

Update on Operational Plan Actions 18/19

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

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

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

				Accredited NHS Improvement Quality, Service Improvement and Redesign (QSIR) Practitioner training into the Trust Embed human factors within practice Buddying arrangements with Northumbria			
Initiate the implementation of e-prescribing	KT	Draft business case complete	30.4.18	Complete	M Humber	G	
		Sign off by CRIB/ET	30.4.18	Complete	K Turner	G	
		Submit to NHSI to secure funding	30.6.18	Submitted to NHSI on time. National funding application process launched on 25 July with submissions to be made prior to 3rd September 2018, for decision end of September. To be funded on a matched funding basis if successful, with monies being released by the end of November.	J Young	G	
		Initiate scheme	Tbc	Subject to funding being agreed	K Turner	A	
Strengthening our clinical governance and risk identification	NH	Governance team new model consultation	30.6.18	Ongoing, pending arrival of new AD Governance. Revised timetable agreed. Formal consultation commences 10 Sept, Outcome letters 1 Oct 2018, go live by end 2018	N Hepburn	R	
		Recruit AD of Governance	30.6.18	Start Date 3 Sept Sally Seely	N Hepburn	G	
		Implement Structure	31.7.18	Revised timetable agreed. Formal consultation commences 10 Sept,	AD Governance	R	

				Outcome letters 1 Oct 2018, go live by end 2018.			
		Review reporting from Ward to Board	31.10.18	Part of Specialty Governance plan. Toolkit rolled out but awaiting QSOs to implement consistently	AD Governance	R	
		Implement improved reporting	31.1.19	Implement and embed Operational Governance committee Sept 2018	AD Governance	R	
		Implement Specialty Governance with clear escalation and dissemination of learning	31.10.18	Toolkit rolled out. Implementation inconsistent and awaiting additional QSOs capacity to implement consistently	AD Governance	R	
Ensuring that the experience of our patients receive reflects our ambitions as a Trust to put patients and safety first	MR	Continue Communications First training	As per PE workplan	Training begun to time and continuing across all sites.	C Tarnowski /S Kidd	G	
		Provide Directorate breakdown of complaints referring to communication against attendance at training	As per PE workplan	Beginning in September across PALS and Complaints. Unable to provide detailed Directorate reports due to configuration of Datix which maps to old business units.	C Tarnowski /S Kidd	R	
		Directorates to consider local level actions and improvements and report though PRMs	As per PE workplan	Reporting at PRMs but needs more grip in terms of action taken. Patient Experience Committee will also drive greater assurance and engagement.	CDs/J Negus	A	
		Run internal web and web surveys against the agreed basket of questions and act on as indicated	As per PE workplan	Due to commence in PHB ED in late August / early September.	J Negus /S Kidd	A	
		Promote use of Carer's badge, John's campaign and continue Carers' survey and act on findings	As per PE workplan	Carers survey reliant on volunteers through PALS. Responses have fallen so KPIs being set.	J Negus /S Kidd	A	

Ambition 2: Our Services

Deliverable	SRO	Action	Timescale	Action Update	Lead	RAG	Recovery if Red
<i>Design and implement a revised leadership and performance management framework – Trust Operating Model</i>	JS	Task and Finish group established	31.5.18	Revised timeline agreed due to interim model	J Sobieraj	A	
		Proposal to CMB	31.7.18	Due to revised completion timeline now expected 6th Sept	J Sobieraj	A	
		Proposal to Board	30.9.18	Due to revised completion timeline now expected 26th Oct	J Sobieraj	A	
		Consultation	31.10.18	Consultation timetable developed in line with April implementation	M Rayson	G	
		Structure Implementation	31.1.19	Future structure in design phase, implementation expected to begin in January. Remains on track.	M Brassington	A	
<i>Preparing for a comprehensive Electronic Patient Record</i>	KT	Draft Business case complete	30.4.18	Complete but now in redraft for Board consideration	M Humber	A	
		Sign off by CRIB/ET	31.5.18	Complete, however, FSID agreed further modifications required to case prior to Board consideration.	K Turner	A	
		Submit to NHSI to secure funding	31.7.18	Funding request has been submitted (on 16 July 2018) as part of STP capital requirements. However national funding process expected to be announced	J Young	G	
		Initiate scheme	Tbc	Subject to funding being agreed	K Turner	A	
<i>Delivering the</i>	MB	RTT – incomplete as March	31.3.19	Waiting list size has increased	N Ellis	A	

