-type: none"> <li>• Director of Finance</li> <li>• Director of Human Resources</li> <li>• Director of Facilities</li> <li>• Medical Director</li> </ul> <p>The Director of Nursing post is currently being recruited to and an interim is in place.</p> <p>There is a recruitment of key support posts for the Director of Nursing and Director of Operations.</p> <p>There is improving support for doctors in training.</p> <p>Recruitment of substantive medical and nursing staff.</p> <p>Building working relationships within Local Education &amp; Training Boards.</p>
The Trust remains in special measures	<p>The Trust's reputation with patients, public and partner organisations.</p> <p>Increase scrutiny from commissioners and regulatory bodies.</p> <p>Reduced ability to be a preferred employer and existing staff morale.</p> <p>Foundation Trust application at risk.</p>	<p>Delivery of improvement plans and ongoing actions, following reviews from regulators.</p> <p>Seeking support from:</p> <ul style="list-style-type: none"> <li>• 'Buddy' Trust (Sheffield Teaching Hospitals NHS Foundation Trust).</li> <li>• Trust Development Authority</li> <li>• Clinical Commissioning Groups</li> <li>• NHS England</li> <li>• Other local NHS Organisations</li> </ul> <p>Internal CQC compliance committee, chaired by Director of Nursing.</p>



Risk	Impact	Mitigation
Finance/Cash flow and CIP	Please see Chapter 7: Looking Forward: Transforming our Services for the Future.	
Failure to manage Operational Capacity	<p>Reduced patient experience and responsive services.</p> <p>Longer waiting times leading to failure of National Standards.</p> <p>Cancelled/Postponed treatment, which may impact on clinical outcomes for patients.</p>	<p>Escalation plan in place.</p> <p>Established Cancer Board to look at patient pathways and standards.</p> <p>Deputy Director of Operational Performance in post to manage operational demand and capacity, ensuring standards are met.</p>
Failure to recruit to key posts	<p>Ability to ensure safe and effective services that are well led, responsive, of high quality and are delivered by caring and compassionate staff, within ULHT resources.</p> <p>Continuity of Executive Nurse leadership.</p>	<p>Nurse recruitment (including overseas) to increase establishments.</p> <p>Optimising medical recruitment.</p> <p>Networking with colleague organisations for rotation posts.</p> <p>Building relationships with the Local Education &amp; Training Board (LETB).</p> <p>Working with the NHS Leadership Academy.</p> <p>Recruitment to substantive Director of Nursing.</p>







# Appendix 1: 2014/15 & 2015/16 ULHT Objectives and Actions

CEO: Chief Executive Officer	DCEO: Deputy Chief Executive Officer	DOF: Director of Finance
MD: Medical Director	DON: Director of Nursing	DOP: Director of Operations
DFAC: Director of Facilities	DHR: Director of HR	

Strategic Theme	Ambition	Objective	Lead Director	Actions	Key Success Measures	ULHT supporting programme, plan or strategy
Transforming and Improving Services for our Patients..... Making them sustainable, affordable and accessible within Lincolnshire and treating patients in the most appropriate care setting	A1 Ensure that collectively, our services are clinically and financially sustainable, ensuring access to these services within Lincolnshire where we can.	A1/1 Deliver the agreed financial plan	DOF	Ensure full recovery of CQUIN income in 2014/15 (See A5/2)	Financial plan achieved Procurement strategy	Financial strategy Cost improvement programme Procurement strategy
		A1/2 Safely deliver recurrent savings of £25 million	DOF			
		A1/3 Develop a 5 year financial recovery plan	DOF			
		A1/4 Develop a blue print for Acute Secondary care for the next 5 years in conjunction with the Lincolnshire Health & Care Review	DCEO	Establish internal mechanisms, alignment and support structure Engage membership and stakeholders in plan development Develop Integrated Business Plan Match IBP development timelines with review programme	Outline plan draft by end -April 2014 Final draft end May 2014 Positive stakeholder feedback Full alignment with Review plan Board approved plan 3 June 2014 Plan submission to TDA 20 June 2014	Clinical strategy ULHT 2 year plan
			DCEO	Conclude existing service review projects (Gastroenterology and diabetes) Roll out third phase SRPs	Programme timetable agreed and projects initiated Establish supporting structure for projects Conclude reviews, clinical sign off of plans and board approval of plans	
			DCEO	Align 5 year capital plan within IBP	Signed off and resourced capital programme	
						Strategic capital programme 2014-2019 Estates strategy



Strategic Theme	Ambition	Objective	Lead Director	Actions	Key Success Measures	ULHT supporting programme, plan or strategy
	A2 Ensure that only those patients who need their care and treatment in a hospital setting, come to hospital - Through working closely with other agencies to integrate care.	A2/1 Reduce admissions	DOP	Implement end of life care programme	Reduction in non elective length of stay with consequent contribution to reduction in non elective beds	Transition Programme Clinical facilities plan (beds and theatres)
			DOP	A&E streaming (in partnership with local CCGs)		
			DOP	Ambulatory care implementation		
			DOP	Establish contact centre		
			DOP	Promote Rapid response team		
			DOP	Promote Enhanced community team		
		A2/2 Improve discharge	DOP	Integrated discharge policy and establish multi agency team	Reduction in non elective length of stay with consequent contribution to reduction in non elective beds	Transition Programme Clinical facilities plan (beds and theatres)
			DOP	Consistent pan-trust application of revised trust discharge policy		
			DOP	Choice protocol to be implemented		
			DOP	Training and coaching programme for discharge and choice policy		
			DOP	Implementation of Trust Discharge Standards including Plan for Every Delay		
		A2/3 Improve care for patients with dementia (High impact innovations)	DON	Continue dementia foundation training as per national mandate.	100% of potential patients over 75 are assessed and referred to specialised services where assessment is positive	Service Improvement Programme. CQUIN Programme (National)
			DON	Launch the RIF funded All About Me dementia health passport		
			DON	Ensure all patients over 70 are screened for dementia		
			DON	complete DH self assessment and develop ULHT wide dementia care improvement programme		



