

# Our journey to excellence

ULHTs five-year strategy

2019 - 2024

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# Foreword

## Jan Sobieraj, Chief Executive



Welcome to this five-year strategy, which sets out our intentions to strive for excellence in all that we do. I would like to take this opportunity to thank everyone for their involvement in shaping this strategy for the Trust, and for their continued hard work, which is so valuable to our patients.

I want us to be recognised for being a learning and improving organisation, which will be supported by our new Medical School and being a National Centre for Rural Health and Care. Developing this strategy has involved:

- Asking our staff, patients and key stakeholders what and how things need to change to deliver our ambitions to strive for and consistently deliver excellent patient care.
- Bringing together local plans that are shaping integrated health care system working.
- Identifying opportunities to make better use of our existing resources and facilities.
- Prioritising our focus on improving the quality of our services for our patients.

This strategy outlines a range of improvements, which will allow us to achieve our vision and ambitions:

- **Our patients** - providing consistently safe, responsive, high quality care.
- **Our services** - providing efficient, effective and financially sustainable services.
- **Our people** - providing services by staff who demonstrate our values and behaviours.
- **Our system partners** - providing seamless integrated care with our partners.

Our patients, their carers and families are at the heart of everything we do. Our relationship with them is very important to us, and we will continue to act on their advice and experiences to ensure that they play a key role in working with us to plan and improve the way we deliver our services. Together, we can strive for excellent patient care and experience.

## Elaine Baylis, Chair



We want our patients to receive consistent, high quality care across all of our hospitals.

We will be working closely with our health and care system partners to bring together new ways of working that will lead to the redesigning of some of our clinical services. This strategy sets out our journey to excellence, so that we can all be part of achieving our vision.

Our improvement programmes outline how we will deliver excellence through affordable and sustainable transformational change. These improvements will support our operational model by building capacity and capability. We will be developing centres of excellence at each of our sites through delivering our clinical strategy.

We want to support our staff to be innovative and deliver improvements. We know that to achieve this we must give our staff the skills and opportunities they need to learn and grow and this will be supported through our improvement faculty.

Our values underpin everything we do, which will be brought to life through demonstrating the behaviours set out in our staff charter. We want our staff to feel part of one team no matter which area or site they work in.

We will be focusing on making changes on the ground, and the benefits that these will bring to our patients through improving the quality of our services with staff who are proud to work for the Trust.



# Part one: Shaping our future

## 1. Our five-year strategy

**This five-year strategy sets out our journey to excellence. We want to be recognised for providing consistently high quality patient-centred care. We will focus on valuing our patient's time and work alongside our staff and patients to develop ideas for continually improving the effectiveness and efficiency of how we deliver our services. We want to build a reputation for being a learning and improving organisation, which has centres of excellence in some key clinical areas.**

### 1.1 Outlining our journey

This strategy sets out our journey towards excellence, with 2021 being a key milestone. We will put our patients right at the centre of everything we do. We want to clearly outline the changes we need to make, together with our wider health and care system, to continuously improve the quality and safety of the care we provide. This strategy sets out our intentions which we will support our staff to come on this journey with us, to build a reputation for being a Trust that we are all proud of.

We will be moving away from reactive, hospital-based treatment where we can, towards proactive healthcare for the people of Lincolnshire. We intend to deliver value for money services that are continuously improving by skilled and motivated staff working together as one team across the whole Trust.

### 1.2 Who we are

United Lincolnshire Hospitals NHS Trust (ULHT) provides a comprehensive range of hospital-based services to the people of Lincolnshire from four main sites:

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

- County Hospital, Louth (part of Lincolnshire Community Health Services NHS Trust)

There are also three additional hospitals where we provide some services:

- John Coupland Hospital, Gainsborough
- Skegness and District Hospital
- Johnson Community Hospital, Spalding

In an average year, we treat more than 150,000 accident and emergency patients, over 600,000 outpatients, over 140,000 inpatients and deliver over 5,000 babies. We provide a broad range of clinical services including planned care, specialist stroke, vascular and cardiac services, community population screening and emergency care.

## 1.3 How we organise ourselves

We face significant challenges from providing consistent quality of care, demonstrating value for money and workforce planning:

- Our most recent CQC inspection report moved our rating from 'inadequate' to 'requires improvement'. However, we are currently in both quality and financial special measures.
- We have one of the largest financial deficits in the English NHS having ended the 2018/19 financial year with a deficit of £88.2 million. We have agreed a £70.3m deficit for 2019/20 financial year, which includes an agreed delivery of a £25m financial efficiency programme (FEP).
- We struggle to recruit to some of our specialist job roles across the organisation, which leads to an over-reliance on expensive agency staff.
- Safety issues have resulted in high-cost renovation of our estates and whilst this has led to improvement, it does restrict our spending in other areas.

We have moved to a new operating model from April 2019, which has reshaped our clinical directorates and moved to four

divisions. The key aim of this operational model has been to reduce the tensions that pull services into meeting day-to-day activity, at the expense of delivering and driving transformational change to meeting our longer-term vision.

The following table provides an overview of our organisational divisions and clinical services:

Division	Clinical business units	Clinical services	
Family Health	Women's health and breast services	<ul style="list-style-type: none"> <li>Breast</li> <li>Obstetrics</li> </ul>	<ul style="list-style-type: none"> <li>Gynaecology</li> </ul>
	Children and young person's	<ul style="list-style-type: none"> <li>Paediatrics</li> </ul>	<ul style="list-style-type: none"> <li>Neonatology</li> </ul>
Clinical Support	Diagnostics	<ul style="list-style-type: none"> <li>Endoscopy</li> <li>Respiratory physiology</li> <li>Neurophysiology</li> <li>Audiology</li> <li>Radiology</li> </ul>	<ul style="list-style-type: none"> <li>Nuclear medicine</li> <li>Clinical engineering</li> <li>Radiation protection and radiation physics</li> <li>Screening services</li> </ul>
	Therapies and rehabilitation	<ul style="list-style-type: none"> <li>Rehabilitation medicine</li> <li>Occupational therapy</li> <li>Speech and language therapies</li> </ul>	<ul style="list-style-type: none"> <li>Dietetics</li> <li>Physiotherapy</li> </ul>
	Pharmacy	<ul style="list-style-type: none"> <li>Pharmacy</li> </ul>	
	Outpatients	<ul style="list-style-type: none"> <li>Access, booking and choice</li> <li>Health records</li> </ul>	<ul style="list-style-type: none"> <li>Outpatients</li> </ul>
	Cancer	<ul style="list-style-type: none"> <li>Haematology</li> <li>Oncology/radiotherapy palliative care</li> </ul>	
Surgery	Surgery	<ul style="list-style-type: none"> <li>General surgery</li> <li>Vascular</li> </ul>	<ul style="list-style-type: none"> <li>Urology</li> <li>Head and neck</li> </ul>
	Trauma and orthopaedics and ophthalmology	<ul style="list-style-type: none"> <li>Orthopaedics</li> <li>Ophthalmology</li> </ul>	<ul style="list-style-type: none"> <li>Orthoptics</li> </ul>
	Theatres and critical care	<ul style="list-style-type: none"> <li>Theatres</li> <li>Critical care</li> </ul>	
Medicine	Urgent and emergency care	<ul style="list-style-type: none"> <li>A&amp;E</li> <li>Acute medicine</li> </ul>	
	Cardiovascular	<ul style="list-style-type: none"> <li>Cardiology (including cardiac physiology)</li> <li>Stroke</li> <li>Endocrinology</li> </ul>	<ul style="list-style-type: none"> <li>Diabetes</li> <li>Renal</li> </ul>
	Speciality medicine	<ul style="list-style-type: none"> <li>Dermatology</li> <li>Rheumatology</li> <li>Neurology</li> </ul>	<ul style="list-style-type: none"> <li>Gastroenterology</li> <li>Respiratory</li> <li>Health care of the older person</li> </ul>



Supporting this operating model are clear ways of working, which set out our approach to decision making through clear governance, quality, performance, financial and workforce management. This is further supported by our organisational development approaches to building capacity and capability in our staff to deliver improvements. We want to move to a more devolved structure, so that the responsibility for decision-making is closer to where the issues are in divisions.

