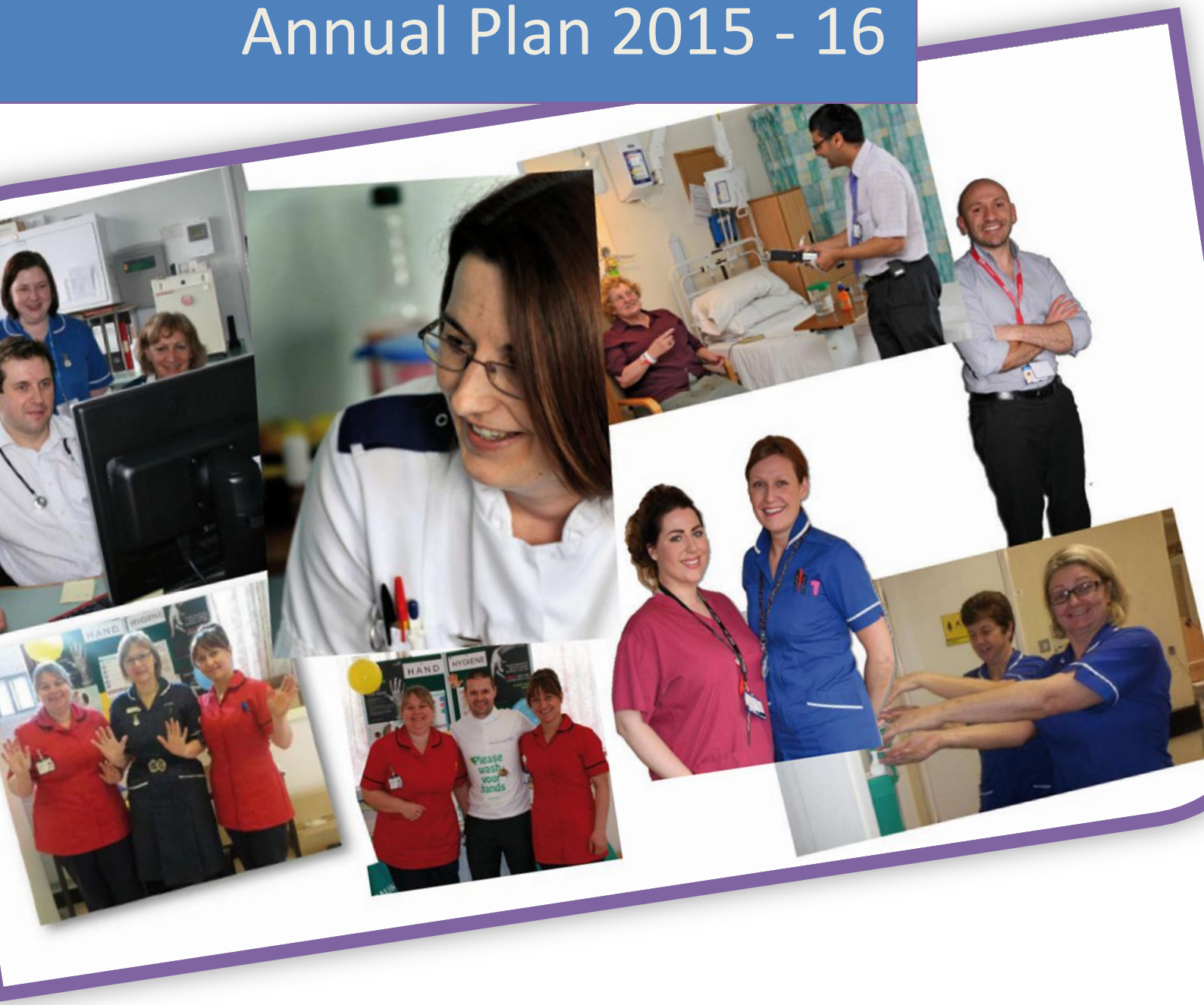
United Lincolnshire Hospitals NHS
NHS Trust

Annual Plan 2015 - 16



Contents

Section 1

Foreword –

Reflecting on the last 12 months

This past year was a challenging one for the Trust. However, we feel we have made headway across a number of areas to move us towards achieving our organisational vision (page 3) but we also recognise there are areas where much more work is needed.

The next 12 months is going to be increasingly challenging as we maintain quality while addressing our long standing staffing challenges, improving access to our services for our patients, managing within an increasingly difficult financial environment and developing the blueprint for our future configuration to ensure clinical and financial sustainability. For us to manage these challenges, all health, social care and

voluntary organisations are going to need to work more closely together over the coming months and years.

2014/15 ended on a real high for our patients, staff and partners with the announcement that the Trust had been taken out of special measures following its most recent review by the Care Quality Commission. This was a real boost to staff and patients, and helped to build confidence in the services that we provide.

This decision reflects big strides in improving the safety and quality of our services and the patient experience over the previous 12 months. We recruited more nurses and doctors, and improved clinical practice, which together with hard work had the combined impact of better quality services. This was achieved through our 'Beyond Good' quality improvement programme.

In addition, we invested in our hospitals to improve the services that we provide but also the environment in which they are delivered. Last year we started the largest capital investment programme in our history. This included the investment in new linear accelerator machines for radiotherapy, improvement to outpatients at Lincoln, new beds on our wards, and upgrade of boilers at Grantham to name just a few. Significant capital investment will continue into 2015/16 as we address many of our historical estate

issues, which have been made possible through external support.

We would also like to take this opportunity to highlight a number of areas where other institutions also recognised areas of good practice across our hospitals resulting in us being nominated as finalists and/ or winning a number of prestigious national awards.

These included:

- Orthopaedic team at Pilgrim Hospital winning the clinical leadership and musculoskeletal care categories of the Patient Safety and Care Awards and the National Patient Safety Awards.
- Lincolnshire Heart centre was a runner-up in the Patient Safety and Care Awards
- Lincoln County's macular service team was named Macular Society's clinical service of the year following praise from patients.
- One of our community midwives Karen Swan, won the title of national midwife of the year.
- We, along with our partners, were finalists for HSJ Value in Healthcare Award. We all designed a new way of working to support health care professionals in the community to care for patients in their own home or closer to home to keep people out of hospital.

As an organisation, we achieved our most demanding cost improvement programme to date totalling in excess of £25 million. Despite this, we will still finish the year with a financial deficit, as we did not generate sufficient income to cover our costs. Work is under way as part of Lincolnshire Health and Care (LHAC), to explore what we can do differently across Lincolnshire to improve quality whilst also reducing our costs. It is expected that we will share these plans later in the year.

There are areas where we know we need to do better. During 2014/15, we did not meet the standards expected of us for treating or discharging 95% of emergency patients within four hours, the national cancer standards, and the 18 week referral to treatment standard. Improving these are priorities for us as we head into 2015/16.

Coming out of special measures is a fantastic achievement and is due to our inspirational staff. We cannot underestimate the massive progress we have made as a Trust over the past 12 months. However coming out of special measures was not our end goal. We will always aim to deliver the very best care for all our patients.

Therefore, to build on our successes of this year and as we head into 2015/16 we have seven key objectives which are to:

- Continuously improve quality provision of safe care, and deliver a positive patient experience
- Create the conditions for our staff to achieve their best
- Recruit the right staff to the right places
- Move towards a clinically led organisation
- Deliver our 2015/16 financial plan
- Improve performance
- Set out our plans for the future

We won't sit on our laurels. We have significant challenges to deliver high quality services in a tight financial environment. We have clear annual and operational plans for each of our sites to achieve this and move further towards achieving our vision.