Strategic Theme	Ambition	Objective	Lead Director	Actions	Key Success Measures	ULHT supporting programme, plan or strategy
Meeting the highest expectations of patients..... Delivering consistently safe, effective and reliable care to satisfied patients	A3 Ensure that our patients are safe - Through acting on safety by a continuous reduction of harmful adverse events and mortality rates.	A3/1 Save more lives and ensure that mortality within each of our Hospitals are within the clinically expected range	MD/DOP	Implement the Hospital @ Night programme	Reduction in crude mortality and case mix adjusted mortality	Mortality reduction plan / Workforce plan
				7 day working		
				DNACPR policy		
				Implement care bundles		
				Mortality Reviews		
				Medication Safety		
				Senior Daily Review		
				Deteriorating Patient		
				Perinatal Mortality		
				Create targeted training programme and embed into operational process including induction and mandatory training		
				Maintain review of all deaths by MDT via their speciality governance arrangements using the standardised mortality toolkit and report outcomes to Mortality Review Com.		
				Continue analysis of triangulated reports of ward metrics at the quality governance committee		
	A3/2 Reduce harm and adverse events by: Eliminating hospital acquired MRSA Eliminating avoidable C.diff infections Reducing harmful falls Eliminating never events Applying the VTE management process Eliminating avoidable pressure ulcers Reducing catheter UTI's	MD/DON		Ensure reliability of ward care processes	From the Safety & Quality dashboard: Zero MRSA cases Zero C.diff infections Falls reduced by 10% from the 13/14 figure Zero never events 95% of patients have a VTE assessment Zero avoidable pressure ulcers Catheter UTI's reduced by 10% from the 13/14 figure A reduction in reported incidents as measured by the safety thermometer and Trust internal systems in DATIX	Keogh action plan Quality Strategy
				Mental Capacity Act		
				DOLs		





Strategic Theme	Ambition	Objective	Lead Director	Actions	Key Success Measures	ULHT supporting programme, plan or strategy
		A3/3 Fully comply with Health & Safety legislation	MD	Implement the Health & Safety Programme:		Estates Strategy
				Manual Handling		
				Violence & Aggression		
				Secure sites for our workforce, visitors and patients		
		A3/4 Improve the patient environment by reducing the backlog of work required to meet estates standards	DFAC	Use of equipment		
				Environment		
				Prioritise capital expenditure through the capital programme		
	A4 Ensure that our patients have the best possible experience - Through our structured approach to the patient experience, we aim to ensure excellence at each discrete point of contact throughout the patients' journey with us.	A4/1 Increase the number of patients who would recommend our services to Family & Friends	DON			Patient Experience Strategy
		A4/2 Increase the number of our workforce who would recommend our services to Family & Friends	DHR	Deliver the Local CQUIN		
		A4/3 Improve compassion in care	DON	Embed 6c's programme for all of our workforce		Patient Experience Strategy
				MECC		
				Ward Health Checks		
		A4/4 Reduce the number of complaints made by patients	DON	PALS		Patient Experience Strategy / Complaints Framework
				Implementation of revised process 'see it my way';		
				Training & development programme		
		A4/5 Improve the quality and timeliness of our responses to complainants	DON	Embed the complaints process		Patient Experience Strategy / Complaints Framework
				Identify themes and learning outcomes		



Strategic Theme	Ambition	Objective	Lead Director	Actions	Key Success Measures	ULHT supporting programme, plan or strategy
				Disseminate learning Pan trust		Patient Experience Strategy / Complaints Framework
				Develop data set and triangulation method for our workforce experience		
				Patient experience and reporting system		
		A4/6 Improve support to patients' carers	DON			Patient Experience Strategy
		A4/7 Increase our engagement with patients and listen to their ideas for improvement	DON			Patient Experience Strategy
		A4/8 Improvement in the number of agreed appointments honoured with patients	DOP	Cancelled outpatients		Patient Experience Strategy
	A5 Ensure that our treatment is effective and compliant - by building strong systems of compliance, monitoring of standards and supporting clinical change, we aim to care for our patients according to the highest clinical standards	A5/1 Improve compliance with the Quality Standards within the NHS Inspection regime and other advisory bodies: Internally: The Trust inspection regime, MCA etc and the assurance and support team: Externally: implementing the Keogh and CQC recommendations and a systematic approach to NICE implementation	MD	Implement the Be Assured compliance programme together with complementary speciality and business unit systems.		
		A5/2 Deliver all the CQUIN schemes agreed in the contract for 2014/15 and beyond	MD	Manage the CQUIN programme (Refer to CQUIN implementation programme for individual project detail)		
		A5/3 Reduce the number of patients treated in outlier wards/departments	DOP	Implement bed capacity plan		
				Maintain escalation policy		
	Develop bed occupancy reporting					



Strategic Theme	Ambition	Objective	Lead Director	Actions	Key Success Measures	ULHT supporting programme, plan or strategy
		A5/4				
		A5/5 Support clinical change through quality improvement	MD	Implement research strategy	Employ 2x Quality Improvement Fellows	Research Strategy
				Increase research capacity		
	A6 Become a high reliability organisation - Through our focus on building capacity for improvement, flagship interventions of education for change, we aim to create a centre of safety, reliability and improvement.	A6/1 Improve the reliability of our medical processes	MD	Implement Sepsis Care Bundle (2014/15 Local CQUIN)		
				Medication safety (2014/15 Local CQUIN)		
				Provide 7 day Consultant review for emergency admissions (2014/15 Local CQUIN)		
		A6/2 Improve the reliability of our nursing processes	DON			
	A7 Meet the National targets and standards for our responsiveness to patients expectations and rights - Through our focus on having the right capacity and systems.	A7/1 Ensure that all A&E patients are seen, treated and discharged or appropriately admitted within 4 hours	DOP	Refer to CIP Plan	Overall measure: 95% or more of patients attending A&E are admitted within 4 hours or discharged from the department	ULHT urgent care improvement programme
				A&E efficiency programme: Implementation of nurse led minor's stream	Minors stream established and planned diversion levels achieved	Workforce Plan
				A&E efficiency programme: training programme supported by LETB	Workforce training needs assessed. Programme design and set up. Plan to release our workforce into programme.	Workforce Plan
				A&E efficiency programme: Senior review and RAT (Rapid Assessment & Treatment process)		Workforce Plan
				A&E efficiency programme: Develop data and information for performance monitoring and management - internal and into urgent care system	Data report available on live access basis via data warehouse	Information and IT Strategies





Strategic Theme	Ambition	Objective	Lead Director	Actions	Key Success Measures	ULHT supporting programme, plan or strategy
				Right-size capacity: 4 resus rooms (trauma accreditation) at Lincoln	Capital project delivered and outcomes/benefits realisation plan achieved	Capital Programme
				Right-size capacity: 4 bays at Pilgrim	Capital project delivered and outcomes/benefits realisation plan achieved	Capital Programme
				Front door improvement to patient streaming: GPs in A&E minor stream at Pilgrim and Grantham.		Workforce plan / Urgent Care Transition Programme
				Recruit locum GPs at Lincoln		Urgent Care Transition Programme
				Co locate out of hours service at Lincoln		
		A7/2 Ensure that all waiting times standards are met	DOP	Carry out demand modelling.	Achieve and sustain: 90% RTT for admitted patients 95% RTT for non-admitted patients All Cancer waiting time standards Less than 1% of patients wait longer than 6 weeks for diagnostic tests	Planned care recovery plans / Urgent care transition programme
				Check and develop capacity (productivity, efficiency, investment where necessary)		
				Compliance with waiting list policy		
				Revisions to pathways		
				Winter planning		
				Comply with bed escalation policy		
				Performance assurance framework (early warning signs)		
				Performance management regime		
		A7/3 Reducing the number of operations cancelled on the day and reappointed within 28 days	DOP	Refer to A7/2	Achieve less than 0.8% on the day cancellations for non-clinical reasons	Planned care recovery plans / urgent care transition programme
				Implementation of theatre management action plan	No repeat cancellations for the same patient to be tolerated	