## 1.4 The national, regional and local context

The context within which we deliver services includes:

- Lincolnshire is the second largest county in England and currently ranks 18<sup>th</sup> in terms of the overall population. However, it has a very low population density of just 155 people per square kilometre.
- As a rural county with an extensive coastline, the population is subject to seasonal fluctuations caused by holidaymakers. This puts further stress on services that are in places already stretched.
- Our population is currently increasing faster than the rest of the East Midlands or the national average, and is predicted to grow by 16% within the next 20 years.
- There is a declining younger population and a growing older population, which not only changes the needs of our patients but also the frequency of medical consultation required.
- Public transport in Lincolnshire can be restrictive on people's ability to attend our major hospitals, which is why we are currently working with our partner organisations to develop more localised centres of access where possible.
- The infant mortality rate in Lincolnshire is 3.2 deaths per 1,000 live births, which is lower than both the East Midlands and English averages.
- There are some areas of Lincolnshire that are ranked amongst the most deprived in the country, and others that are ranked amongst the least deprived.

We provide a wide range of services at different sites across Lincolnshire, but also in neighbouring counties. Our services form part of the wider health and care system in Lincolnshire, which is under pressure, requiring us to play a key role in making our services more sustainable and reduce the demand on our acute services, through more community-based services.

The following are key local influences for changing the way we will provide health and care services across Lincolnshire:

- Lincolnshire Sustainability and Transformation Partnership
- The Acute Service Review
- The four Lincolnshire Clinical Commissioning Groups

National strategy and policy directives also apply to the whole health and care system in Lincolnshire, which include:

- [NHS Long Term Plan](#) – setting out the next 10 years for the NHS
- [Carter Review](#) - reducing waste through improving standardisation
- [CQC strategy](#) - developing a single view of quality
- [NHS Improvement Use of Resources](#) – assessments aimed at helping patients, providers and regulators understand how effectively trusts are using their resources
- [National Information Board \(NIB\) report](#) – progress on improving healthcare using data and technology

## 2. One team

**Our patients are at the heart of everything we do. We want to be an organisation that is recognised for living our values which will be demonstrated through everything we say and do. We want to build on our pride to be such a valuable part of the health and care system of Lincolnshire, working together as one team to provide consistently safe quality care.**

### 2.1 Our values

As a Trust, we want to be recognised for providing consistently safe high quality care for our patients across all our services and sites. We are committed to listening and learning from staff and public feedback to continually improve our services and this will be demonstrated through the positive patient experience of the care they receive.

We want to be able to demonstrate that we are living our values. Our staff, volunteers and patients have developed these. They will shape our behaviours, which are clearly outlined in our staff charter and our personal responsibility framework. Our values are:

- **Patient-centred** - putting patients at the heart of everything that we do, listening and responding to their needs and wishes.
- **Safety** - following ULHT and your own professional guidelines. Speaking up to make sure patients and staff are safe from harm.
- **Excellence** - striving to be the best that we can be. Innovating and learning from others.
- **Compassion** - caring for patients and their loved ones in ways we would want for our friends and family
- **Respect** - behaving and using language that demonstrates respect and courtesy of others. Zero tolerance to bullying, inequality, prejudice or discrimination.

Our values will form part of our recruitment, our staff appraisals and our organisational development across the Trust. Consistently demonstrating that we are living our values will also show that we are 'one team' with a shared focus, delivering services that our communities and we are proud of.

## 3. Our vision and ambitions

**We have developed our ambitions through extensive consultation, with our staff, volunteers and patients. As part of our planning process, we have developed our purpose and vision statements, together with our objectives, strategic and tactical priorities to help us deliver our ambitions.**

### 3.1 Our purpose

We are here to deliver the most effective, safe and personal care to every patient through our team of safe, skilled, compassionate, dedicated and valued staff.

### 3.2 Our vision

We will provide excellent specialist care to the people of Lincolnshire, and collaborate with our local partners to prevent or reduce the need for people to be dependent upon our services.

### 3.3 Our ambitions

To ensure the delivery of our vision, we have shaped our ambitions with our staff, volunteers, patients and key stakeholders. We want to be aspirational, celebrate the talented staff that we have, and be recognised for learning and improving together.

To demonstrate how we will deliver our vision, we have set the following four ambitions:

- **Our patients** - providing consistently safe, responsive, high quality care.
- **Our services** - providing efficient, effective and financially sustainable services.
- **Our people** - providing services by staff who demonstrate our values and behaviours.
- **Our system partners** - providing seamless integrated care with our partners.

## 3.4 Our objectives

We have identified our objectives to deliver our ambitions. These objectives will be delivered through our annual and operational plans and will be the focus of our improvement energies. The following are our seven objectives:

- Harm free care
- Valuing Patients time
- Zero waiting
- Sustainable services
- Modern and progressive workforce
- One team
- Service integration

These objectives reflect our collective desire to be excellent in rural healthcare. We will set a number of milestones and delivery plans with our Divisions and Directorates as part of our annual planning cycle. These objectives will be measured by the following metrics:

Objective	Measure	Baseline 2018/19	Metric 2019/20	Metric 2023/24
Harm free care	Mortality – HSMR	Within control limits	Within control limits	Within control limits
	Avoidable harm – safety thermometer	98.5%	99%	99%
Valuing patient's time	% patients seen at appointment time (within 15 minutes of appointment time)	33%	40%	75%
Zero waiting	Patients discharged within 24 hours of predicted discharge date	40%	45%	75%
Sustainable services	Delivery of financial plan		£70.3m deficit	Break even
	% of clinical services rated as 'delivering' or 'excellent'		Baseline year	
Modern and progressive workforce	Vacancy fill rate (all staff)	14.3%	12%	9%
One team	Recommended as a place to work (NHS Staff Survey)	41%	46%	63%
	Recommended as a place to receive care	47%	53%	72%
Service integration	% reduction in face-to-face contacts in outpatients		5%	33%

### 3.5 Our strategic priorities

To support the delivery of our objectives we have set the following eight priorities:

### **Learning and safety culture**

Our vision is for all of our staff to be safety-conscious with a positive approach to systems, structures and processes. This means that we will develop an open and transparent culture, providing safe and positive environments to raise concerns. We aspire to be able to provide evidence of learning, sharing the lessons learned and changing practice as a result, which ultimately will result in the reduction or elimination of harm-causing events.

### **Estates**

Our vision is for our estate to become safe and functional, enabling us to deliver modern healthcare and improved outcomes for our patients. We aim to:

- Develop a five-year plan to upgrade the overall condition of our estate, and reducing further deterioration.
- Produce an organisation-approved estates strategy, capturing clinical and service developments in accordance with the Trust's emerging clinical strategy and acute services review.
- Create energy infrastructure plans to upgrade the Trust's supply plant and equipment. Investment has already been secured to ensure improvements, through successful bids for Department of Health and Social Care grants and using interest free loans.
- Explore the feasibility of delivering 'new environments' (an estate that conforms to Health Buildings Notes). This includes joint venture/collaborative working with both private and public sector organisations.
- Rationalise our estate and generate capital from the sale of surplus land and assets, as well as improving the utilisation of space and prioritising clinical services.