Jane Lewington and Ron Buchanan
Chief Executive Chairman

Section 2

Strategic context

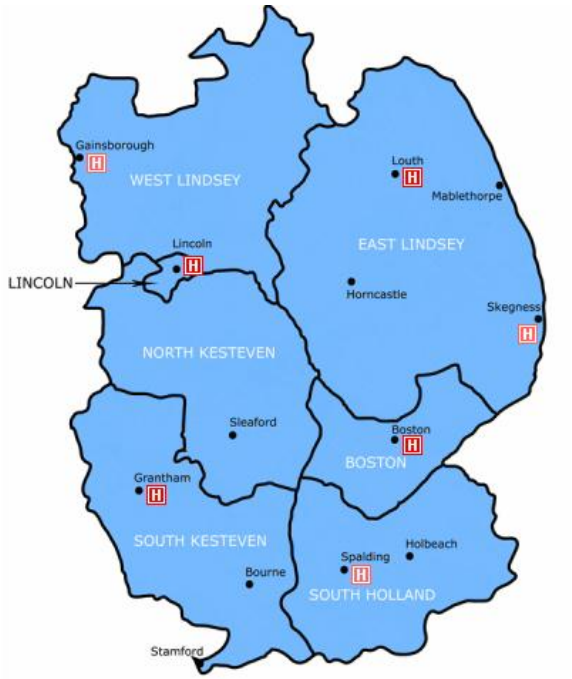
We are one of the biggest acute hospital trusts in England covering four main hospitals in the rural county of Lincolnshire.

2.1 Who we are

United Lincolnshire Hospitals NHS Trust (ULHT) is situated in the county of Lincolnshire and is one of the biggest acute hospital trusts in England, serving a population of over 720,000 people.

Our vision is to provide "consistently excellent and safe patient-centred care for the people of Lincolnshire, through highly skilled, committed and compassionate staff working together".

Diagram 1 –Map of acute and community hospitals in Lincolnshire



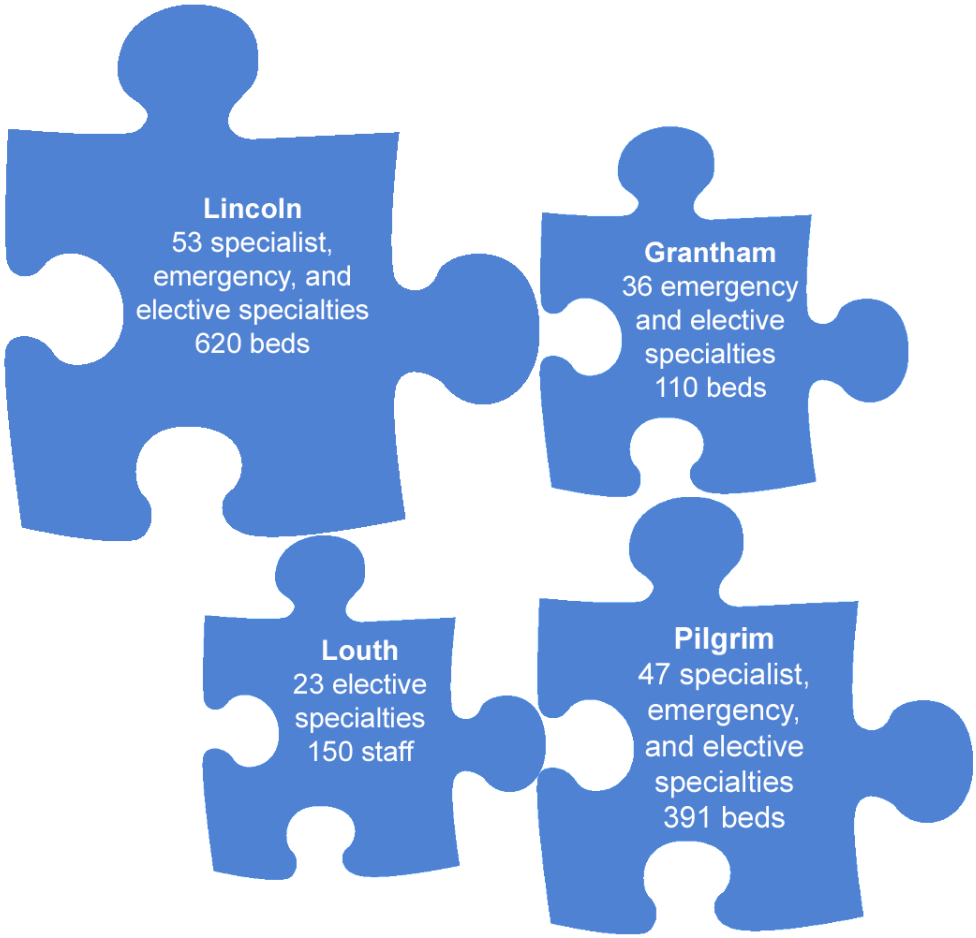
We provide acute and specialist services to people in Lincolnshire and neighbouring counties. We have an annual planned income of £416.25 million for 2015/16. Our main contracts are with Lincolnshire East, Lincolnshire West, South Lincolnshire, South West Lincolnshire clinical commissioning groups (CCGs).

ULHT operates out of four main hospitals:

- County Hospital, Louth
- Grantham and District Hospital
- Lincoln County Hospital
- Pilgrim Hospital, Boston

We also provide some outpatient and day case services from John Coupland, Gainsborough; Laundon House, Sleaford; Johnson Community Hospital, Spalding; Riverside House, Spalding; Holbeach Hospital, and Skegness and District General Hospital.

Diagram 2 Context of each hospital



2.2 The population we serve

The population of Lincolnshire is estimated to be 724,500. The GP registered population is slightly higher at 732,510. The population is projected to rise to 838,200 by 2033. This projected rate of increase is above the national rate of growth.

Lincolnshire is the second largest county in the UK and is characterised by dispersed centres in large towns, the city of Lincoln and largely rural communities. This means the population density is low.

Transport networks are underdeveloped resulting in transport times of around one hour between our hospital sites increasing the cost and complexity of delivering or receiving services.

In Lincolnshire, there is a declining younger population and a growing older population. Between 2003 and 2013, the population of those aged 65 or over increased to approximately 22 per cent. There are 19,700 people aged 85 or over, an increase of approximately 5,900 in 10 years.

By 2033, all age groups are projected to grow. However, the number of people over

75 years of age is predicted to double between 2012 and 2037.

In 2015, the population aged over 75 is projected to increase by a further 2,000 in year and represent 10.3% of the total population. These factors combine to increase pressure on hospital services, particularly urgent care (chronic obstructive pulmonary disease, diabetes, coronary heart disease, and elderly frailty) and referrals for cancer treatment.

Life expectancy for both men and women is similar to the England average but varies considerably across the county. Life expectancy is 7 years lower for men and 4.8 years lower for women in the most deprived areas of Lincolnshire compared to the least deprived areas.

In 2012, 27.2% of adults were classified as obese, worse than the average for England. The rate of people killed and seriously injured on roads is also worse than the national average.

In its ethnic profile, Lincolnshire is predominately white-British. The non-white population makes up just 2.4% of the population; the national average is 14%. 7.1% of Lincolnshire's population were born outside the UK, which is lower than the UK average (13.8%). Lincoln, Boston and South Holland have the greatest proportion of foreign-born residents, especially from new EU countries. 15.1% of the population of Boston were born outside the UK which is higher than the UK average.

Proficiency in English among the people who don't speak it as their first language is poorer in Lincolnshire than in England (69.3% compared to 79.3%). Polish, Latvian and Lithuanian are the most common non-English languages spoken in the county.

The use of hospital services is lower for the migrant population compared to the Lincolnshire population as a whole, with the exception of maternity services.

2.3 Provider landscape

The market for acute services is changing. This is demonstrated by the work undertaken by the Lincolnshire Health and Care (LHAC) review to date where there is an expectation that more services will be delivered closer to home or in patients' homes. Hospital inpatient stays are likely to be shorter and more intense in the future when people are admitted as an emergency. Elective care will be increasingly undertaken as a day case or outpatient.

The acute care market is becoming increasingly competitive with the introduction of the "any qualified provider (AQP)" process and commissioners exploring procurement exercises for some of the services falling under our current provision.

Any qualified provider gives commissioners the flexibility and choice of provider through accrediting multiple providers to deliver a specified service. Accredited providers are given "zero value" contracts which means activity levels are not guaranteed. This presents a challenge for ULHT due to our fixed costs, multi-site delivery and financial constraints. The Trust however has had a high success rate in AQP accreditations and managed to protect its market share in those areas falling under AQP in Lincolnshire (MRI, non-obstetric ultrasound and elements of

musculoskeletal services). Furthermore, the Trust has been successful in increasing its market share for diagnostic and therapy services across the borders including Norfolk and Waveney, Peterborough, Cambridgeshire, and Leicestershire.