Strategic Theme	Ambition	Objective	Lead Director	Actions	Key Success Measures	ULHT supporting programme, plan or strategy
Developing and Supporting our workforce..... Delivering skilled, compassionate and efficient care to our patients	A8 Ensure that there are sufficient numbers of our workforce who are skilled and developed to perform their role - through effective recruitment processes, we want to attract the best workforce, to further develop and maintain their skills and training and retain them within Lincolnshire	A8/1 Our workforce are appraised annually with agreed PDPs	DHR	Launch of new Appraisal System on 01/04/2014	Staff Survey Results KF7 - Appraisal rate: 85% KF8 - Well structured appraisal: 85%	Workforce Plan
				Monthly performance review clinics		
				Regular audits on quality of appraisal		
				Regular audits 'evidence' completed appraisals		
				Actions to address under-performance		
		A8/2 Our workforce have the necessary skills, training and, where relevant, registration/revalidation to fully fulfil their roles	DHR	Launch of new Mandatory Training (Core Learning) Model on 01/04/2014	Mandatory Training - 85% Staff survey results: KF10 - H&S training - 85% KF26 - E&D Training - 85%	Workforce Plan
				Action plan to address non-compliance		
				Monthly performance review clinics		
				Nursing registration		
				Medical Revalidation		
		A8/3 Established posts are substantively filled to maintain safe staffing levels	DHR	Reduction in temporary (bank/locum) positions	ULHT Medical Revalidation 2013/14 - 70 doctors 2014/15 - further 40% 2015/16 - further 40%  Agency/Bank/Locum - 1%  Trust Overall Vacancy Rate - 1%  Nursing Revalidation to commence 2015	Workforce Plan
				Reduction in use of bank/Agency workforce		
				Nurse Recruitment Strategy		
				International Nurse Recruitment		
				'Plan for every post' - Medical Workforce		
				Improving Time to Care (ITTC) Shift Standardisation 7-day working E-Rostering		
		A8/4 Staffing establishments are sufficient to meet actual demand	DHR	Trust wide workforce plan	Trust overall vacancy rate - 1%	Workforce Plan
				Monthly Performance Clinics		
				Reduction in temporary (bank/locum) positions		
				Project to create 'Establishment' for all posts in ESR		



Strategic Theme	Ambition	Objective	Lead Director	Actions	Key Success Measures	ULHT supporting programme, plan or strategy
		A8/5 Efficient deployment of our workforce to ensure effective patient care	DHR	Apply rostering policy		Workforce plan
				Refer to CIP plan		
				Extend plans for 7 day working across key clinical services	No pathway delays attributable to services not available at weekends.	Workforce plan
					Reduction in elective and non-elective length of stay	
				A9 Ensure that our workforce are engaged, empowered and healthy: Well led and in a safeworking environment	A9/1 LiA is the default method of our workforce engagement	CEO
	Listening events held with consultants, lower band workforce, senior managers and stakeholders	Workforce & stakeholder ideas influence LiA priorities				
	LiA quick win teams implemented in ward and departments	Pulse check engagement score improves				
	LiA part of all leadership development					
	LiA pioneer model developed					
	A9/2 Improvement in our workforce awareness of the Trust priorities	CEO	Executive roadshows		Increase in number of our workforce aware of Trust priorities	
			LiA boards in wards and departments			
			Social media used			
			Communication methods to our workforce who do not use a PC			
	A9/3 Ensure that best practice is shared Trust wide	CEO	Improve awareness and understanding		Trust wide adoption of LiA outcomes	
			Develop method to spread and sustain			
	A9/4 Ensure our workforce can and will safely voice their concerns (e.g, about patient care, bullying & harassment, probity issues)	DHR	Conflict resolution & breakaway part of modules for mandatory training (3 yearly requirement)		Staff survey results KF17 - physical violence from staff - 1%	Workforce plan
			Management training (ER modules to include B&H)		KF19 - B&H/Abuse from staff - 15%	
			Raising awareness/our workforce communiqué		Reduction in number of ER cases linked to B&H	
			Voicing your concerns 'hotline'		Increase in compliance rate for conflict resolution training	
			Support programmes (Occupational Health)			





Strategic Theme	Ambition	Objective	Lead Director	Actions	Key Success Measures	ULHT supporting programme, plan or strategy
		A9/5 Improve our workforce sickness	DHR	Ratification & Roll out of new sickness absence policy	Not exceed 3.5% by 31st March 2016	Workforce plan
				Stress/Resilience in the workplace training	Reduction in LT absence Reduction in ST absence	
				Workforce self referral - physiotherapy and other services	Increase in number of return to work interviews  Increase in pro-active occupational health referrals	
		A9/6 Improve our workforce satisfaction	DHR	ULHT workforce awards	Overall workforce engagement score - 3.74 (average for Acute Trusts) Job satisfaction scores: KF1 - Satisfied with work delivered - 85% KF2 - Role makes a difference - 95%  Improvement in LiA pulse check scores  Improvement in SFFT scores	Workforce plan
				Continue to implement LiA as main tool for workforce engagement		
				Implementation of new appraisal system on 1/4/14		
				Monitor workforce satisfaction with the quality of the appraisals		
				Continue with ULHT workforce awards scheme		
				Roll out leadership development with emphasis on adopting a coaching style of leadership		
		A9/7 Ensure our workforce work in a safe environment	DFAC	Undertake review of estate risk profile	Gaps identified in Estates risk review resolved	Estate risk profile analysis / Estates action plan
				Review PPM schedules		
				Develop schedule of backlog maintenance to improve the physical environment		
				Undertake soft service review in catering and portering		
				Review housekeeping provision pan Trust		



## Appendix 2: ULHT Services

### Trust Services

Accident & Emergency	Medical Physics
Acute Stroke Care (TIA)	Medical Oncology
Anaesthetics	Neonatology
Audiology	Nephrology
Bowel Cancer Screening	Neurophysiology
Breast Screening	Newborn Hearing Screening
Breast Surgery	Nuclear Medicine
Cardiology	Obstetrics
Care of the Elderly	Occupational Therapy
Clinical Oncology	Ophthalmology
Colorectal Surgery	Oral & Maxillofacial Surgery
Community Paediatrics	Orthodontics
Critical Care	Orthopaedics & Trauma
Dermatology	Orthoptics
Diabetic Medicine	Orthotics
Diabetic Retinopathy Screening	Paediatrics
Dietetics	Pain Management
Ear, Nose & Throat	Palliative Care
Endocrinology	Pharmacy
Endoscopy	Physiotherapy
Gastroenterology	Radiotherapy
General Medicine	Rehabilitation
General Surgery	Respiratory Medicine
Gynaecology	Respiratory Physiology
Haematology	Rheumatology
Hepatobiliary & Pancreatic Surgery	Theatres
Interventional Radiology	Urology
Maternity	Vascular Surgery







## Appendix 3: Listening into Action 2013/14

The Trust introduced Listening into Action in May 2013 to improve workforce engagement and address the findings of a cultural survey that demonstrated that the culture in ULHT was not conducive to our workforce delivering excellent services to patients. Our workforce felt the organisation was bureaucratic and slow to support the delivery of quality, safe patient care. Our workforce did not feel listened to or engaged but were passionate and committed and wanting to celebrate the good things that they were doing to improve their service. Listening into Action was the way in which Trust chose to engage 'frontline' workforce and change the culture in the organisation. Our mission was and still is, to fundamentally shift the way in which we worked to put our workforce, who know the most, at the centre of change.