### **Financial recovery plan**

Our vision is to become self-sufficient in delivering change across the organisation, which in turn supports delivery of our savings programmes. Our goals are to:

- Deliver the 19/20 financial plan and the control total, which would allow the Trust to access the provider sustainability fund (PSF) and financial recovery fund (FRF) of £28.9m, reducing the 2019/20 deficit to £41.4m.

- Develop a detailed five-year financial recovery plan as part of the long-term financial strategy aligned with the NHS 10 Year Plan that enables the Trust to return to a financially sustainable position by the end of the 2023/24 financial year.
- Understand the structural deficit and work with the system and regulators to find a solution.
- Review fragile and unsustainable services.
- Significantly reduce unwarranted variation between our sites.
- Create business cases to support required capital investment work, along with system partners and NHS Improvement, to help us access available funds.

### **Digitalisation**

Digitalisation will help us deliver our objectives by:

- Enabling harm-free care through the introduction of e-prescribing.
- Valuing patients' time by providing improvements to scheduling through a systems such as hybrid mail and TheatreMan.
- Ensuring zero waiting for patients by enabling more efficient processes and workflow.
- Providing sustainable services by ensuring immediate access to the right information so that the right decisions can be made (removing inefficient and potentially harmful paper-based processes).
- Being a modern and progressive workforce by providing 21<sup>st</sup> Century digitalised services in line with other organisations within the NHS.
- Becoming one team by enabling standardisation of systems and processes across the organisation as well as the smooth/safe transfer of care across organisational boundaries.



- Fully supporting service integration using system-wide initiatives such as HSCN, Care Portal and VPN.

### **Future workforce**

The vision is to have a workforce that is affordable and working in new ways. This workforce would need to have a new and modern skill mix in order to deliver excellent patient care, and be motivated to perform at its best whilst delivering the Trust's values.

The Trust has agreed a new workforce plan, which demonstrates how the shape and cost of the workforce will change over the course of the next five years. This is driven, in the first year, by the need to reduce workforce costs, aligned to our overall savings programme. Over the next five years, we want to see realignment to new clinical pathways (with more care delivered in the community) and the introduction of new roles into the organisation. All this should be accompanied by work to maximise the productivity of the staff that we have.

### **One team**

We want to break down barriers that prevent teams across our sites from operating as one team, by putting the patient at the centre of everything we do. We need to build a sense of hope and common purpose through engagement with the Trust's vision and values. We will build engagement with our staff through focusing on the four key drivers of engagement:

- Strategic narrative – the vision brand, ambitions, objectives and priorities
- Employee voice
- Effective leadership at all levels
- Organisational integrity – values and staff charter

### **Quality improvement programme**

Our vision is to develop a culture of improvement and learning. We want to embrace and embed our quality improvement approach as part of delivering our transformational change in the organisation to deliver our vision. We want to build a culture of improvement and innovation that we can share across our services to deliver continuous quality improvement (CQI). Our goals are to:

- Develop expertise throughout the Trust on the use of and application of science for improvement (SOI) tools and techniques to deliver improvements to our patient's care. This will support the delivery of our vision and identified transformational

change programmes, together with supporting our staff at all levels in the Trust to deliver improvements that will improve patient care.

- Launching our CQI Faculty, being able to deliver in-house Quality Improvement (QI) programmes and NHS Improvement Accredited Quality Service Improvement and Redesign (QSIR) Practitioner programmes to support individuals and teams to deliver new and existing programmes, projects and initiatives successfully. Offering training, support, coaching and shared learning.
- Provide bespoke quality improvement programmes to individuals and teams to address improvement initiatives.
- Celebrating our successful delivery of improvements through sharing with the FAB Academy, and promoting improvements across the Trust.

### **Partnership Working – Integrated Community Care (ICC) in Lincolnshire**

Our vision is to co-design our care pathways with Lincolnshire residents and the Lincolnshire health and care workforce, which will be our long-term view of what could be achieved in Lincolnshire:

- Our default is care, which will be delivered in the community unless there is a clinical need or economic case for it to be delivered in an acute hospital setting.
- The frame for delivery will be fixed points at neighbourhood levels across the system.
- Place will be used flexibly to ensure service provision makes sense.
- A framework of flexibility will be developed to ensure arrangements are in place to accommodate Primary Care Networks that do not align to neighbourhoods.

## **3.6 Why is this important?**

The following section sets out some of the key issues that we have addressed through the delivery of this five-year strategy:

- We need to involve our patients in their own health care to enable them to have trust and confidence in the care that we provide.
- It is important that staff learn to see our services through the eyes of their patients and carers, who do not necessarily recognise organisational boundaries, to make improvements.
- We want to build a culture of quality and safety, where all patients and their carers are treated with respect and compassion.
- We want to be open and transparent with our patients, providing care shaped around their individual needs.
- We want all visitors to our hospitals to have a positive experience, where they feel that they have been given the right information and have been involved in making decisions about their care, support and recovery.
- To develop a financially sustainable Trust we must build a reputation for providing quality services, where there are no variations between sites and services.
- We will need to demonstrate improvement if we are to meet national and local targets and therefore access further funding/income. This will increase the viability of essential services and reduce any threat of closure due to unsustainable funding.
- There is a need to produce a balanced budget through the close monitoring of actual spending against budget for each of our services.
- Our people are our greatest asset and we want the Trust to be a place where they are proud to work, and which is recognised publicly.
- We want to celebrate the commitment and professionalism of our people.
- We want to support the development of talent, innovation and leadership in the delivery of our vision.
- We want to support our people to develop a 'one Trust' culture that reflects our values and behaviours outlined in the staff charter.

- We want to demonstrate that as an employer we reflect the communities that we serve by our approach to inclusion and engagement.
- We want to attract and retain talented people.
- We want to continue to deliver our people strategy to develop flexible ways of working that allows people to maintain a healthy work-life balance and nurtures opportunities for career development.
- To build the capacity and capability to deliver the 2021 strategy, we need to be in a position to be able to change.
- To create an efficient and effective health care system across Lincolnshire, we will need to work collaboratively with our health care partners.
- The health care system in Lincolnshire and nationally is evolving, moving many services away from hospitals to become more community based. ULHT will need to demonstrate good management of the demand on resources if it is to become financially sustainable and respond to the need for acute hospital provision.

Our five-year strategy sets out how we will monitor the delivery of our ambitions and the strategic priorities. Our Delivery Plan is outlined in **Appendix 1**.

# Part two: Striving for excellence

## 4. Our hospital site visions

We have been working on our hospital site visions, so that everyone is clear on the direction we are taking to redesign the way we deliver our services. Our clinical strategy sets out the detail of our clinical redesign, which also aligns to the Acute Services Review (ASR), part of the Lincolnshire Sustainability and Transformation Partnership (STP). All changes will form part of our public consultation.

### 4.1 Pilgrim Hospital, Boston

**“A modern district general hospital with a focus on emergency care and specialist surgery”**

We want to make Pilgrim hospital a centre of excellence for complex elective (planned) surgery. Including the use of new and innovative state-of-the-art technology, which includes robotic surgery.

In addition, Pilgrim is only one of four hospitals in the country to be utilising an Integrated Assessment Centre (IAC), which is helping to transform its urgent and emergency care services.