In 2014/15, the Lincolnshire CCGs (with the exception of Lincolnshire South-West CCG) procured community ENT services, which affected our outpatient ENT service. The Trust was unsuccessful in its bid and the transition to the new service provider will start from 1 April 2015.

2.4 Trust's market share

61.94% of Lincolnshire residents who had a new outpatient appointment came to the Trust. (Based on the period between April – November 2014.) This is a decrease from previous years.

Residents within the CCG catchment area of Lincolnshire East and Lincolnshire West make up the majority of ULHT's new outpatient activity.

49.26% of Lincolnshire residents who had a planned operation came to the Trust. (Based on the period between April – November 2014.) This is a decrease from previous years. Residents within the CCG catchment area of Lincolnshire East and Lincolnshire West make up the majority of ULHT's elective activity.

The table below shows the Trust market share against local providers over a three-year period.

Table 1 market share: outpatient first attendances and elective from 2012/13 to 2014/15

	Outpatient			Elective inpatient		
Year	**2012/13**	**2013/14**	**2014/15 (April - Nov)**	**2012/13**	**2013/14**	**2014/15 (April - Nov)**
United Lincolnshire Hospitals NHS Trust	67.67% (213,454)	66.96% (224,702)	61.94% (131,949)	50.60% (12,834)	48.13% (11,701)	49.26% (8,199)

Section 3

Looking back – our performance in 2014/15

The Trust made some significant improvements in 2014/15 to the quality of care we provided to our patients. This led to the Trust being removed from special measures in March 2015.

3.1 Operational Performance

The Trust had a challenging year in 2014/15. We experienced one of the highest sustained periods of demand for hospital beds for emergency patients. This had a knock-on effect on planned elective work. We also introduced a new patient administration system that took time to embed, we faced constrained finances and we had two CQC inspections in less than 12 months. The Trust, however, has made some significant improvements in 2014/15 to the quality of care being provided to our patients. This was recognised by the CQC and NHS Trust Development Authority, with 83% of our ratings good, resulting in ULHT being removed from special measures.

If we look back over the last year, we have seen some significant improvements. However, it is recognised that further improvements are needed. These are:

Activity for 2014/15

Outpatients: 622,599
Daycases: 60,468
Inpatients: 85,028
A&E attendances: 147,688

Theme / objective	Achievements	Areas for further improvement
Transforming and improving services for our patients	• We have the best diagnostics performance in the East Midlands meaning patients are seen earlier • The Lincolnshire Heart Centre exceeded national targets in its first year for carrying out procedures quickly on patients suffering heart attacks, and had lower mortality rates than national average • Our hip fracture team at Pilgrim Hospital was the best in the country for speed of access to surgery for the second year running	• Recruiting and maintaining safe staffing • Contract income underperformance which is approximately £10m • Expenditure to meet CQC requirements and winter pressures • Reducing delays in transfers of care • Implementing our cultural change programme • Managing the impact on our elective pathways following the transition to a new PAS.
Meeting the highest expectations of patients.	• 83% of CQC ratings good and Trust removed from special measures • Two year £25 million estates improvement programme commenced • Reducing Hospital Standardised Mortality Rates (HSMR) to within expected levels • Nominated and won many national and regional awards • Improved medicines management and safety. • Met all our CQUINs (a contract payment for meeting quality standards) • We continued to reduce the incidence of pressure ulcers from 1.2% to 0.5% - compared with the national rate of 4 to 6% • Working with St Barnabas Hospice, we launched the “hospice in a hospital” at Grantham Hospital, a new six-bed inpatient unit and the first venture of its kind in the UK.	• Reduction and control of health care acquired infections • Insufficient capacity to meet demand impacting upon our ability to meet NHS constitutional standards • Embedding “ See it my way” to ensure we respond to patients complaints in a timely way
Developing and supporting our workforce	• A 100% increase in the number of staff completing their core learning and big increases in appraisals too • We listened to over 1,500 staff, as part of Listening into Action, a unique piece of staff engagement work, leading to 50 teams working on the priorities to improve our services for patients and staff. • We reduced the number of consultant vacancies from 102 to 58. • The Board agreed further increases to our nursing and health care support worker numbers	• Further increasing the uptake for core learning, and completing a higher number of appraisals • Working to fill nursing and therapy vacancies within the Trust

One of the most challenging areas for the Trust last year was delivering the NHS standards. The table below shows our performance against NHS standards last year.

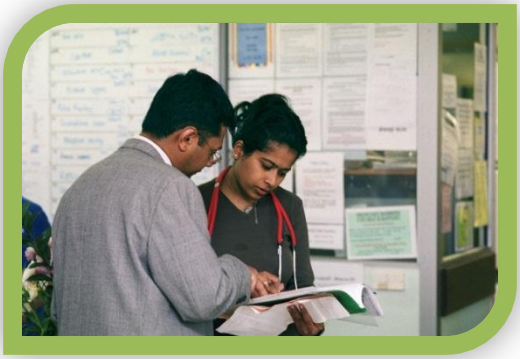
Table 2 Delivery of Key NHS Standards in 2014/15

Standard	Achieved	Narrative
A&E 4 hour wait		The 95% standard was not maintained throughout 2014/15. We were performing well during April through to September. However once demand increased in autumn and winter it proved difficult to maintain performance. All our hospitals experienced very high levels of bed occupancy. As a result of the non-elective demand, there has been disruption of planned care activity. Work during the year suggests that the main cause of sub-standard performance is poor bed flow arising from delays to discharge. Internally efforts have focussed on: • ensuring good senior medical and nursing staff availability • establishing out of hours streams at the front door including the frailty unit at Lincoln • revised early escalation procedures These interventions are part of the urgent care elements of the system resilience plan, which also includes support for discharge in the form of community and social care capacity to improve flow. Regular review of the system-wide urgent care plan takes place at the System Resilience Group.
Planned care and referral to treatment (RTT)		The admitted, non-admitted, and incomplete standards were not achieved. There was, and still are, demand and capacity pressures across a range of specialities. A significant programme of work is underway to improve access for patients. Our ability to date and treat patients within 18 weeks was also affected in year following the introduction of the new patient administration system and the availability of beds for elective patients due to the emergency demand for beds.
Cancer pathways		Delivery of the cancer standards has been inconsistent through 2014/15. There is a clear plan of actions that are required to improve performance. Many of the actions relate to improving capacity.
Cancelled ops		Cancelled operations have been in excess of the threshold throughout the year. Due to the emergency pressures we have seen a significant and unacceptable rise in the number of cancelled operations during 2014/15 and the number that have waited more than 28 days from cancellation to the operation being completed. Improving this position is a key priority.
Infection control		The Trust exceeded the zero threshold of MRSA cases in 2015/16 having reported one case. The plan is to meet the zero tolerance in 2015/16. The Trust continues to screen every patient and responds with appropriate intervention/actions. We continued to have isolated incidents of C. diff. In 2014/15, the Trust's final position was 65 against a ceiling of 62. Our success in reducing infections in the second half of 14/15 was recognised by the CQC. Work continues to embed and enhance infection prevention and control practice across the organisation.
Diagnostics		The Trust has achieved the 99% standard for all patients waiting for a diagnostic test to be seen less than six weeks from referral for the past seven consecutive months. We plan to mirror this achievement throughout 2015/16.

3.2 Response to our Care Quality Commission (CQC) reports in July 2014

In April and May 2014, the Trust was inspected by the CQC. On publication of the reports in July, the CQC recommended the Trust remained in special measures for another six months.

Following the publication of the reports, we developed a quality improvement plan. The two outstanding actions from our Keogh action plan were incorporated into our quality improvement plan. This plan defined, at a high level, the continuing quality improvement journey ULHT is making and the improvement goals that the Trust is working towards over 18 months. The plan included all of the "must do" recommendations in the CQC reports and detailed plans were developed for each project/work area. In addition, detailed underlying plans were in place to execute all of the "should do" actions at site level. However, they also included longer-term pieces of work that the Trust is pursuing to improve overall quality and responsiveness across the organisation.



