

Agenda Item 11.4

## 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 and significant harm reduction is has been noted for category 3 and 4 pressure ulcers	V Bagshaw	Green	
		Delivery of falls reduction plan	31.3.19	Good progress in delivery of the plan. Changes to the description of falls with harm mean that outcome data for the current year is not directly comparable to previous years.	V Bagshaw	Green	
		Delivery of compliance against Hygiene code as per plan	31.3.19	There has been good progress towards compliance in recent months and the trust is now able to demonstrate: 96% full compliance. With rollout of ANTT planned over the next months.	V Bagshaw /K Shaw	Green	
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 strands:  Learning from events and serious incidents	As in plan	Green	

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				<p>Delivery of an in-house basic Quality Improvement programme.</p> <p>Accredited NHS Improvement Quality, Service Improvement and Redesign (QSIR) Practitioner training into the Trust</p> <p>Embed human factors within practice</p> <p>Buddying arrangements with Northumbria</p>			
Initiate the implementation of e-prescribing	KT	Draft business case complete	30.4.18	Complete	M Humber		
		Sign off by CRIB/ET	30.4.18	Complete	K Turner		
		Submit to NHSI to secure funding	30.6.18	Re-submitted to NHSI in January 2019.	J Young		
		Initiate scheme	tbc	The programme to be initiated in Q4, from within existing capital resources. As 2 <sup>nd</sup> funding bid unsuccessful re-assessing at Trust level and awaiting feedback from NHSI.	K Turner		Scheme not successful in application. Review of next steps being undertaken and awaiting response from NHSI.
Strengthening our clinical governance and risk identification	NH	Governance team new model consultation	30.6.18	Consultation ran from 29 November 2018 to 16 December 2018. Action now complete.	N Hepburn		
		Recruit AD of Governance	30.6.18	Complete – Sally Seeley in post from 3.9.18	N Hepburn		
		Implement Structure	31.7.18	Structure being populated. 65% is now populated. 17 vacancies remain.	S Seeley		

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		Review reporting from Ward to Board	31.10.18	This has been addressed as part of the Trust Operating Model (TOM) and the Quality & Safety Improvement Plan work stream QS02b.	S Seeley		
		Implement improved reporting	31.1.19	The Quality and Safety Oversight Group (QSOG) has been meeting from October 2018. ToR and reporting sub groups are agreed and in place.	S Seeley		
		Implement Specialty Governance with clear escalation and dissemination of learning	31.10.18	Complete as part of TOM Governance Guide.	S Seeley		
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	<p>Training continuing across all sites. Reflective process implemented. Ability to identify named individuals implemented and require them to attend training if communication cited as a concern.</p> <p>The reflective process was implemented with the last session which was undertaken in December. The next cohort of training will commence in April 2019.</p>	C Tarnowski /S Kidd		
		Provide	As per PE	Commenced in October across	C		

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		Directorate breakdown of complaints referring to communication against attendance at training	workplan	PALS and Complaints.  Implementation not achieved in October but now in place.	Tarnowski /S Kidd		
		Directorates to consider local level actions and improvements and report through 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.  FAB Experience Champions initiative launched and nominations being secured.	CDs/J Negus		
		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.  Commenced but failed to get traction & engagement despite a number of efforts. Aiming to commence a real time survey process.	J Negus /S Kidd		
		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. Carer's work has received national and regional recognition as finalists in 3 awards. Carers Hub at PHB to be funded by LCC Better care Fund. Carers surveys will be picked up through planned real time surveying process.	J Negus /S Kidd		