#### **Non-elective care:**

- Urgent treatment centre:
  - Integrated workforce model (Acute/GP/community) and ambulatory care
  - ULHT A&E consultant input
- Emergency department
- Paediatric assessment unit
- Acute medicine inpatient and outpatient services
- Trauma and orthopaedics
- Emergency surgery – all specialities

**Elective specialised services:**

- Elective inpatient and same day case surgery (cancer and non-cancer) for:
  - General surgery, ENT, urology, head and neck, ophthalmology, gynaecology, breast, orthopaedics (patients needing ITU or not well enough for Grantham)
- Consultant-led obstetrics, neonatal and gynaecology service
- Midwifery-led unit
- Consultant-led paediatric assessment and outpatient service
- Lincolnshire vascular service

**Elective care:**

- Diagnostics, including endoscopy, radiology imaging, interventional radiology, cardiology advanced diagnostics
- Lincolnshire digestive diseases service (gastroenterology)
- Medical specialities (rheumatology, endocrinology, neurology), diabetes (inpatient), dermatology (inpatient)
- Day case chemotherapy service
- Day case medical unit
- Therapies (occupational therapy, physiotherapy, dietetics)
- Outpatient clinics for multiple specialties

## 4.2 Grantham and District Hospital

**“A local urgent care and surgical centre”**

Our innovative integrated workforce model for Grantham will, transform it into a 24/7 urgent treatment centre. Including acute, GP, community and ambulatory care. Up to 56 medical beds will also be available, meaning that the vast majority of patients seen at Grantham will continue to be treated there.

Day case and inpatient surgical activity will also continue for: orthopaedics, general surgery, urology, gynaecology, ophthalmology, ear, nose and throat (ENT) and a range of diagnostic services.

**Non-elective care:**

- Urgent treatment centre with:
  - Integrated workforce model (acute/GP/community) and ambulatory care
  - ULHT A&E consultant input
  - ULHT consultant medical physician support to ambulatory care

**Medicine:**

- Medical inpatient beds (up to 56 beds)
- The vast majority of patients currently seen and treated at Grantham will continue to be seen and treated there

**Surgery:**

- Day case surgical activity for orthopaedics, general surgery, urology, gynaecology, ophthalmology, ENT and others

**Elective and diagnostics:**

- Diagnostics, including endoscopy, radiology imaging, cardiology advanced diagnostics
- Therapies (occupational therapy, physiotherapy, dietetics)
- Outpatient clinics for multiple specialties
- Mobile chemotherapy service
- All inpatient orthopaedic elective surgery at Grantham (except patients needing ITU and patients not fit for Grantham)
- Single trust wide rota for orthopaedics

## 4.3 Lincoln County Hospital

**“A modern district general hospital with a focus on emergency care and cancer”**

We want Lincoln to remain our biggest emergency department. To provide consolidated hyper-acute and acute-stroke services and cardiac care in highly regarded, state-of-the-art Lincolnshire Heart Centre. To provide all one-stop diagnostic and surgical treatment for breast services, elective and same day case surgery, ENT, urology, head and neck, ophthalmology, gynaecology, breast and orthopaedics.

**Non-elective care:**

- Urgent treatment centre:
  - Integrated workforce model (acute/GP/community) and ambulatory care
  - ULHT A&E consultant input
- Emergency department – ULHT led
- ITU/critical care level 3
- Consolidated hyper-acute and stroke services for Lincolnshire
- Lincolnshire Heart Centre
- Acute medicine inpatient and outpatient services
- Trauma and orthopaedics
- Emergency surgery - all specialities
- Paediatric consolidated inpatient (emergency and elective) service for Lincolnshire

**Elective specialised services:**

- Lincolnshire (consolidated) breast service (all one-stop diagnostic and surgical treatment)
- Consultant-led obstetrics and gynaecology service
- Midwifery-led unit
- Consultant-led paediatric and neonatal service
- Paediatric inpatient surgery
- ITU/critical care level 3
- Lincolnshire inpatient haematology and oncology centre for (non-elective and elective including chemotherapy)
- Lincolnshire Heart Centre
- Lincolnshire radiotherapy centre
- Lincolnshire specialised rehabilitation medicine level 2a (complex brain, trauma and neurological patients (elective and non-elective))

**Elective care:**

- Elective inpatient and same day case surgery (cancer and non-cancer) for general surgery, ENT, urology, head and neck, ophthalmology, gynaecology, breast, orthopaedics (patients needing ITU or not well enough for Grantham)
- Lincolnshire digestive diseases service (gastroenterology)
- Medical specialities (rheumatology, endocrinology, neurology, diabetes (inpatient), dermatology (inpatient))



- Day case chemotherapy service
- Day case medical unit
- Therapies (occupational therapy, physiotherapy, dietetics)
- Outpatient clinics for multiple specialties
- Diagnostics including endoscopy, radiology imaging, interventional radiology, cardiology advanced diagnostics

## 4.4 County Hospital, Louth

### “A centre for day case surgery and diagnostics”

County Hospital, Louth is not a ULHT hospital, however, Louth hospital remains an integral part of our plans for the future and will continue to provide vital ULHT services including: day case surgery for urology, ophthalmology, gynaecology and therapies. Outpatient clinics and diagnostic services will also be provided for selected specialities. There will be ongoing developments in line with our Clinical Strategy.

- Outpatient clinics for selected specialities
- Day case surgery:
  - Urology
  - Ophthalmology
  - Gynaecology
- Diagnostics

## 4.5 Other sites

It is expected that a range of ambulatory services, predominantly outpatient services, will also be provided at locations around the county to make them more accessible to local communities. The activity assumptions included in the STP state that by 2022:

- Outpatient activity at ULHT will reduce by 21%.
- Presentations to the emergency departments will reduce by 27.5%.

- Non-elective care will reduce by 12%.
- Elective activity will reduce by 10%.
- Some activity is anticipated to stop, due to care in the community being stepped up.

Some activity will be delivered differently, including care at sites other than our hospitals and the urgent care centres that stand at the front of our emergency departments.

## 5. Thinking as a healthcare system

**We are embracing working together as a system at both a local and national level. There is clear recognition that if whole system change does not happen, it will be detrimental to patient care and the health of the population.**

### 5.1 Lincolnshire's health and social care challenge

Lincolnshire's STP plan clearly outlines the financial and performance reasons for why health and care services need to change, as well as the views of our population which have been gathered over the past few years through active engagement. The case for change shows that:

- Key NHS standards are not being met.
- 2,000 planned operations are cancelled every year.
- In 2018/19, the Lincolnshire healthcare system spent £110m more than it received in funding.
- Too much money is spent on treating people in hospital, rather than on prevention and early intervention to support people in the community and prevent acute care needs.
- The current 'do nothing' scenario for Lincolnshire health and social care organisations is predicted to generate a £182m deficit by 2021 (providers and commissioners). Within the acute sector, there is a predicted 13% growth requirement.

### 5.2 Achieving clinical and financial sustainability

Sustainability is only achievable at scale, across the whole health and care system, not at individual service levels. Over the last year, local senior leadership forums such as the Lincolnshire Coordinating Board (LCB), the Joint (shadow) Commissioning Committee, and the System Executive Team (SET) have all agreed to a system-wide approach to service change.

Consequently, the Lincolnshire STP plan has been developed, which sets out five system themes that are planned to support £136 million in financial savings across the county focussing on clinical redesign, capacity optimisation, operational efficiency, workforce productivity and redesign and right care/commissioning priorities.