The plan covered 19 priorities where we needed to show significant progress as follows:

- Health records
- Clinical governance
- Medicine management
- Staff training, appraisals and supervisions
- Equipment library
- Risk management
- Outpatients
- Medical engagement
- Care bundles
- Review paediatric services
- DNA CPR
- End of life
- National Early Warning Score (NEWS)
- Dementia strategy
- 7 day working
- Hospital at night
- See It My Way complaints policy
- Maternity services review
- Infection control

The projects were monitored at a weekly Quality Improvement Board, chaired by the chief executive.

3.3 Developing our estates

In 2014/15, we launched a two-year estate development programme with an investment of £25m. In year, £9m was directed towards clinical service developments, £2m in replacement medical equipment, and £0.6m in clinical information systems. Amongst the clinical service developments delivered in 2014/15, of particular note were:

- The start of the linear accelerator replacement programme at Lincoln
- New beds for all our hospitals
- Reconfiguration schemes on the Grantham site including improvements to A&E and the ambulatory care unit
- Reconfiguration schemes on the Pilgrim site including improvements to the mortuary facilities
- Enhancing the digital mammography service
- Full conversion of the x ray equipment at Lincoln to digital technology
- Refurbishment and modernisation of the Lincoln endoscopy service.

In addition, the Trust made a significant investment to replace the patient administration system in 2014, a major undertaking to improve the infrastructure supporting the delivery of clinical services both now and into the future.

3.4 Engaging our staff

Our staff engagement method – using the Listening into Action (LiA) methodology continued to have a positive impact on staff and patient care. LiA teams have achieved some great successes.

In 2014/15, the LiA teams focussed on priorities within our quality improvement journey. The key achievements were:

Lincoln

- The outpatient case note team set up a central collection point for case notes to speed up case note recovery.
- A new front door frailty service was launched so frail patients were assessed as soon as they are admitted to A&E.
- An extra 91 volumetric pumps were purchased to meet demand for pump-controlled infusions to ensure medical equipment is in the right place at the right time.

Pilgrim

- The medicines management team introduced 'drug round in progress' tabards.
- Inpatient leaflets were translated into Polish, Greek and Portuguese on AMU.
- The radiology team improved portering efficiency with the introduction of a two-way radio system.

Grantham

- At Grantham, the discharge before 10am team doubled the number of morning discharges since August.
- The never events team developed a new WHO safe surgery checklist.

- The enhanced recovery programme reduced the length of stay in hospital following hip and knee surgery.

3.5 Designing the future

Last year was a busy year in relation to preparing to design the future for United Lincolnshire Hospitals NHS Trust. Following agreement of the high-level clinical strategy from the Trust Board in April 2014, the medical director formed the Clinical Strategy Implementation Group (CSIG) in July 2014. The group were given the task of developing the detailed clinical strategy for ULHT.

The CSIG consists mainly of clinicians with a small number of managers supporting them. Since July 2014, the group has achieved the following:

- Put in place a clear set of governance arrangements to support development of the clinical strategy.
- Established the first four clinical strategy project teams focussing on emergency care, women and children's services, breast services and orthopaedic services.
- Aligned the work of the CSIG to that of the Lincolnshire Health and Care programme (LHAC).
- Adopted a collaborative approach with the LHAC programme for the development of planned care.
- Developed in detail a number of strategic and service delivery model options for emergency care and women and children's services.

Section 4

Our top ambitions for 2015/16

Our vision is to provide consistently excellent and safe patient-centred care for the people of Lincolnshire, through highly skilled, committed and compassionate staff working together.

The operational, financial and quality challenges faced during recent years continued into 2014/15. During this year, we continued to focus on our number one priority- patients. We have significantly improved the quality of our services but there is still more to do and we know these three challenges will carry over into 2015/16.

We have one purpose, one vision, five values, three aims and seven objectives. This is shown in more detail on page 13.

Trust plan on a page

Our **purpose** is to deliver safe, excellent, compassionate and respectful healthcare for our patients

Our **vision** is to provide consistently excellent and safe patient-centred care for the people of Lincolnshire, through highly skilled, committed and compassionate staff working together

Our 5 values and behaviours

The delivery and development of our services will be patient centred

We put our patient safety and wellbeing above everything

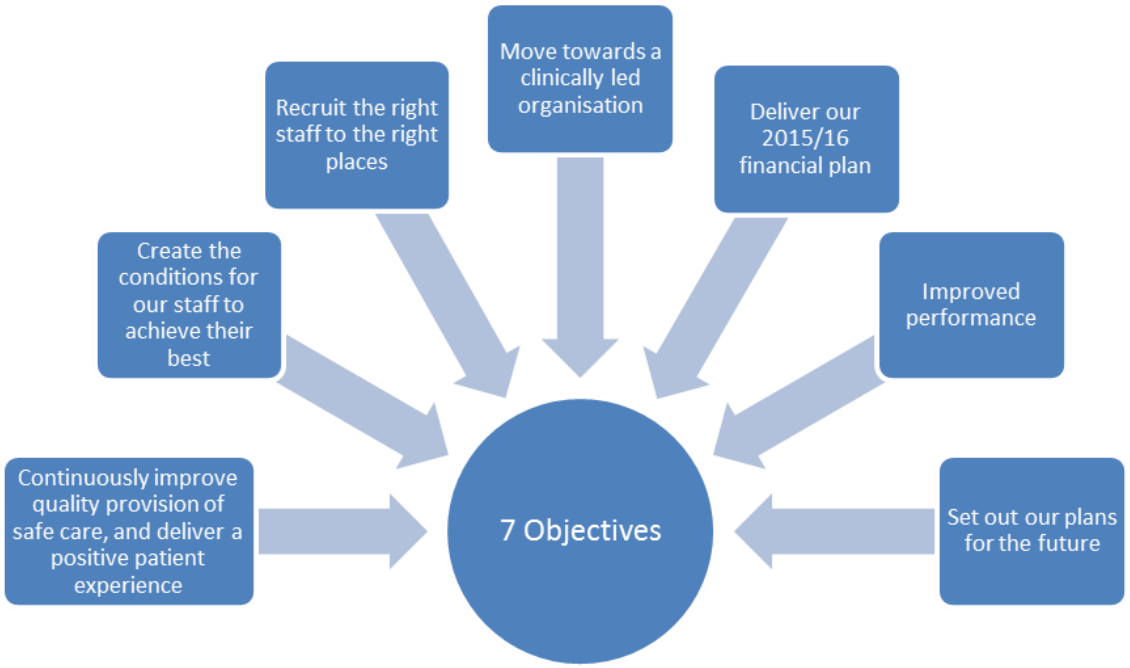
We measure and continuously improve standards, striving for excellence

We offer our patients the compassion we would want for a loved one

We show respect for you and each other

Our 3 **aims** are to consistently;

- Meet the expectations of our patients
- Develop and support our staff
- Ensure our services are clinically and financially sustainable



To build on the good work of last year, we have seven main objectives for 2015/16. These are:

1. **Continuously improve quality, provision of safe care, and deliver a positive patient experience by:**
   - Reducing avoidable harm
   - Improving friends and family test score
   - If complaints occur, respond more quickly
   - Improving the safety and suitability of our estate
   - Implementing a digitisation strategy for the Trust

2. **Create the conditions for our staff to achieve their best through:**
   - Supporting staff through higher rates of appraisals and core training
   - Achieving a higher level of staff engagement across the trust
   - Implementing our leadership development strategy

3. **Recruit the right staff to the right places by:**
   - Ensuring safe staffing across all clinical areas
   - Recruit, develop and retain staff to ensure all staff have the required skills

4. **Move towards a clinically led organisation:**
   - Implementing our workforce development strategy
   - Define the clinically led model
   - Develop and implement the transition plan

5. **Deliver our 2015/16 financial plan:**
   - Achieve our contract value in full
   - Continue to manage expenditure
   - Achieve our planned savings

6. **Improve performance by ensuring:**
   - Improvement across the emergency care pathway and performance
   - Improvement in the 18 week RTT pathway and performance
   - Improved cancer pathways and waiting times
   - Reduction in cancelled operations
   - Reduction in short notice clinic cancellations
   - Implement integrated discharge pathway

7. **Set out our plans for the future:**
   - Confirm service models for women and children and emergency care
   - Development of site configurations
   - Develop the reconfiguration business case
   - Develop a future financial strategy for sustainability as part of Lincolnshire Health and Care plans.