<i>trajectories to achieve operational performance targets identified in the 18/19 planning guidance</i>		2018		in Q1. Plans in place to reduce waiting list, however significant risk around H&N specialities			
		62 day cancer > 85%	30.9.18	Delivered 6 consecutive months above 75% for first time in 4 years, however improvement trajectory not in line with that set out to achieve by September. Particular risks around Urology, Oncology and Pathology	N Ellis	A	
		ULHT 4 Hr 83%	31.11.18	Excessive vacancy rates and high agency usage still predominate. Posts outlined within the plan have not been appointed to as money not in budgets.	A Prydderch	A	
<i>Deliver the financial targets agreed by the Board</i>	KB	Annual plan signed off by Trust Board	27.4.18	Complete	K Brown	G	
		Cross cutting efficiency plans confirmed	26.4.18	High level planning agreed and submitted as part of planning return to NHSI.	K Brown	G	
		Financial Efficiency Workshops held to confirm clinical directorate schemes	31.5.18	Complete	K Brown	G	
		Management of plan through a governance structure with escalation to FTG	Ongoing	FEP plan managed via a revised FTG membership following appointment of new Turnaround Director. Significant risk exists to the delivery of the £25m FEP requirement for 2018/19, with the current delivery total being £13m.	J Sobieraj	R	Extraordinary meeting took place this week to identify further opportunities and an update will be brought to

							September board
		Management of financial spend within budgetary envelope with oversight at PRM	Monthly	PRM structure being revised from Month 5 following implementation of 4 divisions. Reporting to be updated to follow format of new Board IPR.	K Brown	A	
		Capital programme delivered in line with plan with oversight at CRIB	Monthly	Capital programme on track to be within CRL for the year. Work ongoing to review prioritisation of schemes.	K Brown	A	
<i>Development of Estates strategy and investment programme to reduce backlog maintenance and eradicate Critical Infrastructure risk</i>	PB	Support and funding identified and in place through STP	30.4.18	Funding in place as planned for the first stage Estates Strategy development for STP 1a+. Further funding required to deliver the subsequent stages of a complete estates strategy.	P Boocock	G	
		Data analysis and master planning underway	31.7.18	Data analysis for 1a+ significantly completed, implementation of phasing in progress.	P Boocock	A	
		Fire capital investment case being deployed to achieve enforcement	31.3.19	Fire capital being deployed in line with expected plan.	P Boocock	A	
<i>Delivering the ULHT elements of the Lincolnshire Single System plan</i>	KB	Tbc on approval of the SSP		Main areas for ULH within the SSP are ASR, Cancer, A&E, planned care and system working. All in process and on track and actively monitored.	K Brown	G	
<i>Acute Services Review, design and</i>	KT	Finalise Trust Clinical Strategy	31.5.18	Going to private Trust Board in Aug 2018, and Public Trust Board in Sept 2018	N Hepburn /J Pipes	A	

<i>consultation and implementation</i>		Trust Board sign off of 2021 Strategy	30.6.18	The draft Strategy is prepared with the final draft to go to the August private Board and to go to the public Board in September to be launched.	K Turner /K Sleigh	A	
		Trust Board commitment to ASR outcome	30.6.18	Awaiting outcome of STP ASR process	K Turner	R	
		Finalise PCBC	31.7.18	Now scheduled for submission - 12th November 2018	K Turner /STP	A	
		Implementation/consultation	tbc		K Turner /STP	A	
<i>Deliver inpatient ward reconfiguration at Pilgrim Hospital</i>	MB	Phase 1 - Sign off proposed workforce, clinical sign off of plans, enabling works on Ward 1/Discharge Lounge. AEC decant to Ward 1.	30.6.18	Complete	S Evans	G	
		Phase 2 AEC estates works. AMU move to ward 3A, AEC moves from Ward 1 to Assessment area, Surgical Assessment moves. Closure of Bostonian. Ward 3a Moves to AEC area and becomes the Bevan ward.	25.9.18	On track	S Evans	A	
		Phase 3 8b estates work complete. Stroke established on 8 th floor, T&O moves from ward 3b to ward 9a	31.10.18	Awaiting completion of Phase 2.	S Evans	A	