Overall, there is a critical focus on a shift to support patient pathways that are more preventative and community-based. These changes, and governance surrounding shared decision-making and accountability will be managed through the LCB, Joint Commissioning Committee, and SET. The ambition is to reduce hospital activity through moving more care into the community.

### 5.3 Lincolnshire Acute Services Review (ASR)

Our commissioners spend the biggest part of their budgets on acute care, and the majority of acute activity within Lincolnshire is delivered by ULHT. The viability and long-term sustainability of services within ULHT is therefore critical to the wider long-term sustainability of Lincolnshire's NHS.

The configuration of acute services within Lincolnshire must be clinically, operationally and financially sustainable to deliver safe, efficient, effective and high quality services to the local population. The ASR is a review of acute services across the county, which has been undertaken as part of the wider STP plan.

The ASR has focused on eight clinical services, considered to have the strongest and compelling case for change:

- Breast services
- Haematology and oncology
- Stroke services
- General surgery
- Trauma and orthopaedics
- Obstetrics, paediatrics and neonatology
- Urgent and emergency care
- Medical services

It has been acknowledged that the current STP plan is not ambitious enough to address quality, staffing and financial challenges across the system. The ASR has focused on making sure acute hospital provision across Lincolnshire is adequate to address both

the growing demand across the county and the need to achieve the ambitions of the STP plan. The review has considered current and projected future needs for hospital services, taking into account planned developments in prevention, supported self-care and out of hospital care. The aim has been to make a set of recommendations on the optimal configuration of acute services across Lincolnshire. Any significant changes to services as a result will be fully consulted upon in public and could take a number of years to become a reality.

The ASR has brought together commissioners and providers across the county to answer the question posed by the Lincolnshire Coordinating Board:

**“What is the optimum configuration of ULHT services (and the role of neighbouring acute trusts), in order to achieve a thriving acute hospital service in Lincolnshire (and for the population as a whole) achieving clinical and financial sustainability across the Lincolnshire NHS health economy?”**

This work gathered specialty-specific information from across ULHT to establish the case for change and evaluate potential alternatives. In parallel, there has been the development of a whole system model to assess the impact of different options on activity, finance and patient access.

There are a number of challenges across the local health and care economy that have been addressed and considered as part of this review:

- Patient pathways across Lincolnshire are very hospital dependent, putting pressure on all acute provision across the county.
- There is clinical variation across providers, including across sites within providers, impacting on patient care and outcomes.
- There are significant workforce challenges both current and future, including low staff morale, low productivity, staff shortages and impending future skills shortages.
- Inefficiencies exist as there is duplication in services even across sites within providers, some services are sub-optimally sized and/or distributed over a large geographical footprint.

## 5.4 The Integrated Community Care (ICC) Programme

Lincolnshire NHS' Integrated Community Care (ICC) programme of work has been introduced to the public through the Healthy Conversation 2019 campaign. The default methodology is that care will be delivered in the community unless there is a clinical need or economic case for it to be delivered in an acute hospital.

The supporting detail will be developed through a co-production phase we are soon to embark on with staff, the public, our patients and their representatives from across the county. The objective of this phase is to create a future model of care that sustainably improves patient safety, experience and outcomes.

## 6. Being financially stable

### 6.1 Overview

The Trust was placed into financial special measures by the regulator NHS Improvement (NHSI) in September 2017. As part of this agreement, we initially appointed and worked with a turn-around director, lately a financial advisor. In addition, the Trust has engaged external specialist services to provide support and expertise to enable sustainable financial improvement.

In 2018/19 the Trust did not accept the total deficit it had been asked to meet for the year (control total). The Trust submitted a planned deficit for 2018/19 of £74.7 million highlighting approximately £13 million of risk to delivery of the plan. Working with the financial advisor, the Trust reforecast the 2018/19 outturn and developed a financial recovery plan (FRP) over an 18-month period, incorporating the final six months of 2018/19 and the entirety of 2019/20. This remodelling projected:

- A 2018/19 year-end position of £89.4 million deficit, inclusive of delivery of a £15.1 million financial efficiency programme (FEP). The Trust delivered a deficit of £88.2 million at year-end.
- A 2019/20 year-end position of £75.2 deficit, inclusive of delivery of a £25 million FEP.

In January 2019, the Trust received notice that it will be expected to meet a deficit of £70.3 million for 2019/20, which it has agreed to do albeit with some risks to delivery. Allowing for adjustments, this will require the Trust to reduce its planned expenditure in 2019/20 by approximately £1.5 million. Delivery of this total would allow the Trust to access approximately £29 million of additional funding through a combination of PSF, FRF and MRET monies, improving the reported outturn income and expenditure position to approximately £41 million deficit.

### 6.2 Financial efficiency programme

Acknowledging the magnitude of the FEP challenge in 2019/20 and beyond, the Trust has appointed a head of finance programme management office and a support officer. Upon entering financial special measures, the Trust set up the Financial Turnaround Group (FTG) that continues to meet fortnightly. It is attended by a multidisciplinary group, including the new divisional leads appointed through the Trust Operating Model (TOM). FEP delivery is underpinned by key programmes of work, covering:

- Workforce
- Productivity
- Procurement
- Operational

The FEP process, from saving/income generation idea to delivery, is supported by a full quality impact assessment (QIA) and milestone monitoring process, with leads identified and held accountable for delivery.

The Trust is working with system partners to maximise Lincolnshire-wide opportunities, including streamlining patient pathways and bringing activity back to Lincolnshire's hospitals where possible.

### 6.3 Long-term financial plan

2018/19 should be viewed as the base year and 2019/20 as year one of the long-term plan to deliver financial sustainability at ULHT.

The long-term financial plan (LTFP) will map out the requirements needed to address a range of issues that affect the current financial position, including:

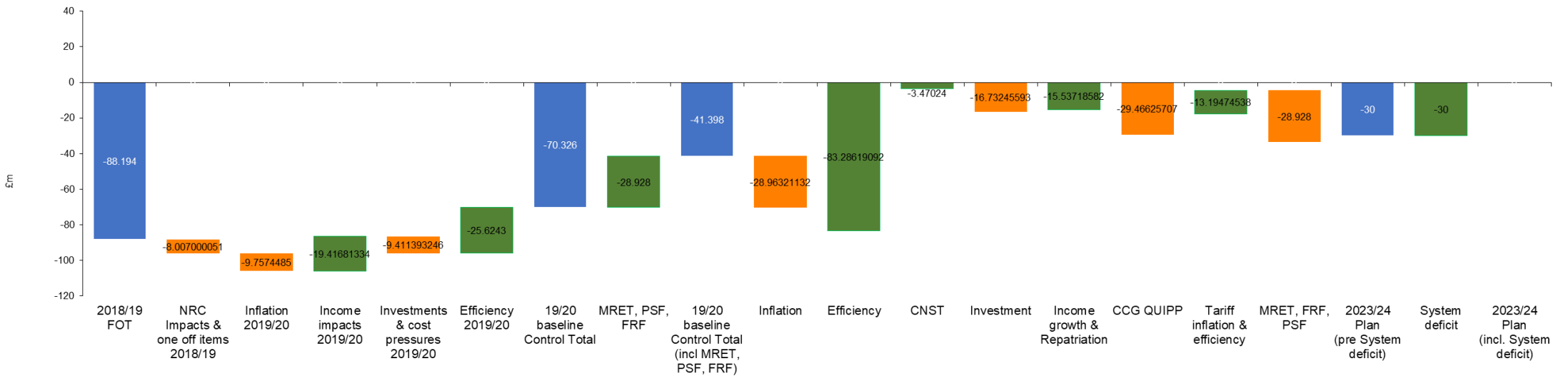
- **Staffing:** high level of agency staff and difficulty in attracting well qualified permanent staff.
- **Multiple sites:** three major hospitals that are at some distance from each other.
- **The estate:** different states of repair and the original structures limit the capability of some of our buildings to be used for modern patient care.
- **Lack of digitisation:** many documents are still paper-based and so restrict access at multiple sites when a patient moves from one consultant to another.
- **System deficit:** the Trust needs to clearly define the additional costs by specialty of providing services in Lincolnshire.
- **FSM:** exiting the FSM and therefore removing the interest and external support costs.
- **Operational efficiency:** the Trust needs to continuously deliver a year-on-year FEP of a minimum of £19 million to maintain its financial position and allow investment in services.