Plans on how we will improve quality and safety, workforce, performance, finance and transform services are set out in sections 5 to 9.

Section 5

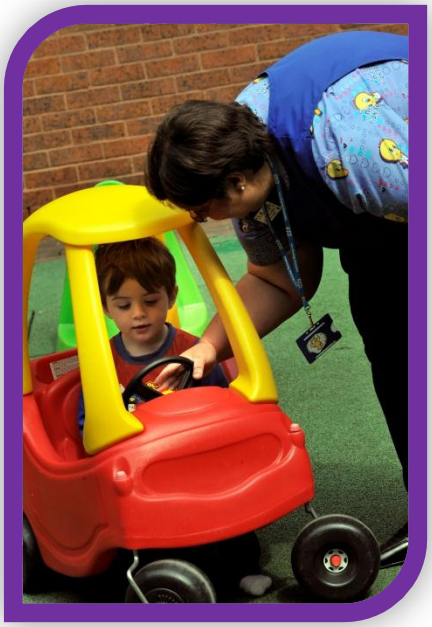
Our plans to continue to improve quality and safety in 2015/16

We will build on improvements we have already made and will also focus on new areas of quality improvement. We will revamp our buildings, provide safer staffing and better patient experiences.

5.1 Response to CQC inspection Feb 2015

The CQC inspection in February 2015 found significant improvements across all five domains with effective, caring and well-led rated as 'good' Trust-wide. Out of 79 key questions previously rated 'requires improvement' or 'inadequate', 64 have improved to 'good' with one moving from 'inadequate' to 'requires improvement'. Overall 83% of our ratings are now "good" or "outstanding" – 47% more than last year.

We are very pleased that the CQC recognised the significant improvements and changes we have made in our quality improvement journey. We will continue to embed the improvements we have already made and will also focus on new key areas of quality improvement that have been highlighted in the report and that we have identified as quality priorities for 2015/16. For example, a review of patient documentation and patient discharges will be new areas of work whilst we will continue to focus on improving the appointment system and patient experience in Outpatients.



The four must do actions identified by the CQC have been included in our quality improvement programme for 2015/16 and will be formally managed through the quality improvement programme board and the compliance committee. Joint working with our partners will be crucial to delivering sustainable change across Lincolnshire. Following the Quality Summit in April, we will agree a joint action plan and hold each other to account at the monthly NHS Trust Development Authority Oversight and Assurance meetings.

5.2 Quality priorities

We have made significant improvements with the quality of the care we deliver at all our three hospitals. However, there is still more to do.

During 2014/15, it became clear that some of our patient administration and business processes are both inadequate and insufficient. For some patients, this can result in a poor patient experience. This year, the Trust will embark on a major review of processes alongside the adoption and implementation of a digitisation strategy. This will lead to a fundamental redesign and rewrite of how our administration processes support patient journeys into, through, and out of the hospital including the sharing of relevant information to health and social care partners.

Dementia and frailty care is a national and regional priority. At ULHT we will take forward the actions within our dementia strategy that will raise awareness, provide training across all staff groups, fight stereotypes and ensure we provide the best possible care and support to our patients living with dementia and who are frail and also, importantly to their carers and family.

Our work around our Trust values and behaviours continues with a clear message that all that we do, and the way that we do it is expected to be undertaken with care and compassion, respect and dignity to our patients, public and our colleagues.

Embedding these values from recruitment to appraisal and proactively seeking feedback from patients and staff will ensure we give care and provide services that our friends and family would wish to use.

Our complaints and patient feedback at times tell us that we could communicate better and our current and continuing work around patient experience, education and training, customer care and our values and behaviour will ensure we identify where and how we need to focus improvements and ensure we make a difference.

Falls prevention remains a high priority on the patient safety agenda and a Trust-wide multi-disciplinary falls group has been reformed. ULHT is part of the *Sign up to Safety Campaign* which again has a clear focus on the prevention of harm. Safety and quality are discussed regularly with our partners from the wider health economy and we plan to share our learning.

Our chief nurse will also lead a review of patient documentation starting in May. The duplication of paperwork at the Trust frustrates staff and is also inefficient. This review is a major priority for our staff and will feed into our digitisation strategy.

We are committed to ensuring that we review our nurse staffing requirements in line with the National Quality Board guidance and ensure the Board are sighted on any

challenges to safe staffing. We have revised our escalation process but consistent staffing remains a challenge as we continue to work hard to fill vacant nursing posts.

We will be working with our health and community partners on a comprehensive programme to improve patient flow around the hospitals and the timely discharge out of the hospital. This includes better, earlier discharge planning for people with complex needs, improving communications with patients, their families and primary care.

5.3 Improving our estate

Effective capital investment is a key enabler to improving the quality and safety of clinical services and last year we embarked on the largest capital investment programme in the Trust's history. In 2015/16, we will be investing over £26.7m in capital schemes. These include clinical service developments, medical equipment replacement, improving our estate, and modernising our information systems including those directly supporting clinical care. The Trust is seeking additional borrowing to supplement the current capital plan to help further enhance the quality of our services.

Section 6

Our plans to develop and support our workforce in 2015/16

In 2015/16, we expect our headcount of staff to remain at approximately 6,300. However, we will boost numbers in some priority areas of nursing, medicine and therapy by working harder to attract the best people to work at ULHT.

6.1 Our workforce challenges

Undoubtedly, the challenges facing both the NHS and United Lincolnshire Hospitals NHS Trust (ULHT) call for a focused and effective people strategy. We know that we can continue to improve quality through the strong delivery of a workforce and organisational development strategy which is aligned to a clinical strategy designed to meet the future Lincolnshire requirements. In 2015/16, we expect our staff to remain at current levels of 6,300 WTE. However, we will boost numbers in some areas of nursing, medicine and therapy.
It is clear that many of the challenges faced by ULHT are linked directly to its strategies around its workforce, their engagement and involvement, along with their development.

Historically, ULHT has challenges in the area of recruitment and retention of staff, and within a number of key clinical areas, this has proved to be particularly difficult, for example in emergency medicine and interventional radiology. Whilst we have achieved significant success in recruitment of clinical staff, it continues to remain one of our greatest needs – and we expect this to continue to be the case for the near future.

Workforce for 2014/15

Total 6,300 wte
Over 1,900 nurses and midwives
800 doctors

6.2 Our strategy

One of our key strategic objectives is the development of our staff. This includes the focus on improving the effectiveness of staff engagement, and developing a truly clinically led service, along with developing our leaders at all levels of the Trust.

The Workforce and Organisational Development Strategy outlines how we will deliver the vision and values, and a patient centred culture led by clinical decision-making.

The aims are:

- Effective workforce plans, clearly defined at both operational and strategic level.

- An employment proposition, which is innovative and fulfilling enabling us to recruit and retain at the highest level, ensuring that professionals have the opportunity to develop.
- A culture of high performance and continuous improvement in every aspect of our service.
- Every member of our workforce having a clear understanding of their role and objectives, working effectively in teams.
- Promotion and celebration of equality and diversity throughout the Trust.
- Leaders across the Trust openly demonstrating our behaviours and interactions with others.
- Learning and development opportunities available to all, enabling staff to gain and improve skills and competencies that contribute to delivering the organisational goals and excellent patient care.
- A culture that values, encourages and recognises engagement, openness, achievement, candour and contribution.
- A learning culture which creates and nurtures, supporting highly motivated and skilled staff who are empowered to challenge constructively, and find solutions to problems.