Listening into Action is a national improvement initiative that has involved over 50 NHS organisation that enables our workforce to cut through all of the usual bureaucracy to deliver outstanding outcomes to improve their service. It's all about mobilising the energy of our workforce for the benefit of our workforce and patients.

One of the first things that the Trust did was to listen to our workforce. Over 400 members of our workforce attended listening events with the Chief Executive at which they were asked what was getting in the way of them delivering high quality services. The workforce told us that we needed to "Put Patients First" and that there were lots of things that needed to improve. For example:

### The BIG Conversation: 'What Matters to Staff'



- Not all of our workforce had positive attitudes. We all needed to smile more.
- There were long delays to recruit workforce and increased sickness
- We needed to celebrate the good things that happened
- We should only recruit workforce that shared our values
- There was too much paper work
- Not all of our workforce had an appraisal despite it being mandatory
- Staffing levels needed to be reviewed
- Communication was poor



We have now listened to over 1500 members of our workforce and are continuing to listen.

Some of the things the workforce told us that needed changing were Quick Wins and Eyesores. They did not need teams set up to tackle them, they just needed our workforce to be given permission to do things differently. We gave it and as a result we have:

- a) Identified 41 quick wins. Completed 18 of them and planned in others across the year. These include:
- Face to Face Wednesdays – to reduce the number of e-mails and free our workforce up
  - Making sure that a blood analyser machine was in the right place for patients at Grantham
  - Allowing our workforce to use social media (Twitter and Facebook)
  - Our workforce are being able to self-refer to physiotherapy for muscular/ back problems
  - Launched our smile campaign
- b) Identified over 70 bright ideas to improve services by our workforce e-mailing our LiA in box.
- c) Identified 59 eyesores and sorted out 22 of these with another 13 underway to make the environment better for our workforce and patients.

We set up 15 teams, some focused on tackling things that enable our workforce to do their jobs, such as improving recruitment and some tackling clinical priorities that impact directly on patients. Each had a doctor, nurse/ therapist and manager leading the improvement by working with all the right people who could help make a change for the better. An Executive Director supported each team to unblock things that get in the way of success. Each team had 20 weeks to make a difference and what a difference they have made! On January 24th we celebrated the achievements of the first 15 teams.

These are just a few examples:

- A 20% improvement in the time to theatre for patients at Lincoln with fractured hips. Lincoln have moved from being one of the worst performing trusts in the country for this important measure to one of the best.
- A reduction in the time to recruit workforce from 10 week to 6 weeks to be one of the best performing trusts in the country.
- Stopping printing paper blood results at Grantham (we already have them on computer) saving over 400 pieces of paper a day and freeing up the equivalent of one member of our workforce
- Implementing 10 Acute Care Practitioners in A&E at Pilgrim, improving the quality of care and saving £200,000
- Implementing Occupational Therapists and Physiotherapists in A&E and in the Clinical Decision Unit at Pilgrim 7 days a week
- Improving our mandatory training programme for our workforce
- Improving the way that we communicate with our workforce

We have now launched 30 more LiA teams across the Trust to carry on the great work. These teams will celebrate their improvements in July 2014 when we will launch more teams until LiA is the way that all change is made.







LiA works! The workforce involved have told us they are motivated, excited and engaged. Here are some of their comments:

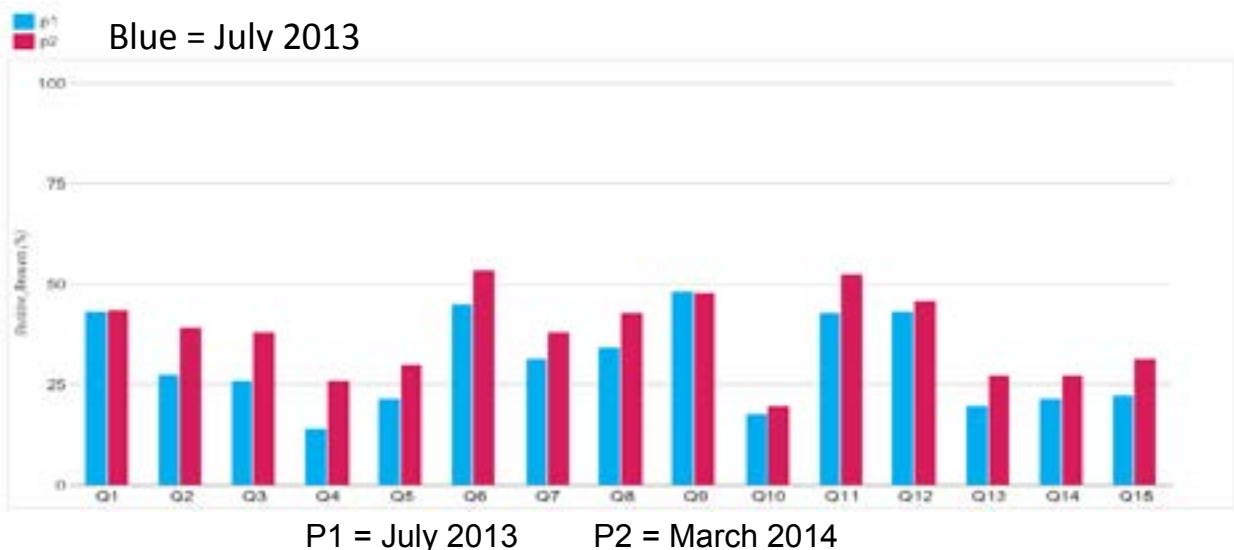


We have started something different and its working. When we started LiA we asked our workforce to fill in a 15 question survey to see how engaged and valued they felt. 10 months later we have just re done the survey and these are the results.