The following graphic contains the five-year key assumptions that support the Trust achieving a breakeven position. There are a significant number of key assumptions that underpin the delivery incorporating inflation, investment and agency staffing reductions as examples. As part of the LTFM, there are also risks identified that would need mitigation in order to achieve the targets set i.e. fines and penalties.

The table shows:

- Key building blocks that cannot be changes or controlled (blue)
- Our spend (orange)
- Improvements or cost reductions to be made (green)



## 6.4 Capital

The Trust has very limited internally-generated capital resources to invest in its sites and services. Due to the ageing nature of the estate and equipment the majority, if not all, of this is directed at statutory compliance and replacement.

Due to the fire enforcement notices served at the Pilgrim and Lincoln sites in 2017, the Trust was required to borrow approximately £40 million of capital from the Department of Health, and paying it back has further reduced the capital funds at the Trust's disposal.

We have an ambitious digital strategy, and as part of the Lincolnshire STP we are considering opportunities to configure acute services in the county. Both will require capital investment.

The Trust is working with Lincolnshire healthcare partners and NHS Improvement to review opportunities to maximise the availability of capital funding. This will be key to the Trust modernising its services and improving its financial position.

# Part three: Delivering excellence

## 7. Our improvement programmes

We have been making progress with the changes we need to make through our improvement programmes. Each of these programmes are led by an executive team member, and directly contributes to the delivery of our five-year strategy.

### 7.1 Improvement programme focus

We have five improvement programmes which are delivering our transformational changes, they are:

Our vision	Our improvement programmes	Our outcomes
We will provide excellent specialist care to the people of Lincolnshire, and collaborate with our local partners to prevent or reduce the need for people to be dependent upon our services	Improving quality and safety	We will focus on having the right numbers of staff, preventing infections, developing a culture of safety
	Saving money and improving our environment	We will be smarter, saving money and modernising our buildings
	Redesigning our clinical services	We will make sure patients will get the right care, first time
	Delivering productive services	We will deliver great patient experiences by improving our systems and processes
	Developing the workforce to meet our future needs	We will retain and recruit more staff. Staff will be trained, healthy and supported

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# ing quality and safety improvement programme

**We are seeking to develop a culture of safety within our Trust, so that everybody who attends our hospitals can enjoy a positive care experience. We have a comprehensive quality improvement plan which delivers improvements in safety and quality across the Trust.**

## **Why is it important?**

- We want our patients to have the best outcomes possible, cared for in areas with safe staffing levels and good quality-infection control practices.
- We want to continue involving our whole community in improving our services.
- We want to continue working collaboratively with our partner organisations to ensure that we meet the needs of all members of our community.

## **What we will do:**

- Listen to staff, so that through their experiences they can help us shape a better service.
- Engage a team to review all negative comments on patient surveys.
- Encourage staff to help us meet the outstanding markers for safety outlined in the CQC inspection toolkit.
- Share positive experiences from within our Trust.
- Encourage staff to bring forward ideas that will improve standards without impacting negatively on our finances.

**The outcomes we hope to achieve:**

- High quality services have fewer incidents, and when they do happen we will share our learning to reduce future events.
- High quality services will be reflected in positive responses to patient surveys.
- We will improve the response times to patients experiencing difficulties in the hospital through high quality training.
- We will encourage staff to become involved in the development of standards and change programmes, so that they feel listened to and valued. This will be revealed in appraisals and staff surveys.
- Training needs identified by staff in the appraisal programme will result in appropriate development.
- Staff can access training to help them deliver the outstanding level of care we want to give to our patients.
- We will have, from staff, a clear picture of how our limited resources are used.
- We will work together to prioritise the use of our limited resources to make best use of them.
- Our response to the additional needs of patients with mental health conditions will be both swift and compassionate, thanks to improved communication between ULHT and partner organisations. This will be revealed by positive responses to the Trust Friends and Family Test.
- Processes for the escalation of issues and risks will be clear.
- We will ensure opportunities for development for all staff.

## 9. Saving money and improving our environment improvement programme

**We are seeking to become more efficient and effective in the use of our resources so that we are able to deliver consistently high quality patient care. We are also seeking to develop our estate to support our services and provide a safe working environment for all our staff.**

### **Why is it important?**

- We must achieve our agreed financial total for 2019/20 (financial control total) if we are to access additional funding that will enable us to provide sustainable services.
- We must adapt to the changing needs of our communities.
- Our estates must be maintained safely, as described in CQC inspection standards.

### **What we will do**

- Establish a long-term financial strategy, which sets out revenue and capital requirements linked to all improvement programmes and the STP plans, enabling us to achieve financial targets.
- Develop a procurement strategy that will maximise opportunities for efficiency.
- Develop a long-term financial model to forecast requirements and enable us to build financially-sustainable clinical services.
- Put in place a year-on-year financial efficiency programme to support and improve patient care as well as deliver savings.
- Use tools such as the Model Hospital and Patient Level Costing to benchmark efficiency opportunities.

- Establish a programme of governance and monitoring that will ensure continual review.
- Reduce the risks presented by our aging estate, thereby meeting legal and statutory compliance requirements whilst maintaining continuity of service.
- Modernise our estate, as part of our clinical strategy, helping us to improve patient experience and outcomes.
- Strive to maximise efficient use of our estate in accordance with both the Lord Carter and Naylor reports.
- Establish a programme of targeted estates projects, aligned with the sustainable management programme, that will help us to reduce wasted energy and consumables.
- Maintain high standards of cleaning and nutrition to enhance patient comfort.

**The outcomes we hope to achieve:**

- All services will achieve financial balance, enabling ULHT to become a financially viable and sustainable organisation.
- Revenue and capital investments will be aligned with strategically planned organisational priorities.
- There will be an estates strategy that is linked to the clinical strategy.
- The sustainability performance, infrastructure safety and resilience of the estate will have improved.
- Patient and staff perception of the estate will have improved through the thoughtful management of development projects.
- Improved infection control metrics will have increased patient satisfaction on PLACE.

# 10. Redesigning our clinical services improvement programme

**We are seeking to change our clinical services to align with the aspirations of the STP plans, and thereby improve efficiency and patient satisfaction. This programme will cover planned care, urgent and emergency care, women's and children's services, clinical support services and cancer pathways.**

## **Why is it important?**

- Working in partnership to achieve a significant change in the delivery of our hospital services, in order to keep people out of hospital and closer to home for longer.
- Working on redesigning our services to meet the future needs of our patients, ensuring that they are sustainable and deliver improved quality.