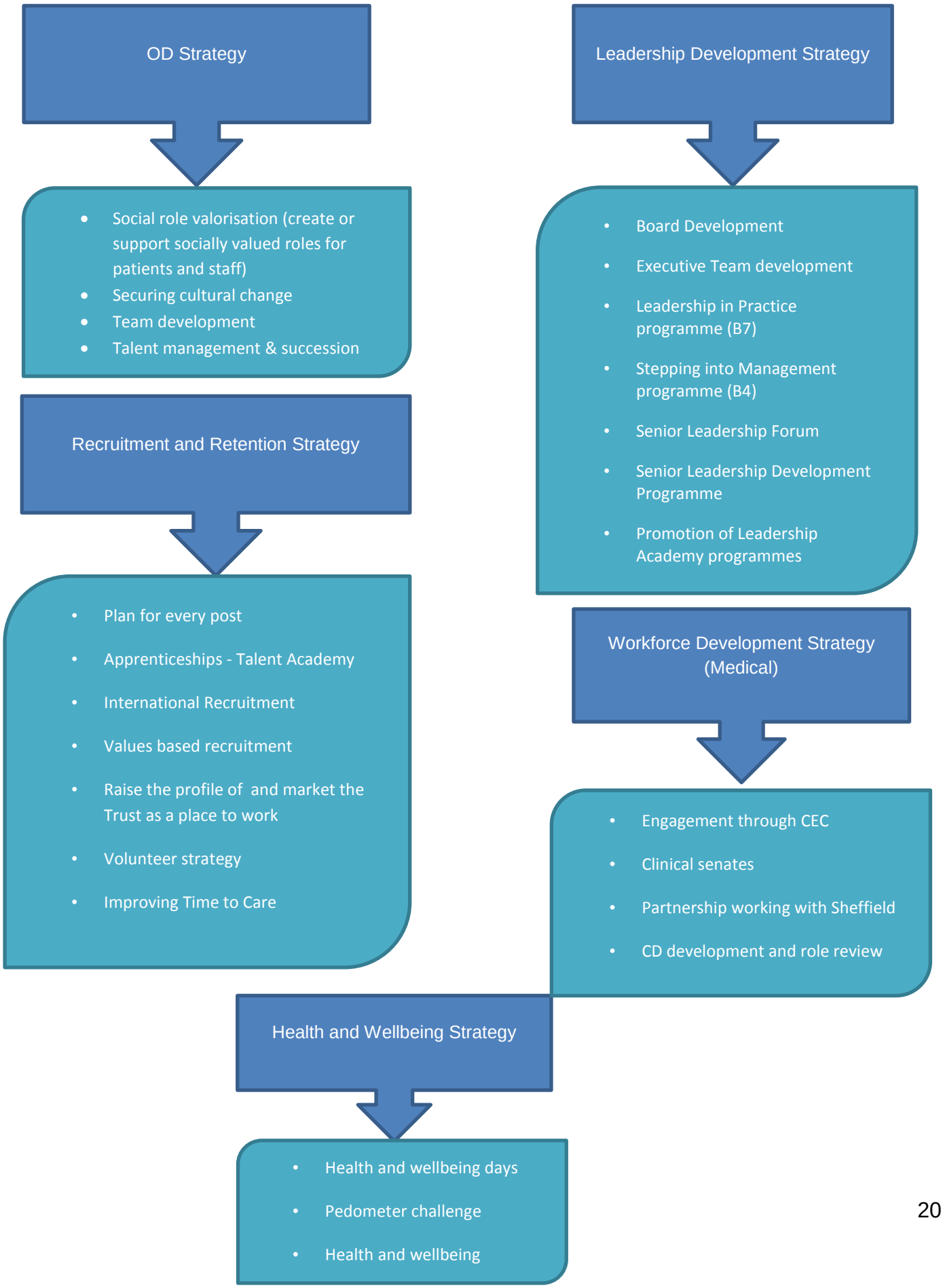
The next few years will see transformational change across health services, both nationally and locally. The strategy will support the delivery of a high performing organisation, which maximises the delivery of patient care and the opportunities to develop and utilize knowledge and skills across boundaries, during a period of major change. This will require a clear focus upon the culture of the organization and the need to develop our staff to consider how the future requirements of patients will call upon us to think differently, as we consider what ULHT will need to deliver in the future.

This year we will continue to develop sustainable staffing models to support future service models. We will work with our partners as part of Lincolnshire Health and Care to develop new, integrated, flexible and innovative roles to meet the evolving needs of our population.
Integral to all of our plans is the need to deliver effective leadership at all levels to ensure that we truly embed our vision and values, along with the right behaviours. As part of this, we will be working with our staff and staff side colleagues to ensure we have a fully engaged partnership approach.

The delivery of a first class people focused strategy will require the implementation of fully effective reporting to support decision making, and this will also form one of our main priorities as we develop our workforce information systems. This will include the need to deliver information to our local managers through further development of our core Electronic Staff Record system.

We firmly believe that if we focus upon clear strategies for each of these areas, and ensure that they are clearly connected, we will deliver the best patient care we can.

The diagram below shows the work streams for 2015/16 that support priorities and objectives which underpin the workforce and organisational development strategy.



Section 7

Our financial and investment plans in 2015/16

We recognise finance remains one of our biggest challenges. The Trust has a recent track record of meeting big savings targets. However, the emerging financial strategy for the Trust aims to work towards breakeven at a realistic pace.

7.1 Financial context

One of the biggest ongoing challenges facing the Trust in 2015/16 is financial. There are rises in demand on services but reduced growth in income to meet this demand.

The 2015/16 plan includes an £19m savings requirement. The Trust is continuing to adopt a largely thematic approach to meeting this with 12 executive led themes, branching into individual schemes.

2014/15

The Trust ended the 2014/15 financial year with an underlying deficit of £25.2m, consistent with our original plan for the year.

Finance for 2014/15

Income £433.25m
Expenditure £448.528m
Year-end deficit £15.2m
Savings £25.85m

2015/16

The Trust currently has to plan for a deficit of £40.3m for 2015/16 against the breakeven duty, a deterioration of £15.1m on the original planned £25.2m deficit out-turn for 2014/15.

Table 3: Deficit movements

	£m
2014/15 underlying deficit	-25.2
Internal non-recurrent actions	-5.5
Inflation costs (note 1)	-12.5
Safe staffing	-2.3
Reduced NHS Commissioner income	-9.0
Contingency (note 2)	-2.2
Savings	19
Costs to achieve activity plan	-0.8
Smaller changes aggregated	-1.6
2015/16 plan	-40.3

(1) General inflation as per national tariff deflator and subsequent national pay award and CNST actual costs.

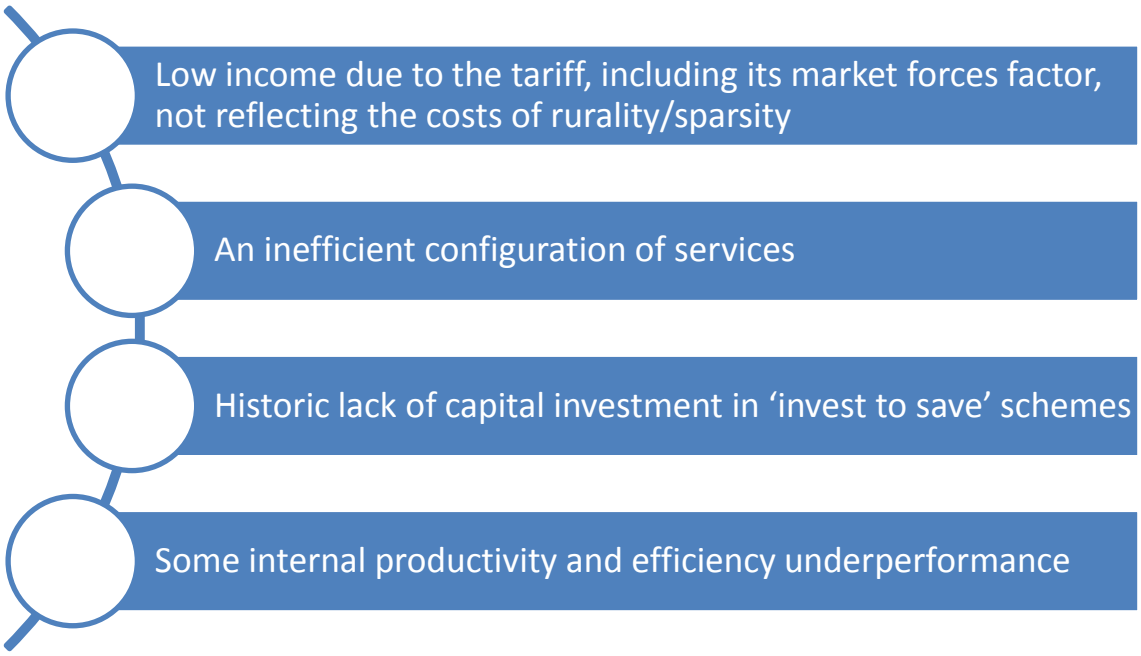
(2) A 0.5% general contingency sum is provided as in 2014/15.