## LiA Survey Results

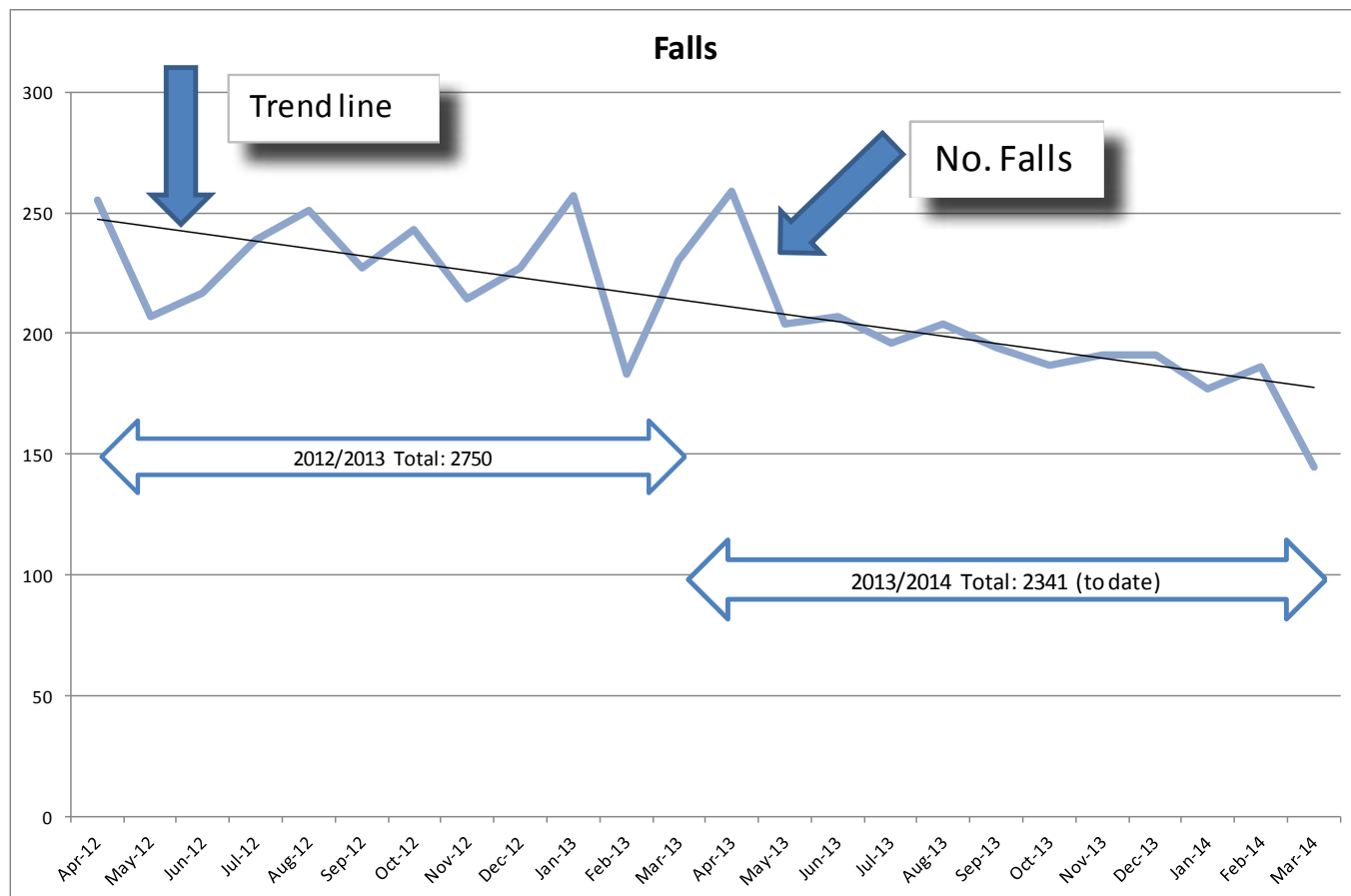


	P1	P2	
Q1: I feel happy and supported in my team/department	43.23%	43.56%	+0.33%
Q2: Our organisational culture encourages me to contribute to changes that affect my team/department/service	27.37%	39.32%	+11.95%
Q3: Managers and leaders seek my views about how we can improve our services	25.88%	38.18%	+12.3%
Q4: Day-to-day issues and frustrations that get in our way are quickly identified and resolved	14.12%	25.99%	+11.87%
Q5: I feel that our organisation communicates clearly with staff about its priorities and goals	21.45%	29.94%	+8.49%
Q6: I believe we are providing high quality services to our patients/ service users	44.97%	53.35%	+8.38%
Q7: I feel valued for the contribution I make and the work I do	31.51%	38.01%	+6.5%
Q8: I would recommend our Trust to my family and friends	34.12%	42.93%	+8.81%
Q9: I understand how my role contributes to the wider organisational vision	48.16%	47.85%	-0.31%
Q10: Communication between senior management and staff is effective	17.72%	19.81%	+2.09%
Q11: I feel that the quality and safety of patient care is our organisation's top priority	42.73%	52.38%	+9.65%
Q12: I feel able to prioritise patient care over other work	43.27%	45.68%	+2.41%
Q13: Our organisational structures and processes support and enable me to do my job well	19.79%	27.13%	+7.34%
Q14: Our work environment, facilities and systems enable me to do my job well	21.61%	27.19%	+5.58%
Q15: This organisation supports me to develop and grow in my role	22.4%	31.54%	+9.14%



## Appendix 4: Patient Falls Rate

The following graph displays the total number of patient falls that occurred within the Trust during April 2012 to March 2014, including a trend line to display the reduction over this period:



## Appendix 5: ULHT Trust Waiting Time Standards: Monthly Position

ULHT Trust Waiting Time Standards: Monthly Position													
Indicator	Target	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Total time in A&E	95%	92.37%	96.60%	95.49%	93.33%	92.64%	94.59%	94.70%	95.99%	93.93%	94.25%	94.63%	95.98%
Referral to Treatment: Admitted	90%	86.67%	89.62%	91.26%	93.13%	93.29%	92.45%	92.46%	91.90%	91.61%	90.71%	88.08%	87.00%
Referral to Treatment: Non-Admitted	95%	95.18%	96.02%	96.11%	96.11%	96.07%	95.42%	94.44%	93.29%	92.70%	91.62%	93.02%	93.10%
Incomplete RTT pathways	92%	92.92%	93.19%	93.93%	92.51%	93.79%	92.99%	93.87%	93.21%	92.88%	92.73%	92.11%	92.79%
Waiting times for diagnostics tests	1%	0.6%	1.1%	0.7%	0.5%	0.7%	0.7%	0.6%	0.2%	0.8%	1.4%	0.4%	1.4%
Maximum waiting time of 2 weeks from urgent GP referral to first outpatient ap-	93%	93.8%	95.3%	93.1%	93.4%	93.0%	93.2%	93.8%	91.5%	94.4%	89.3%	95.0%	
2 week standard for non-suspected (symptomatic) breast referrals	93%	86.0%	88.4%	94.1%	83.1%	81.0%	82.7%	83.9%	83.4%	77.1%	78.4%	92.4%	
Maximum waiting time of 31 days from decision to treat to start of treatment	96%	95.7%	97.2%	95.8%	96.6%	96.5%	96.5%	98.1%	97.8%	96.2%	98.7%	98.0%	
31 day subsequent drug treatments	98%	100%	98.6%	100%	99.3%	100%	96.9%	99.2%	99.3%	100%	100%	100%	
31 day subsequent surgery treatment	94%	92.3%	100%	97.8%	97.0%	94.1%	85.4%	97.1%	96.2%	95.1%	96.4%	95.6%	
31 day subsequent radiotherapy treatment	94%	93.7%	94.8%	94.1%	84.1%	93.3%	98.0%	95.7%	97.8%	95.4%	92.7%	90.5%	
Maximum waiting time of 62 days from all referrals to treatment for all cancers	85%	75.7%	78.5%	76.5%	77.9%	88.9%	79.2%	82.6%	78.8%	92.0%	84.3%	83.2%	
62 day standard from screening programmes	90%	100%	87.5%	90%	100%	92.3%	78.3%	80.3%	100%	100%	95.2%	89.5%	