## 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	Completed - Go live date 1.4.19	J Sobieraj		
		Proposal to CMB	31.7.18	Completed - Go live date 1.4.19	J Sobieraj		
		Proposal to Board	30.9.18	Completed - Go live date 1.4.19	J Sobieraj		
		Consultation	31.10.18	Consultation timetable developed in line with April implementation	M Rayson		
		Structure Implementation	31.1.19	Structure now 80% populated. Work ongoing to fill remaining posts.	M Brassington		
<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		
		Sign off by CRIB/ET	31.5.18	Complete, supported by FSID, approved by Board Sept 18	K Turner		
		Submit to NHSI to secure funding	31.7.18	<ul style="list-style-type: none"> <li>Funding request has been submitted (on 16 July 2018) as part of STP capital requirements. STP Capital bid unsuccessful</li> <li>In 18/19 the STP have prioritised and submitted plan to initiate e-Hr in year (18/19, £1m) as part of Health System Led Investment fund. There has been a delay in the</li> </ul>	J Young		

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				national approval process, but was finally approved on 12 February 19, with the £1million funding now deferred into 19/20.			
		Initiate scheme	31.7.18	Wave 4 Capital bid was not successful although the Trust secured £1m through HSLI monies which enables the scheme to commence.	K Turner		
<i>Delivering the trajectories to achieve operational performance targets identified in the 18/19 planning guidance</i>	MB	RTT – incomplete as March 2018	31.3.19	Mar 18 - 39.300. Mar 2019 36,657 Improved position	M Brassington		
		62 day cancer > 85%	30.9.18	72.39% as at Q3. Q4 position still not confirmed.	M Brassington		
		ULHT 4 Hr 83%	31.11.18	69.71% Growth in demand. Continued difficulty with recruitment. Resulting in displacement of emergency admissions.	M Brassington		
<i>Deliver the financial targets agreed by the Board</i>	PM	Annual plan signed off by Trust Board	27.4.18	Complete	P Matthew		
		Cross cutting efficiency plans confirmed	26.4.18	Complete	P Matthew		
		Financial Efficiency Workshops held to confirm clinical directorate schemes	31.5.18	Complete	P Matthew		
		Management of plan through a governance structure with escalation to FTG	Ongoing	Complete and revised trajectory met from Oct 18 to Feb 19.	J Sobieraj		
		Management of financial spend within budgetary envelope with oversight at PRM	Monthly	Delivery of Financial Recovery plan for 6 consecutive months since October 18.	P Matthew		

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				Reporting to be updated to follow format of new Board IPR.			
		Capital programme delivered in line with plan with oversight at CRIG	Monthly	Capital programme on track to be within CRL for the year. Work ongoing to review prioritisation of schemes.	P Matthew		
<i>Development of Estates strategy and investment programme to reduce backlog maintenance and eradicate Critical Infrastructure risk</i>	PB	Draft Estates Strategy ready for December 2018	23.05.19	Development of STP 1a+ options progressed. Further funding required to deliver the subsequent stages of the complete estates strategy.  Funding in place for 2019/20 delivery. Some delays in achieving the return of clinical data required for integrating into the Estates model.	P Boocock		Estates Strategy development ongoing with final document due for approval at September 2019 Trust Board.
		Data analysis and master planning underway	31.7.18	Data analysis for 1a+ significantly completed, now integrating into strategy.	P Boocock		
		Fire capital investment case being deployed to achieve enforcement requirements for 2018/19	31.3.19	Fire capital plan revised in line with 2018/19 forecast position. Delivery plan updated for 2019/20. Ongoing communication with LFR regarding achievement of enforcement activities and investment plan, including revisions to plan where required.  Delays encountered for ventilation and lockdown aspects. Capital plan under	P Boocock		

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				review.			
<i>Delivering the ULHT elements of the Lincolnshire Single System plan</i>	PM	On approval of the SSP		The Trust continues to undertake its elements of the SSP for 18.19.	Paul Matthew		
<i>Acute Services Review, design and consultation and implementation</i>	KT	Finalise Trust Clinical Strategy	31.5.18	Completed and signed off by Trust Board in Autumn 2018	N Hepburn /J Pipes		
		Trust Board sign off of 2021 Strategy	30.6.18	Delayed awaiting outcome of ASR. Now aligned, so can finalise and sign off strategy after ASR engagement launch. Board to approve at May 2019 meeting.	K Turner /K Sleigh		
		Trust Board commitment to ASR outcome	30.6.18	Agreed in October 18	K Turner		
		Finalise PCBC	31.7.18	Submission on 21 November 10	K Turner /STP		
		Implementation/consultation	tbc	Engagement to commence post PCPB submission. Healthy Conversations started on 5 March 2019.	K Turner /STP		
<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		
		Phase 2 AEC estates works. AMU move to ward 3A, AEC moves from Ward 1 to Assessment area, Surgical Assessment moves. Closure of Bostonian.	25.9.18	Complete.	S Evans		