The 2015/16 plan has reduced dependency on early implementation of the Lincolnshire Health and Care review (LHAC) and the Trust's Clinical strategy. However, where progress is made and costs eliminated, the income needs to be left with the Trust to achieve an improvement in the deficit.

The Trust has elected to use the Enhanced Tariff Option (ETO) in its contracts with commissioners. The 2014/15 national variations remain, but changes proposed in the 2015/16 National Tariff Payment System are reflected in the local variations implementing the ETO (such as the change to the marginal cost reimbursement for emergency hospital admissions and removal of the transitional arrangements for new payment approaches).

7.2 Over-arching strategy and sustainability

The emerging financial strategy for the Trust aims to work towards breakeven at a realistic pace. The current revenue deficit is not the product of one sole cause, it is more the result of a combination of factors;



It therefore follows that the strategy to address the deficit requires a multi-faceted approach, which comprises:

- Continued savings, productivity and efficiency increases
- Capital investment in schemes that will result in reduced revenue costs
- Reconfiguration of services
- A more reflective unit price.

In 2015/16 the Trust will seek to make progress on all fronts:

- Pursuing savings at 4.3% (excluding passthrough expenditure), 0.8% above the national requirement
- Seek to secure £8m of additional capital investment to commence a range of 'invest to save' schemes
- Finalise its clinical strategy and configuration plan, in conjunction with LHAC
- Request a tariff modification.

As the planned deficit for 2015/16 has increased, the Trust needs to consider a revised improvement trajectory in line with progress on the above measures. A context of 3.5% savings to 'stand still' under likely future tariff efficiency requirements will add to the challenge.

The Trust will need to request external cash support through the continued deficit period.

7.3 Savings

The 2015/16 plan includes a savings requirement of £19m. The Trust is continuing to adopt a largely thematic approach to meeting this with 11 executive-led themes, branching into individual schemes as follows:

- Effective staffing and removing premiums
- Clinical support services
- Process and productivity
- Corporate function staffing
- Procurement and non-pay
- NHS income
- Non-patient income
- General pay matters
- Facilities and site rationalisation
- Technical
- Smaller schemes

Opportunities to the full value of the requirement have been identified. The over-arching plan has been presented to our Clinical Executive Committee to secure clinical engagement. Detailed plans are being developed to underpin the themes and savings will be removed from budgets prior to month one reporting.

It had been previously anticipated that savings would arise from LHAC, but as the timetable has slipped significant savings from this are unlikely in 2015/16.

7.4 Capital

The capital submission plan for 2015/16 is at £35m which includes £14m of public dividend capital (PDC) for backlog maintenance. This was secured at the independent trust financial facility (ITFF) in 2014/15. The programme reflects a need to safely sustain existing services but also to make vital investments in ICT, along with using capital to 'invest-to-save'.

We are seeking £8m from the TDA of additional capital to accelerate 'invest-to-save' opportunities and the use of technology to deliver greater efficiencies in the organisation.

7.5 Financial Risks

There are a number of key risks to the plan shown in table 4 below. 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.

Table 4 Principle financial risks and mitigation

Risk	Issue(s):-	Approach:
1) Base Contract Income	Income does not include any funding for safer staffing or seven day working.	Work closely with CCGs to enable investment in these areas
2) In-Year Income	In-year income becomes reduced as a result of fines, penalties or performance issues, for which the maximum is increasing	Continue to work with commissioners to anticipate problems and agree solutions, ensure internal performance frameworks are effective, ensure internal framework for CQUIN delivery is in place. Understand the root cause of any issues leading to potential fines to determine whether it was within the Trust's capabilities to avoid.
3) Expenditure Control	That budget holders expenditure exceeds their available resources.	Embedding renewed business processes, including rating financial performance of business units and escalation where performance falls below expected standards. Compliance-based approach to business processes, standing orders and standing financial instructions. Training for non-financial managers including clinical directors. Strengthening of budgetary control, involving review of purchase orders by senior finance staff where escalated by the procurement team.
4) Delivery of Savings	Sub-optimal delivery against the £19m savings requirement	A robust structure to support delivery of plans including executive oversight and responsibility. Managers performance managed on delivery of each scheme, supported and challenged by a named finance lead. Identification of key milestones, prompts and escalation. Monitoring of in-year performance through a dedicated database, with early warning prompts for remedial action.
5) Regulatory issues	The Trust was under special measures following the 2013 Keogh review and continues to be under close scrutiny. The Trust is no longer in special measures but some areas require further improvement. This may yet lead to potential further costs.	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 near to the same timescale.
6) Strategy and LHAC	Progress on LHAC 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. There has been a natural delay due to the political cycle.	Full, active participation in LHAC, prompting key acute service-related decisions being made early enough in the process. Collaboration with healthcare partners as the external environment allows. Support to robust LHAC 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	Availability of external cash support to the deficit and additional capital.	Following on from a successful bid for support during 2014/15, engage in early and continued liaison with the TDA to establish the case and provide appropriate supporting information.

Section 8

Our approach to meeting demand and improving performance in 2015/16

Meeting the NHS constitutional standards is a key priority for the Trust. By taking focused actions, we can be confident in improving our services towards meeting the NHS Constitutional standards for the people of Lincolnshire.

8.1 Projected demand

We are assuming a 3.35% growth in overall total activity from the 2014/15 outturn position to the 2015/16 plan, across the organisation.

We have worked closely with commissioners, throughout the contract negotiation process, to agree a view on future demand and the following tables detail the predicted levels of demand in the following areas.

Table 5 Predicated demand by type of activity in 2015/16

Point of Delivery	2013/14 Actual	2014/15 Outturn	2015/16 Plan
Day case	61,452	60,468	62,505
Elective	11,832	12,544	12,713
Non-Elective	73,034	72,484	74,628
Outpatient First	227,927	209,738	221,897
Outpatient Follow-up	432,589	412,861	422,071
Grand Total	**806,834**	**768,095**	**793,814**

Table 6 Predicted demand by site in 2015/16

Site	2013/14 actual	2014/15 Outturn	2015/16 Plan
Grantham	97,184	94,130	97,513
Holbeach	5,132	1,458	1,592
John Coupland	9,129	7,926	8,596
Laundon	303	520	378
Lincoln	387,543	368,800	382,027
Louth	33,711	29,594	31,656
Pilgrim	244,325	237,535	243,318
Riverside	9	32	50
Skegness	12,067	10,229	11,649
Spalding	17,431	16,624	17,034
Grand Total	**806,834**	**768,095**	**793,814**

8.2 Capacity

It is recognised that the effective flow of patients through our services is reliant on good capacity planning and staffing.

Capacity planning is crucial to ensure sufficient capacity to treat the level of demand on the service. The Trust has undertaken an extensive capacity review for each service as part of agreeing the contracted level of activity with our commissioners.

The Trust has had significant activity challenges in two particular specialities - breast surgery and neurology. A continued increase in demand has been seen within breast services and capacity has been hindered by struggling to recruit radiologists. The neurology service relies on visiting consultants and therefore it is difficult to be flexible with capacity, creating capacity shortfalls. The Trust has addressed these two specific shortfalls as part of the negotiation process with commissioners and confirmed a level of activity that can be provided by ULHT. We remain committed to providing these services in 2015/16 and through these actions we can be more confident in providing a service that meets the NHS Constitutional standards.

A number of other specialities are undergoing service redesign due to the significant pressures faced in 2014/15 and predicted capacity shortfalls in 2015/16. These include dermatology, ophthalmology, pain, trauma & orthopaedics and urology.

8.3 Improving performance

Improving our performance on the national NHS constitutional standards is a priority for ULHT in 2015/16.

We will do this by being an integral member of the System Resilience Group (SRG) which has representatives from all health and care organisations in Lincolnshire. They work together to review pathways for delivering safe and effective care in the county. Our performance is reliant on the whole system's ability in Lincolnshire to manage patient flow, including managing the need for urgent care and ensuring medically fit patients are discharged in a timely way to the appropriate community setting.