## **What we will do:**

- Implement the ULHT clinical strategy (following consultation where needed, as a part of the STP).
- Implement actions identified as necessary/desirable by the clinical service review programme.
- Implement Getting It Right First Time (GIRFT) action plans.

## **The outcomes we hope to achieve:**

- Improved clinical pathways, reducing the time taken from diagnosis to treatment, thereby enhancing patient experience.
- Services of the same type will be of the same standard wherever they are provided by ULHT.



- ULHT will match nationally-expected standards and key performance indicators.
- Significant improvements to the financial position of ULHT.

# 11. Delivering productive services improvement programme

**We are seeking to be the healthcare provider of choice for our communities. We want to provide high quality, safe and sustainable services, which are designed to meet the changing needs of our patients. It is intended that this programme will help us to sustain and deliver acute services across Lincolnshire.**

## **Why is it important?**

- To become a financially viable organisation, ULHT will need to become more efficient, optimising the use of both resources and staff.
- We need to streamline our processes for the benefit of our patients and to minimise boundaries between services.
- Improving our operational capacity will reduce the number of cancelled operations and reduce the number of patients that we are unable to discharge.

## **What we will do:**

- Establish reviews of four key workstreams - acute care, cancer and planned care, diagnostics and portfolio review, with a view to improving standards and patient experiences.
- Undertake tactical/performance reviews with a focus on achieving operational and financial efficiency:
  - Theatre optimisation
  - Outpatient optimisation
- Develop a faster referral/booking response.

- Promote earlier diagnosis.
- Support the delivery of care in the right setting and reduce inequalities of access to services.
- Secure and maintain consistent compliance with national standards on key services including A&E, cancer, frail elderly, diabetes, maternity, paediatrics and mental health.

**The outcomes we hope to achieve:**

**Capacity (outpatients)**

- Reduction in follow-up appointments
- Stratified follow-up management
- Reduced backlog recovery trajectories
- Conversion of day case procedures to outpatient procedures
- Primary/community outreach service delivery

**Capacity (elective theatre)**

- Improved theatre utilisation
- Conversion of inpatient to day case procedures
- Improved primary/community outreach service delivery

**Capacity (diagnostic)**

- Increase diagnostic testing and reporting capacity
- Standardise care pathways to reduce variation
- Optimise the diagnostic capacity in primary care

**Capacity and demand**

- Improve planning for resilience at peak A&E times

**Referral management**

- Deliver the use of e-referrals and e-bookings

- Issue explicit referral guidance and an accurate directory of services.

**Patient experience**

- Reduce patient waiting times
- Improve the quality of the service given to patients
- Prevent avoidable hospital admissions/appointments
- Reduce the length of any hospital stay
- Reduce the number of cancellations experienced by patients

## 12. Developing the workforce to meet future needs

The overall scope of this improvement programme is to ensure that we have the right number of people in the right places with the right skill mix, attitudes and behaviours, being motivated to perform to the best of their abilities (at a price that we can afford) and engaged on patient safety.

### Why is it important?

Delivering our vision through our people strategy has two strands:

- **Workforce and skills** - the need to change the shape of the workforce, together with stabilising numbers so that there is less reliance on agency and temporary staff, thereby increasing the productivity of existing teams.
- **Organisational development** - the need to engage our workforce around a future vision and a set of values that will define our culture.

Our workforce is made up of four groups of people, who are each important in their own way:

- Our permanent staff, including trainees, all of whom help to shape and support the vision of ULHT.
- Our temporary staff, who include agency workers who fill in for unpredicted staff absence and Bank staff who are more aware of ULHT routines and practices.
- Our volunteers, who freely give of their own time to support the work of ULHT.
- Our carers who support the wellbeing, both physical and mental, of our patients.

To deliver our vision, we need to significantly change the way we organise and deliver our services. This will involve us managing the budget whilst developing a workforce who will be equipped with the skills and resources to meet the expectations of our patients.

**What we will do:**

- Work with our teams of people to involve them in shaping our services for the future.
- Strengthen the sense of 'one team', 'one workforce', 'one Trust' - embracing all staff on all sites where we operate.
- Enable everybody to have a voice that will be acknowledged, and making sure staff feel that their contribution is valued.
- Recognise the strengths of individuals and help them to fulfil their potential through the appraisal process.
- Through continued professional development (CPD), ensure that all staff are aware of and exercise best practice standards in patient safety.
- Involve the workforce in developing the vision for the future and share it with all staff to increase confidence in the journey that we are making.
- Involve staff in reviewing the progress of the work programmes and adjusting them as appropriate.
- Involve all staff in achieving the objectives set out in the STP, through appraisal and break-out groups.
- Involve our staff in making more effective and efficient use of skills and capabilities of our people. For some, this will involve from acute to community care.
- Engage in a technology training programme and review the use of technology.
- Train staff in prevention and the treatment of the whole person.
- Support our staff to own and deliver improvements through our continuous quality improvement approach.

**The outcomes we hope to achieve:**

- A marked change in the shape of the workforce that supports the Trust's vision and STP vision.
- That staff are all engaged in a positive future vision in which they can have confidence.
- Safety training in place to ensure that staff in all areas of the organisation are compliant with national standards, with no areas of inconsistency.
- There is a culture of safety in all parts of ULHT.
- The values in the staff charter will be fully embedded in the culture of ULHT.
- Rebalanced workforce mix so that there are less agency/temporary staff, thereby helping us to achieve financial sustainability.
- Improved people management so that we are able to become a more productive workforce.
- There is a system in place for holding people to account for their work.
- There will be compassionate, inclusive leadership at all levels across ULHT.
- Staff will feel confident that their voice will be heard when they raise concerns.
- ULHT will be seen as equitable and fair in the way that we treat all of our people, thereby promoting the value of diversity.
- Staff feel empowered to innovate and make improvements.

## 13. Our supporting strategies

**We have been ensuring that we link the delivery of our vision through all of our supporting strategies. These have been termed our suite of enabling strategies. Aligning our vision and ambitions through our enabling strategies will demonstrate delivery of our five-year strategy.**

### 13.1 Our enabling strategies

#### **Quality strategy**

This strategy sets out our approach to ensuring that we deliver high quality care for the patients who use our services. It sets out how we will be putting patients at the heart of improving standards of care and safety. The ultimate aim of the quality strategy is to enable us to deliver the highest quality of healthcare in the country. Patients will be encouraged to become partners in their own care and should expect to find an ever-developing service, which is designed alongside them and meets their specific healthcare needs.

#### **Clinical strategy**

This strategy sets out the clinical transformation required for us to lead the development of integrated care closer to home. It outlines our move to consolidate specialist care on fewer sites where it improves outcomes and safety, and the advancement of improvements through service reviews and GIRFT improvements. We have been reviewing a range of options, working alongside clinical colleagues and key partners across our STP, where we are working in collaboration to provide services that achieve our site visions.

#### **People strategy**

This strategy has been refreshed to align to the Trust's revised strategic direction. A key focus has been to include workforce productivity, planning and development to ensure that we have the 'right number of people, in the right places, with the right skill mix, attitudes and behaviours, motivated and managed to perform at their best (at a price that we can afford) and engaged on high value care'.

It explores who we will continue to explore opportunities to innovate around recruitment. We also recognise that we want our staff to have a positive experience of working for the Trust, feeling supported by their managers to develop their potential and make



improvements to patient care. We will continue to improve our leadership and talent management work to support development at all levels, together with supporting managers across the Trust to manage more effectively. It also outlines how we will use workforce systems to streamline ways of working and capacity.