The above table details the Trust's monthly performance against each of the national core standard waiting times during April 2013 to February 2014 (where applicable).

Key:



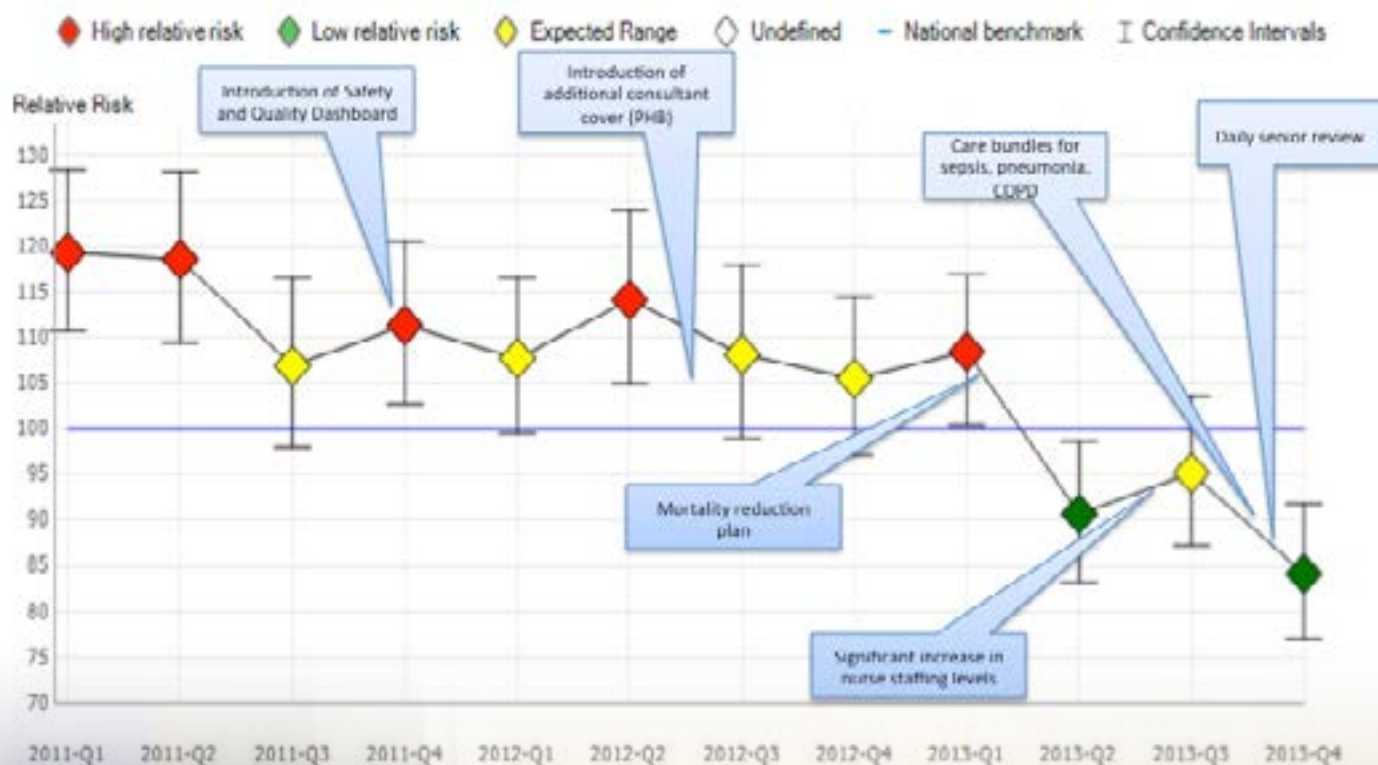
Standard Achieved  
Standard Not Achieved





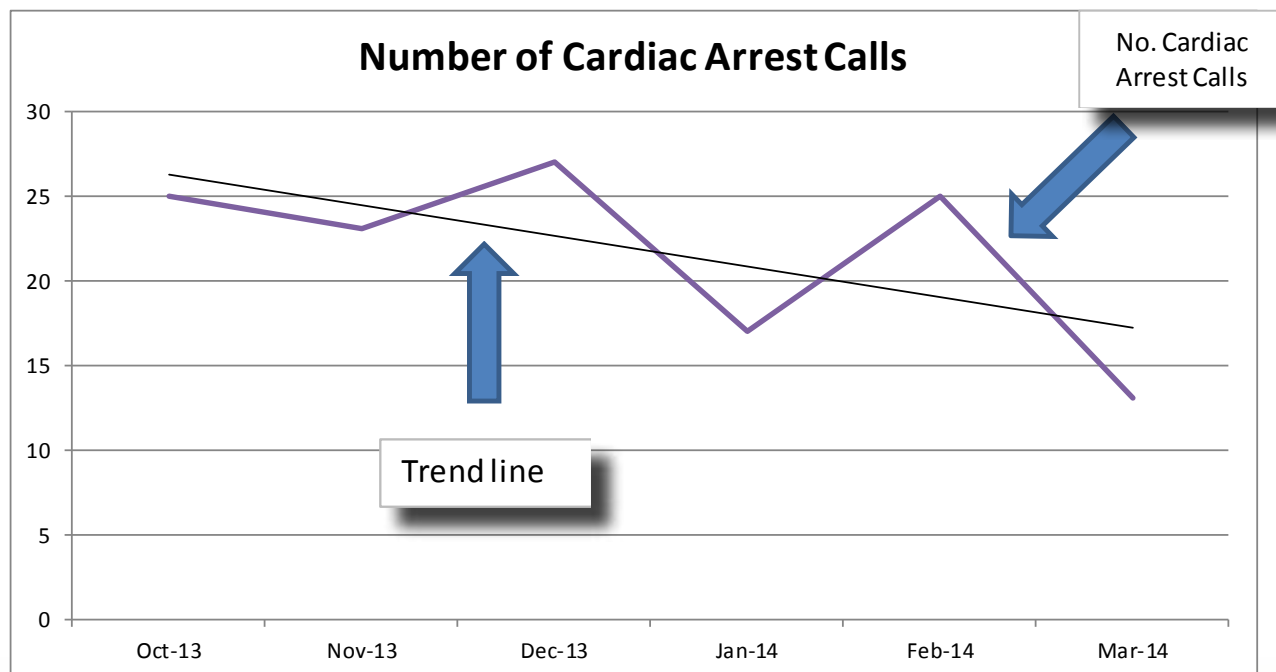
## Appendix 6: ULHT Mortality Position

The following graph displays the Trust's mortality position from (quarter 1) 2011 to (quarter 4) 2013, along with details of actions that have been taken to reduce the Trust's position:



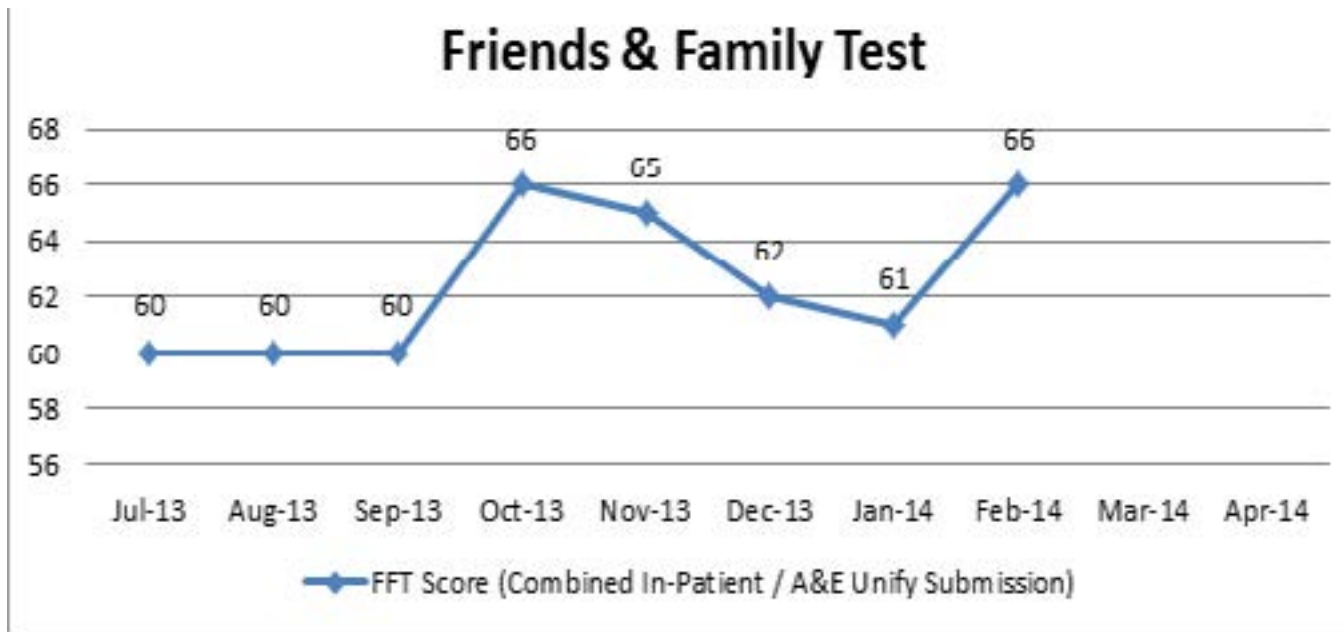
## Appendix 7: Cardiac Arrest Calls

The following graph displays the total number of cardiac arrest calls made within the Trust during October 2013 to March 2014, including a trend line to display the reduction over this period:



## Appendix 8: ULHT Friends & Family Test Score

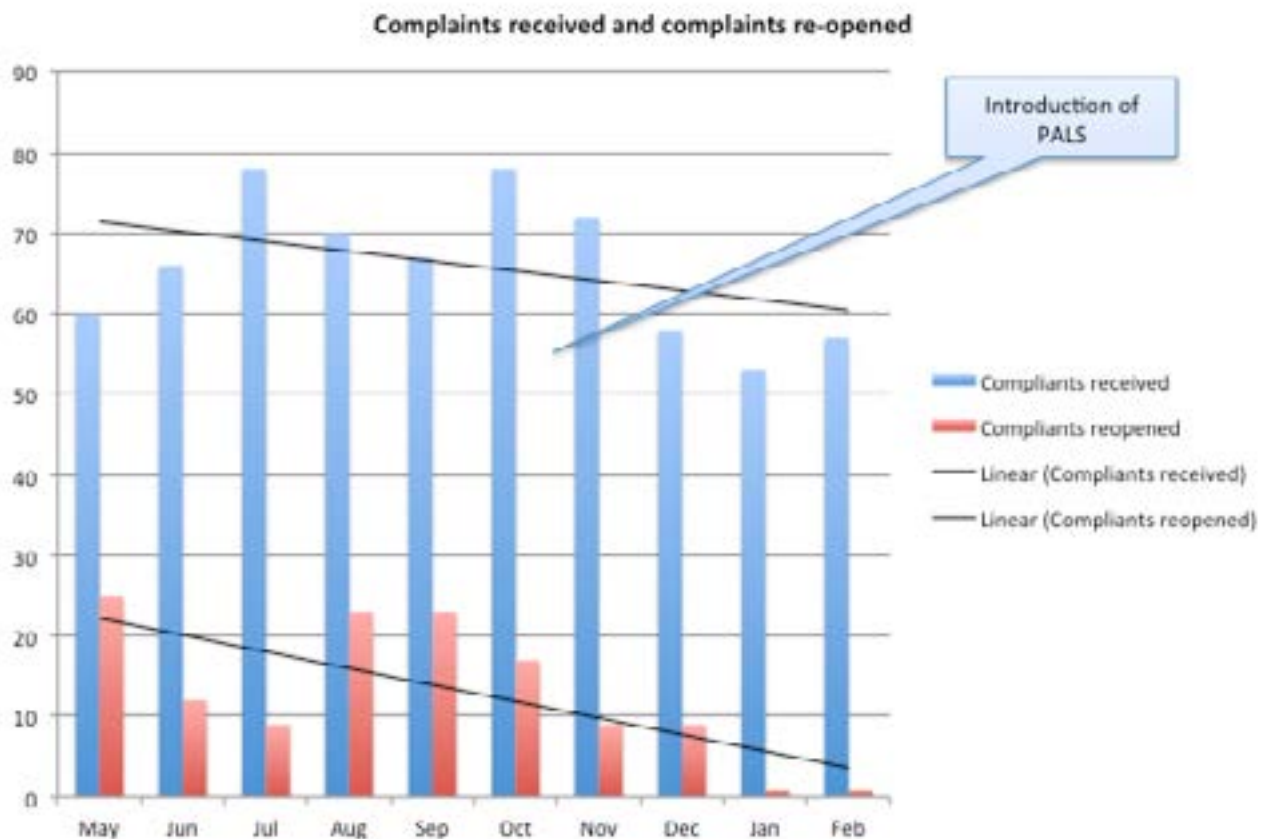
The following graph displays the Trusts Friends & Family Test scores from July 2013 to February 2014:





## Appendix 9: Complaints Received & Re-Opened

The following graph displays the number of complaints received and the number of complaints re-opened from May 2013 to February 2014:



# Appendix 10: ULHT Activity Plan 2014/15

The following table details our Activity Plan for 2014/15:

## Planning Round 2014-15

00

All types combined

	F.C.1	F.C.2	F.C.3	F.C.9	F.C.10	F.C.11	F.C.4	F.C.5	F.C.12	F.C.8
CCG Activity	Flexible Admissions - Ordinary Admissions	Total Flexible Admissions - Daycase (FDCs)	Total Elective FCEs	GP Written referrals (GGA)	Other referrals (GGA)	Intra referrals	Non-elective FCEs	All First Outpatient Attendances	Risk Outpatient attendances - following GP Referral	all subsequent Outpatient Attendances (all specialities)
2014/15										
April	989	5141	6110	10823	4829	15642	9635	10930	10395	
May	1100	5475	6500	10533	4000	15222	5005	15404	10000	
June	1064	5318	6382	10796	4810	15605	5607	15890	10334	
July	1089	5775	6874	12087	5408	17456	5706	17847	11616	
August	1034	4946	5000	9050	4401	14200	5210	14000	9404	
September	1001	5213	5214	10713	4789	15902	5188	15882	10297	
October	1059	5656	6715	11289	5040	16329	5348	16700	10827	
November	977	5472	6448	10220	4564	14784	5247	15084	9906	
December	976	5063	6078	10074	4010	14984	5513	14977	9708	
January	1068	5517	6585	11033	4932	16045	5538	16345	10651	
February	974	5037	6011	10103	4511	14814	5002	14830	9688	
March	1075	5305	6330	10604	4737	15341	5540	15718	10182	
Quarter 1										92159
Quarter 2										90909
Quarter 3										90004
Quarter 4										90013
2014/15 Total	12354	53908	76262	128193	57241	185434	62044	189400	123087	362485
2013/14 Forecast Qumum	12015	52009	74024	125054	55837	180891	64656	178412	115032	349830
Forecast growth in 2014/15	2.8%	3.1%	3.0%	2.5%	2.6%	2.6%	1.2%	6.2%	6.5%	4.8%
2015/16										
April	980	5200	6180	10947	4895	15632	5636	16106	10516	
May	1121	5518	6639	10654	4740	15394	5859	15614	10205	
June	1077	5384	6471	10918	4958	16786	5675	16116	10463	
July	1111	5838	6949	12225	5470	17895	5769	18039	11748	
August	1044	5000	6044	1074	4451	14425	5277	14703	9500	
September	1011	6272	6283	10836	4944	16630	5243	16068	10416	
October	1069	6703	6777	11419	5096	16614	5384	16837	10902	
November	991	5552	6540	10341	4010	14059	5314	15200	9910	
December	986	6106	6081	10187	4651	14748	5672	16146	9822	
January	1077	6667	6634	11718	5005	16273	5686	16481	10775	
February	906	5111	6007	10216	4563	14773	5067	15130	9000	
March	1038	5381	6419	10726	4793	15919	5609	15939	10297	
Quarter 1										93184
Quarter 2										91488
Quarter 3										90990
Quarter 4										90801
2015/16 Total	12491	64631	77122	129661	67893	187664	66961	181640	124503	366463
Forecast growth in 2015/16	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.2%	1.1%
2016/17										
April	12640	65390	78030	131164	49565	189729	66749	193787	125940	370872
Forecast growth in 2016/17	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%	1.2%
2017/18										
April	12786	66140	78826	132673	68239	191812	67614	196017	127088	376136
Forecast growth in 2017/18	1.2%	1.1%	1.1%	1.2%	1.2%	1.2%	1.1%	1.2%	1.1%	1.1%
2018/19										
April	12933	66900	79033	134200	69021	194121	68032	198271	128055	379449
Forecast growth in 2018/19	1.1%	1.1%	1.1%	1.2%	1.2%	1.2%	1.2%	1.1%	1.2%	1.1%

## Appendix 11: ULHT Workforce Plan 2014/15

ULHT Workforce Plan: 2014/15												
	Forecast 2014/15											
	30-Apr-14	31-May-14	30-Jun-14	31-Jul-14	31-Aug-14	30-Sep-14	31-Oct-14	30-Nov-13	31-Dec-14	31-Jan-15	28-Feb-15	31-Mar-15
Total number of contracted Full Time Equivalents *	6,659	6,659	6,688	6,668	6,670	6,673	6,656	6,655	6,739	6,739	6,739	6,742
Total Substantive Paybill (£'000) **	22,802	23,055	23,232	22,762	22,797	22,818	22,488	22,424	22,695	22,694	22,700	22,724
Forecast average cost per Full Time Equivalent 2013/14 (£'000)	41											





## Appendix 12: ULHT Finance Plan 2014/15

	2013/14 Forecast Outturn £'000s	2014/15 Final Plan £'000s
NHS Acute Activity Income	396,651	385,280
Non - NHS Clinical Revenue	2,616	3,035
Other Income	26,257	41,486
<b>Total Income</b>	<b>425,524</b>	<b>429,801</b>
Employee Benefit Expenses	-291,371	-295,550
Drug costs	-38,669	-40,320
Clinical supplies and services	-90,816	-92,231
Clinical negligence costs	-10,734	-10,740
Other costs	-4,991	876
<b>Total expenditure</b>	<b>-436,581</b>	<b>-437,965</b>
<b>EBITDA</b>	<b>-11,057</b>	<b>-8,164</b>
Profit / loss on disposals	35	0
Total Depreciation & Amortisation	-9,212	-10,745
Total interest receivable/(payable)	44	1
Total interest on loans and leases	-103	-101
Interest element of PFI Unitary charge		
PDC dividend	-5,867	-6,396
<b>Performance against break-even duty</b>	<b>-26,160</b>	<b>-25,405</b>



## Appendix 13: Cost Improvement Schemes 2014/15

Theme	2014/15 Value £'000s
A. Premium Staffing Costs - Doctors and Nurses	2,500 3,000
B. Process and Productivity Savings	1,500
C. Clinical Support services	1,500
D. Contract Turnover	2,000
E. Non NHS Income	1,000
F. Facilities	2,000
G. Procurement and non pay	3,000
H. Corporate Functions	2,000
I. General Pay Matters	1,500
J. Other including smaller business unit /Directorate schemes	5,200
<b>Total Savings Programme</b>	<b>25,200</b>