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

### Ambition 3: Our People

Deliverable	SRO	Action	Timescale	Action Update	Lead	RAG	Recovery if Red
<i>Workforce Skills and Numbers</i>	MR	Develop a new workforce model for ULHT which reflects affordability, ability to recruit and embraces new roles, seeking support to do so from SLF, HEE and NHSI	31.10.18	Project progressing – Workforce Plan to fit with Financial Recovery Plan in place. Detailed plans for 19/20. Need to finalise methodology for re-shaping the workforce. Plan in place for May to be delivered through 19/20 as savings not due until 20/21	M Rayson		
		Deliver the outcomes of the KPMG workforce capability planning piece	31.10.18	19/20 job plans to be in place early in the new financial year to maximise benefit in that year. Some challenges on delivering to deadline.	Lisa Geraghty		Red due to challenges around delivering the job planning process at a pace that will deliver the original target savings.

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		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		
		Develop a plan which demonstrates how we will achieve the target reduction in temporary staff cost and the agency spend target.	Plan by 30.6.18 Deliver by 31.3.19	Revised agency cost reduction plan produced. £416k to be delivered in 18/19.	Darren Tidmarsh		
		Review our overall approach to recruitment, assessing the impact of the actions taken to date and looking at best practice elsewhere to support the achievement of our 2018/19 vacancy rates and the target recruitment timescales	31.10.18	TRAC in place. KPMG review of process completed. Actions being taken. TMP working on brand. Additional staff in HR to support recruitment activity	M Rayson /K Taylor		
<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		Completed
		Define our development offer more clearly	31.12.18	Part-time fixed term Project Manager appointed 23/7/18. Project plan in place. Focus initially on nurses Bands 5-9 but will extend to medical, other clinical and non-	H Nicholson		

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				clinical staff. Final delivery of products delayed until mid-2019.			
		Deliver the development centres and leadership programme	31.3.19	First development centre in July 2018 – around 100 people attended Intention to review overall approach to leadership	H Nicholson		
		Develop around the core leadership offer a development programme for medical leaders	30.11.18	Will be included in review of overall approach – to be completed by May. Will draw on experiences of Northumbria. To be taken forward in 19/20 as part of medical engagement plan.	H Nicholson		Original proposal not taken forward. Implementing during 19/20 an alternative process, based on Northumbria model.
		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		
		Build on the success of the pilot to establish an ongoing approach to making service improvements	31.10.18	First Quality Improvement Programme successfully delivered, with 109 staff producing an improvement piece of work. The next in-house Quality Improvement Programme is planned for September 2018, with a rolling programme to be developed for	K Sleigh /J Negus		

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				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. Will be included in TOM OD Plan	H Nicholson		
		Continue to improve the basics of employee relations management, reviewing policies to ensure they are fit for purpose	31.3.19	Appointment made to project officer role, which enables the review of policies to progress. Process to review workforce policies in place but we have not delivered the reviews we expected in 18/19. Individual now in place and priorities identified.	Darren Tidmarsh		
		Deliver the objectives within the Trust	31.12.18	Equality, Diversity and Inclusion Annual Plan implemented from Q2	T Couchman /D Knight		

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		Inclusion Strategy		2018-2019. Progress on delivery of the Annual Plan monitored by the Equality, Diversity and Inclusion Operational Group. Upward assurance reporting provided on a half-yearly basis to the Workforce and OD Committee and the Quality Governance Committee.			
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