

Agenda Item 12.2

## 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		
		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		
		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		
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		

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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	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. The application was not supported, and was resubmitted re-submitted in January 19. A follow up interview with the regional team was held on 18 Feb and the outcome is awaited	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	K Turner		
Strengthening our clinical	NH	Governance team new model	30.6.18	Consultation ran from 29 November 2018 to 16 December 2018. Action	N Hepburn		

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governance and risk identification	consultation		now complete.			
	Recruit AD of Governance	30.6.18	Complete – Sally Seeley in post from 3.9.18	N Hepburn		
	Implement Structure	31.7.18	<p>Consultation closed on 16 December 2018. However, due to circumstances that could not have been predicted or prevented and based on HR advice we were unable to publish the final structure and begin the process of slotting in until week commencing 25 February 2019.</p> <p>We are not able to advertise or recruit to vacant posts within the structure due to the job matching process.</p>	S Seeley		<p>Slotting in will be completed by week commencing 11 March 2019.</p> <p>Ongoing dialogue with HR to seek ways to accelerate the job matching process.</p>
	Review reporting from Ward to Board	31.10.18	<p>This has been addressed as part of the Trust Operating Model (TOM) and the Quality &amp; Safety Improvement Plan work stream QS02b.</p> <p>Reporting within the Divisional structures reviewed and new arrangements in place which includes expected standards of reporting, learning, escalation and assurance from Speciality to Clinical Business Unit to Division.</p>	S Seeley		Being overseen and actioned via the 'New Ways of Working' documentation and information at the TOM Board and TOM Tasking Group
Implement improved reporting	31.1.19	The Quality and Safety Oversight Group (QSOG) has been meeting from October 2018. ToR and	S Seeley			

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				reporting sub groups are agreed and in place.			
		Implement Specialty Governance with clear escalation and dissemination of learning	31.10.18	See review of reporting from ward to Board above. This has been addressed, reporting within the Divisional structures reviewed and new arrangements in place which includes expected standards of reporting, learning, escalation and assurance from Speciality to Clinical Business Unit to Division.	S Seeley		Being overseen and actioned via the 'New Ways of Working' documentation and information at the TOM Board and TOM Tasking Group
Ensuring that the experience of our patients receive reflects our ambitions as a Trust to put patients and safety first	MR	Continue Communications First training	As per PE workplan	Training continuing across all sites. Reflective process implemented. Ability to identify named individuals implemented and require them to attend training if communication cited as a concern.	C Tarnowski /S Kidd		The reflective process was implemented with the last session which was undertaken in December. The next cohort of training will commence in April 2019.
		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		Commenced in October across PALS and Complaints. Unable to provide detailed Directorate reports due to configuration of Datix which maps to old business units.

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		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.	CDs/J Negus		As above. FAB Experience Champions initiative launched and nominations being secured.
		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		Commenced but failed to get traction & engagement despite a number of efforts. Aiming to commence a real time survey process..
		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		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.

## Ambition 2: Our Services

Deliverable	SRO	Action	Timescale	Action Update	Lead	RAG	Recovery if Red
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<i>Design and implement a revised leadership and performance management framework – Trust Operating Model</i>	JS	Task and Finish group established	31.5.18	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	Work continuing for implementation	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 national approval process, but was finally approved on 12 February 19, with the £1million funding now deferred into 19/20.</li> </ul>	J Young		
		Initiate scheme	31.7.18	Deferred into 19/20	K Turner		

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<i>Delivering the trajectories to achieve operational performance targets identified in the 18/19 planning guidance</i>	MB	RTT – incomplete as March 2018	31.3.19	Nil return	N Ellis		No return has been received on these items during the period of the plan
		62 day cancer > 85%	30.9.18	Nil return	N Ellis		No return has been received on these items during the period of the plan
		ULHT 4 Hr 83%	31.11.18	Nil return	A Prydderch		No return has been received on these items during the period of the plan
<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 5 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	17.12.18	Development of STP 1a+ options progressed. Further funding required to deliver the subsequent stages of the complete estates strategy.	P Boocock		Draft strategy expected end March 2019
		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.	P Boocock		Delays encountered for ventilation and lockdown aspects. Capital plan under review.
<i>Delivering the ULHT elements of the Lincolnshire Single System plan</i>	PM	Tbc 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</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	K Turner /K Sleigh		



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<i>and implementation</i>				finalise and sign off strategy after ASR engagement launch			
		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. Ward 3a Moves to AEC area and becomes the Bevan ward.	25.9.18	Nil return	S Evans		No return received during period of plan
		Phase 3 8b estates work complete. Stroke established on 8 <sup>th</sup> floor, T&O moves from ward 3b to ward 9a	31.10.18	Nil return	S Evans		No return received during period of plan

### Ambition 3: Our People

Deliverable	SRO	Action	Timescale	Action Update	Lead	RAG	Recovery
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							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
		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,	31.10.18	TRAC in place. KPMG review of process completed. Actions being	M Rayson /K Taylor		

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		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		taken. TMP working on brand. Additional staff in HR to support recruitment activity			
<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-clinical staff. Final delivery of products delayed until mid-2019.	H Nicholson		
		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	H Nicholson		
		Embed the individual performance	31.3.19	Process launched. Planned and bespoke training taking place to meet	H Nicholson		

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		management system to support accountability of leaders and others and the effectiveness of supervision		service needs.			
		Build on the success of the pilot to establish an ongoing approach to making service improvements	31.10.18	First Quality Improvement Programme successfully delivered, with 109 staff producing an improvement piece of work. The next in-house Quality Improvement Programme is planned for September 2018, with a rolling programme to be developed for 2019 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.	K Sleigh /J Negus		
		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		

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				Will be included in TOM OD Plan		
		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	K Taylor /Deputy HRD	
		Deliver the objectives within the Trust Inclusion Strategy	31.12.18	Equality, Diversity and Inclusion Annual Plan implemented from Q2 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.	T Couchman /D Knight	

### Next Steps

- This update now signs off the 18/19 operational plan.
- The Board and Executive team should reflect on the achievements of the plan and take any learning and outstanding actions forward into the 19/20 plan.

Helen Wilson  
Associate Director of Contracting and Performance

26<sup>th</sup> March, 2019