### **Inclusion strategy**

Our vision is for inclusion to be a 'golden thread' running through all that we do and say in providing high quality patient-centred care for our population. This strategy sets out the objectives and outcomes for patients/service users, local communities, staff and our organisation. By delivering the objectives, we as a Trust will be able to evidence improvements in the compliance and performance with both our statutory and mandatory duties, together with demonstrating how a rich diverse workforce will promote our equality, diversity and inclusion agenda.

### **Financial strategy**

This strategy sets out how we intend to achieve planned savings and more efficient ways of working that will enable us to move to a sustainable financial position. This will then allow us to invest in the development of our staff, services and estate. Through the development of new models of care and the reduction in the demand for acute services across the health and care system, we aim to achieve a more financially sustainable position that will enable us achieve financial balance.

### **Digital strategy**

This strategy will deliver the clinical systems, technology, information, resources and processes required to help us transform our clinical services and deliver the highest quality patient care. It outlines how we will provide secure online access in real time to accurate information for the right person in the right place, via a single portal that will be available on a choice of different devices to meet clinical needs. Using data and technology, we will transform outcomes for our patients as we move closer to becoming a paperless organisation. By digitising the records of our patients, they will be available whenever and wherever needed. In addition to this, an e-prescribing system will be implemented for both inpatients and outpatients across all sites, supporting the delivery of drugs on discharge and providing the relevant information to GPs.

Delivering high quality care will require accurate data to be at the heart of our transformation, enabling us to identify where new care is needed, what care is working well and what care needs to be improved. This will allow patients, clinicians and commissioners to compare the quality and efficiency of care in different parts of the organisation.

### **Estates strategy**

This strategy recognises remodelling buildings and infrastructure will be paramount as services change. We will be working with architects and healthcare planners to take account of diverse stakeholders, new treatments and medical advances using evidence-based strategies, practical guidance, good practice and new tools for improving the design of healthcare space and layout. Building on the work that we have carried out so far, this will result in a sustainable estates strategy development control plan and programme delivery plans across all sites.

### **Research strategy**

We recognise that the best quality care and outcomes can be achieved in an environment that inspires research and innovation. The ULHT ambition for research is to ensure that we feature nationally and internationally on the research landscape and to deliver clinical research, which provides benefit to patient care and contributes to learning in regard to the provision of healthcare within a rural setting.

## **13.2 Supporting change**

The Trust has been developing our change methodology to support our improvements, which will be delivered through our CQI Faculty. We have also been developing our Continuous Quality Improvement Strategy, which sets out our journey to support the systematic implementation of improvement tools and techniques across our programmes, projects, initiatives and improvement ideas across the whole organisation.

Building on existing good practice, we will be supporting new and existing programmes to deliver improvement, tailored for all levels of the Trust. This will mean supporting staff, volunteers and our patients to contribute to driving improvements.

# 14. How we organise ourselves

**We have developed new ways of working to strengthen our operating model and provide support and guidance throughout the organisation on how decisions are made, building transparency and trust and devolving responsibility for decision making closer to the service issues.**

## 14.1 Governance guide

This guide outlines how we are run and make decisions within ULHT. This outlines how we are assured that we are achieving what we expect of ourselves, by:

- Ensuring accountability for the delivery of our required standards (clinical, workforce, financial, performance or legal).
- Identifying, sharing and ensuring the delivery of best practice.
- Identifying and managing risks and the quality of care.
- Ensuring that the Trust's culture - 'the way we do things around here' - supports effective engagement on the Trust's priorities.
- Driving continuous improvement in the quality of patient care.
- Investigating and taking action on sub-standard performance.

### **Governing the delivery of our five-year strategy**

We have refreshed our meeting arrangements to support decision-making in the new ways of working. We will ensure that there is openness and transparency on the delivery of our ambitions and priorities. There will be the strategic monitoring, reviewing and escalation through the Trust Management Group, reporting through to the Trust Board.

Delivery of the ambitions and the targets set will be monitored through integrated business planning and divisional performance management reviews. The Board Assurance Framework will capture the risks to delivery of the strategic ambitions and performance for the Trust Board.

Each of the improvement programmes has a transformation group to manage, monitor and identify risks and issues to the delivery of its objectives. These report through to the Trust Management Group on a monthly basis.

The five-year plan will be monitored and reported to the Trust Board as part of our strategic planning, with any areas of concern or off target being escalated through our governance structures.

# Appendix 1: Our Delivery Plan

Our five year strategy at a glance							
Our purpose		We are here to deliver the most effective, safe and personal care for every one of our patients, through our team of safe, skilled, compassionate, dedicated and valued staff					
Our vision		We will provide excellent specialist care to the people of Lincolnshire, and collaborate with our local partners to prevent or reduce the need for people to be dependent upon our services					
Delivering our objectives							
Our ambitions	Our patients		Our services		Our people		Our system partners
Our objectives	Harm free care	Valuing patients' time	Zero waiting	Sustainable services	Modern and progressive workforce	One team	Service integration
Our measures	<b>Mortality (HSMR)</b> Metric 2023/23 – within control limits  <b>Avoidable harm</b> Safety thermometer Metric 2023/24: 99%	<b>% patients seen at appointment time (within 15 minutes of appointment time)</b> Metric 2023/24: 75%	<b>Patients discharged within 24 hours of predicted discharge date</b> Metric 2023/24: 75%	<b>Delivery of financial plan</b> Metrics 2023/24: break even  <b>% of clinical services rated as 'delivering' or 'excellent'</b>	<b>Vacancy fill rate (all staff)</b> Metric 2023/24: 9%	<b>Recommended as a place to work (NHS Staff Survey)</b> Metric 2023/24: 63%  <b>Recommended as a place to receive care</b> Metric 2023/24: 72%	<b>% reduction in face-to-face contacts in outpatients</b> Metric 2023/24: 33%

### Delivering our priorities

	Our patients	Our services	Our people	Our system partners
<b>Our 2021 priorities</b>	<ul style="list-style-type: none"> <li>Learning and safety culture</li> </ul>	<ul style="list-style-type: none"> <li>Estates</li> <li>Financial recovery plan</li> <li>Digitalisation</li> </ul>	<ul style="list-style-type: none"> <li>Future workforce</li> <li>One team</li> <li>Quality Improvement Programme</li> </ul>	<ul style="list-style-type: none"> <li>Partnership working (ICP) – governance and strategy definition in line with the STP and LTP</li> </ul>
<b>Our tactical priorities for 2019</b>	<ul style="list-style-type: none"> <li>Learning from experience</li> <li>Patient experience</li> </ul>	<ul style="list-style-type: none"> <li>GIRFT</li> <li>Theatres</li> <li>Urgent and emergency care (Q&amp;E, SDEC)</li> <li>62 day cancer</li> <li>Data quality</li> </ul>	<ul style="list-style-type: none"> <li>TOM</li> <li>Recruitment</li> </ul>	<ul style="list-style-type: none"> <li>Pathway redesign</li> </ul>

### Delivering our improvement programmes

<b>Our 2021 improvement programme</b>	<ul style="list-style-type: none"> <li>Quality and safety</li> </ul>	<ul style="list-style-type: none"> <li>Saving money and improving our environment</li> <li>Delivering productive services</li> </ul>	<ul style="list-style-type: none"> <li>Developing the workforce to meet future needs</li> </ul>	<ul style="list-style-type: none"> <li>Redesigning our clinical services</li> </ul>
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If you require any further information, please contact the 2021 Programme Hub:  
[2021.Strategy@ulh.nhs.uk](mailto:2021.Strategy@ulh.nhs.uk)