A further development in 2015/16 is the re-launch of the Planned Care Board which will take strategic ownership of the delivery and improvement of services linked to 18 week referral to treatment (RTT) and cancer waiting time standards. ULHT is a core member of the board.

The Trust is also committed to ensuring delivery of services that are of high quality, efficient and safe. Therefore, the following improvements will be made:

4 hour emergency access standard:

- Embedding the ambulatory care model
- Ensuring good senior medical and nursing staff availability
- Establishing out of hours streams at the front door including a frailty unit at Lincoln
- Revised early escalation procedures
- Increase focus on internal discharge process and external delays to transition of care.

18 week referral to treatment standard:

- Speciality recovery plans in place to meet expected levels of demand
- Service redesign in specialities where problems have been identified with meeting the expected levels of demand
- Extensive activity modelling and monitoring throughout the year to ensure capacity and demand levels are managed and are transparent
- Increase levels of support for the operational business units to provide realistic and achievable trajectories and remedial action plans
- Increase levels of support for clinicians and business managers in identifying issues outside of their control, and facilitating the dialogue with commissioners to rectify issues in a proactive manner
- Ongoing data quality improvement, training and validation.

National cancer waiting times:

- Urology, lower GI and breast pressures impacting on 2 week wait
- Matching contracted breast activity to available capacity to ensure the service provided meets national standards
- Breast redesign programme underway
- 62 day pathway focus on lower GI, lung, urology including a focus on capacity planning
- Increase radiology staffing and multi-disciplinary team support
- Increase level 1 / high dependency unit access.

Section 9

Setting out our plans for the future

We will reform our services. We want to deliver better services in Lincolnshire. We want services to be clinically and financially viable for the future. We cannot have one without the other.

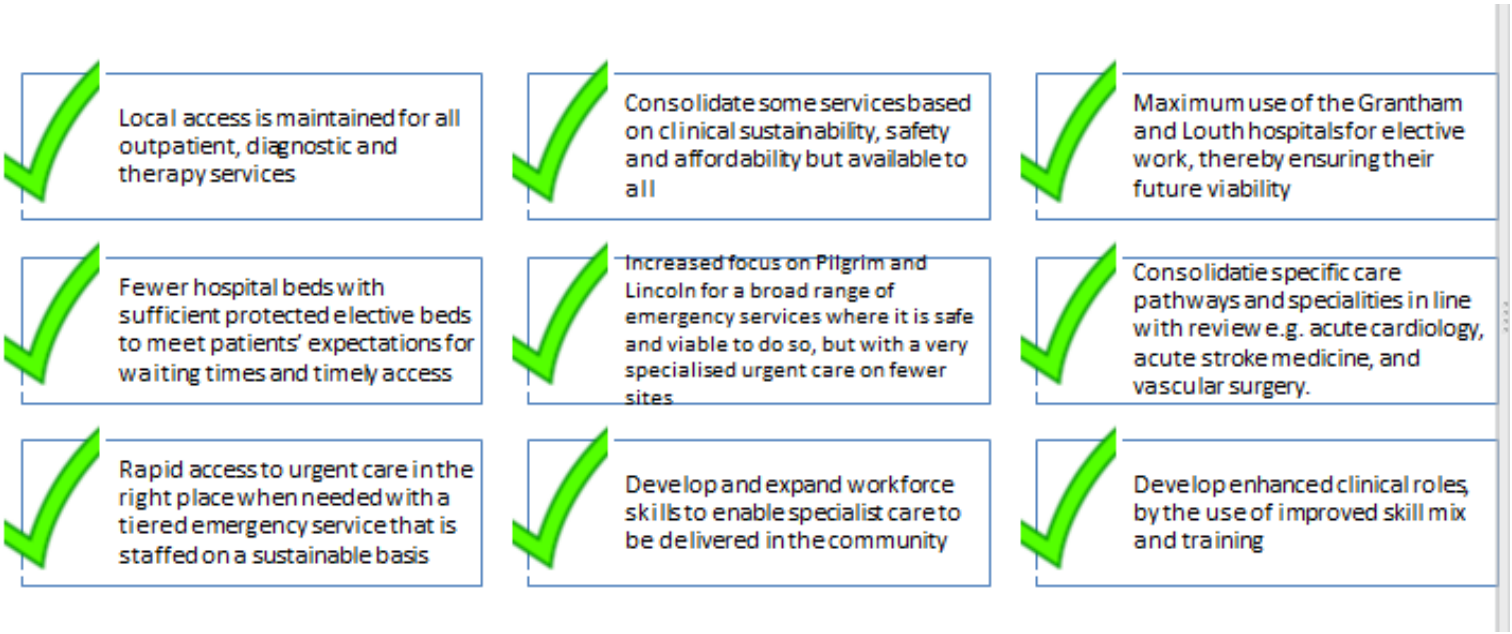
One of the key priorities for the Trust in 2015/16 is to move forwards with the transformation of our services with partners through Lincolnshire Health and Care (LHAC).

This will of course involve listening to the views of our patients and our staff.

The one constant in the life of the NHS is that there is always change. It's the only way the NHS can survive and improve. The whole health system faces many challenges unfortunately there are very few places where this is more evident than Lincolnshire. Therefore, we have to make significant progress with the development of our clinical strategy during 2015/16. The key problems the clinical strategy will address are quality of care, and finance.

Our plans will feed into the LHAC public consultation during 2015/16. As an organisation, we have to complete the detailed strategic development for all service specialties, developed our new site configurations and made significant progress in forming the business case to support the required changes. Progress of course will be subject to public consultation. However to survive we must make significant progress within the next two years to ensure clinical and financial sustainability.

The case and need for change is compelling. The precise configuration of hospital services has started to evolve but the broad vision and strategic objectives are as follows:



The key to both LHAC and our clinical strategy is the extent to which alternative, community-based services can reduce the demand for admissions to hospital and support the early discharge of patients from hospital.

Within ULHT our clinical strategy will continue to be clinically led under our medical director to ensure the clinical focus.

ULHT will continue to work collaboratively with commissioners and the LHAC programme board to ensure the impact on remaining acute services is understood and managed appropriately. The Trust will engage in the consultation process for LHAC so that consultation on the future configuration of acute hospital services is done as part of broader consultation on the future blueprint for all health and social care services in Lincolnshire.

Over the next few months, our main steps are:

The Clinical Strategy Implementation Group will present the strategic and service delivery model options for emergency care and women and children's services through the appropriate programme and organisational governance structures to agree the direction of travel for these two key service areas. Recommendations will be made to the Trust Board.

The detailed strategic direction and service delivery model options for planned care will continue to develop. Hospital site configuration options will be considered.

Preparation for the public consultation process will be undertaken as part of the LHAC programme.

Business plans will be drawn up to support the areas of transformation and change, identifying investment needed which will include implementation and transition costs.

Section 10

Key risks and mitigations

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.

Table 7 Corporate risks, impact and mitigation

Risk	Impact	Mitigation
Failure to deliver improved performance against recognised measures of harm	Avoidable harm to patients Loss of patient confidence Increased number of complaints Reputational damage	Robust governance arrangements and monitoring. All harms reviewed. Triangulation of complaints, claims, and friends and family data. Prompt escalation of identified issues.
Failure to engage staff	Inability to secure cultural change Poor staff survey Reputational damage	Workforce strategy Listening in to Action programme Leadership development programmes Staff appraisal process
Staff vacancies in key areas	Patient care compromised Safer staffing levels not met Ability to meet contract threatened	Plan for every post Vacancy monitoring Recruitment and retention action plan
Plans do not have clinical focus	Clinical impact of plans not understood Clinical staff not engaged	Clinical Strategy led by Medical Director Clinicians role in Governance structure clearly documented
Agreed contract results in deficit position	Inability to meet financial plan	Close working with CCGs to agree base assumptions Contract delivery plans
Trust does not deliver emergency and Referral To Treatment standards (RTT)	Poor patient experience Contractual sanctions Reputational damage	Capacity planning System resilience plans Community plans to reduce admissions Robust governance arrangements and monitoring
Failure to agree future plans for services and sites	Impact on services and staff not understood Services not financially viable Clinical staff not engaged Reputational damage	Clinical strategy Links to LHAC programme Consultation process

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