Ambition 3: Our People

Deliverable	SRO	Action	Timescale	Action Update	Lead	RAG	Recovery if Red
<i>Workforce Skills and Numbers</i>	MR	Develop a new workforce model for ULHT which reflects affordability, ability to recruit and embraces new roles, seeking support to do so from SLF, HEE and NHSI	31.10.18	Project structure in place and sub-groups are progressing work. Discussions held with HEE about support they can give to the project.	M Rayson	A	
		Deliver the outcomes of the KPMG workforce capability planning piece	31.10.18	Revised job planning process and policy drafted and to be agreed in September. Job planning has been initiated. Will not be delivered for 31/10 however. Exploring extent of savings possible in 18/19. £700k is target	Lisa Geraghty	R	
		Support the delivery of the ASR, from a workforce perspective	From 5.18	Draft workforce plan as part of outline business case produced	Lisa Geraghty	G	
		Develop a plan which demonstrates how we will achieve the target reduction in temporary staff cost and the agency spend target.	Plan by 30.6.18 Deliver by 31.3.19	Plan in place. Now working up individual project plans for lines in the overall plan and resources required to deliver	Amanda Brown	A	
		Review our overall approach to recruitment, assessing the impact of the actions taken to date and looking at best practice elsewhere to support the achievement of our 2018/19 vacancy	31.10.18	Working with other organisations to understand recruitment best practice. Review of the implementation of Trac is underway. External support being requested to review streamlining processes.	M Rayson /K Taylor	A	

		rates and the target recruitment timescales					
<i>Engagement through change</i>	MR	Develop the employment brand of ULHT	30.11.18	New branding: "One Trust, endless opportunities" used across the new Staff Benefits comms campaign on social media, Trust intranet and hard copies being distributed across sites July/August. This will be built upon in September to produce the Recruitment campaign with supporting materials.	H Nicholson	G	
		Define our development offer more clearly	31.12.18	Part-time fixed term Project Manager appointed 23/7/18. Project plan in place. Focus initially on nurses Bands 5-9 but will extend to medical, other clinical and non-clinical staff	H Nicholson	G	
		Deliver the development centres and leadership programme	31.3.19	First development centre held July 2018. Process being evaluated. 1:1 feedback to be scheduled with all participants resulting individual PDPs. Next DC scheduled August 2018.	H Nicholson	G	
		Develop around the core leadership offer a development programme for medical leaders	30.11.18	Leadership modules in place. Further work needed to refine the medical leadership offer.	H Nicholson	A	
		Embed the individual performance management system to support accountability of leaders and others and the effectiveness of supervision	31.3.19	Process launched. Planned and bespoke training taking place to meet service needs.	H Nicholson	G	
		Build on the success of the pilot to establish an ongoing approach to	31.10.18	First Quality Improvement Programme successfully delivered, with 109 staff producing an	K Sleigh /J Negus	G	

	making service improvements		improvement piece of work. The next in-house Quality Improvement Programme is planned for September 2018, with a rolling programme to be developed for 2019 through to 2021. Additional specialist modules for programme and project management have been developed for the Leadership Training Modules, this will work towards embedding the agreed methodology for the Trust. There are further specialist modules being developed for Stakeholder Analysis, Benefits Management and Process Mapping. This will be further supported by the implementation of the NHS I Quality, Service Improvement and Redesign Practitioner Programme from April 2019.			
	Embed the staff charter in the organisation through a communications campaign	31.3.19	Staff Charter workshops held across the Trust plus bespoke team sessions. Hard copies of Charter and Personal Responsibility Framework being distributed . Regular updates through Trust comms channels focussing on a particular value.	H Nicholson	A	
	Continue to improve the basics of employee relations management, reviewing policies to ensure they are fit for purpose	31.3.19	Current review of training packages to support frontline managers. ER team aligned to support case management or all ER agenda.	K Taylor /Deputy HRD	A	
	Deliver the objectives within the Trust Inclusion	31.12.18	Inclusion Strategy recently signed off by Trust Board and annual plan for	T Couchman /D Knight	G	

		Strategy		the year in development. Staff survey on bullying to take place in September with further work planned and feedback to SLF in November.			
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Next Steps

- A further update on actions will be prepared for CMB and Board in November.

Helen Wilson
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22nd August, 2018