## RAG Rating RED < 50% Complete AMBER > 50 < 100% Complete GREEN 100% Complete

## DHU NHS111 Service Improvement Plan (as @ 4/8/2014)

Αp	pendix	1
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Category	Exec Lead						RAG Status	Target Date
1.IT Resolution	Stephen Bateman (COO)	IT issues to be corrected by hard N3 connection ordered May 2013 to be installed and fully pressure tested	LHIS & DHIS [GEM]	KPI 1	1.1 Involve GEM MD to ensure that local issues with DHIS are fully resolved.	LW/SB/ GRJ	Green	Completed
2. Staff Consultation	Stephen Bateman (COO)	All call centre staff [400] were in 45 days	HR Ops Mgt Rotas	KPI 1 & 4	2.1 Consult with staff reps re changes to T&Cs.: pay changed to enhance rates for unsocial shifts shift patterns altered seasonally flexible working to meet changes in call demand patterns changes to sick pay	SB/PH/ DW		Completed
		consultation to change to seasonal shift	Shift Mgt		2.2 Undertaken 121's with all staff to confirm acceptance or not of change of terms and conditions / shift patterns to ensure Core, OoH/Weekends/BH are staffed appropriately.	JD		Completed
		patterns, reduce sickness T&Cs and move to rates of pay that			2.3 Ensure all rota/work patterns queries are resolved by 5/6/2014 and final status of staff groups agreed. As at 23/6/14 ALL rota queries have been addressed. However identified that there are clear gaps in the 4-week rota	PT/SB		Completed
		incentivise OoH and weekend working.			<ul> <li>and now discussions taking place with CA's and NA's. See 2.7 below</li> <li>2.4 Agree new contracts of employment, including weekend working, BH and pay rates with NHS111 staff as part of consultation. Status as at 4.8.14 is:         <ul> <li>YES – 249</li> </ul> </li> </ul>	סנ		Completed
					<ul> <li>NO – 0</li> <li>TUPE Excluded – 10</li> <li>Other e.g. Mat Leave – 10</li> </ul>			
					2.5 All staff that are UNDECIDED to be contacted in person to confirm if Y/N. Records to be maintained	KB/JD		Completed
					2.6 All "NO" staff to be contacted in person or via telephone to confirm their position and key reason(s), obtain signed paperwork and meetings to be held to dismiss and re-engage and actioned as per 2.4 above.	РН		Completed
					2.7 Identify current status of staffing numbers/patterns and gaps in rota that will affect service performance for next 2 months. Agree management action plan on outcome.	SB/PT		Completed

Category	Exec Lead	Issue	Support Required	КРІ	Recommendations/Actions	Owner	RAG Status	Target Date
3. Rotaring & Scheduling	Stephen Bateman	111 roster management is	Finance Ops	KPI 1 & 4	3.1 Purchase of new Workforce Management System	SB	Amber	Completed
Scrieduling	(COO) currently manually				3.2 Appoint project manager to support implementation	SB		Completed
		intensive			3.3 Agree revised deadline for implementation of Injixo system within 111 Call centre operation - 31 July 2014	SB		Completed
					3.4 Resolve all Rota queries as a result of consultation period and ensure gaps identified / resolved / actions agreed, e.g. recruit weekend / weekday staff. See 2.7 above.	PT		Completed
					3.5 WFM tool project team in place and scoping document/PM agreed but delayed due to consultation delay/rota patterns. Review 6-8 week implementation timescale.	SE/JS		Completed
					3.6 Project risk/issues log to be reviewed with SB/PH by 6.6.14	SB		Completed
					3.7 JS working in background to develop uploads to WFM tool, when required	SB/PT		Completed
					3.8 Assurance to be agreed regarding integration of WFM with HR/Payroll to improve control, VFM and define processes. Project review meeting with Injixo and DHU project team to be held on 15 August 2014 to complete.	SB		15.8.14
4. Staffing Contingency	Pauline Hand (DOO)	Ensure robust contingency for staffing provision to	Finance Ops Rota	KPI 1 & 4	4.1 Detail of all contingency staff (CSMs/SMs/Trainers/CQI audit etc.) broken down into NAs and CA numbers/contracted hours. Illustrate plan to deploy contingency as required against forecast.	LWat/JD	Green	Completed
		meet service standards			4.2 Agree additional On-call hours for NA/CA's – Paid to be on call and then take shifts at agreed premium rate if they work the shift. Put on hold due to performance improvement. None Viable – review 8 weeks if required	PH/JD		Completed
					4.3 Very clear instructions to contingency staff how they will be deployed and what we expect from them in our time of need. Utilise TV/WallBoard at Charlotte House	LW		Completed
					4.4 Clear communication to staff and also briefing to shift management.	РН		Completed
					4.5 Approved to review Pathways training programme including paid overtime, as well as key triggers to suspend training to support service delivery.	LWat		Completed

Category	Exec	Issue	Support	KPI	Recommendations/Actions	Owner	RAG	Target
	Lead		Required				Status	Date
5. UXL programme	Pauline Hand	100 61 10 100 100 100 100 100 100 100 10					Amber	Completed (Trajectory)
p. og. umme	(DOO)	financial	Performance		5.2 Main focus is to support Call Advisors and review in line with progress to	LWat		Completed
	(500)	envelope are	Team		date, staff consultation, and patient outcomes. Need to achieve below			(Trajectory)
		currently all being exceeded.	Training Team		7min consistently and current trajectory is 18/8/2014. To be agreed with commissioners 18/6/2014			
		UXL is			5.3 Undertake sensitivity analysis to assess impact of CA and NA what is	SB		Completed
		addressing all of			impact with 25% triage/80% Productivity, e.g.			
		these elements:			a. CA - 7min, NA – 7.5min / CA – 6min45secs, NA – 7.5min			
		Call speeds,			5.4 Review trajectory for all key metrics and agree revised timescale to deliver	SB/PH		Completed
		productivity and			back to bid case. To be agreed at Joint Collaborative 111 meeting.	•		·
		transfer to NA.		KPI 1 & 4	5.5 UXL training to Nurse Advisors to use clinical validation against	LWat	Green	Completed
					dispositions still in progress with NA achieved 8min target but set new			
					milestone			
					5.6 Complete 121 reviews with all NA's to recognise positive progress & role	мм/кв		Completed
					within the 111 service model, incorporating validation			·
					5.7 Recognise Top 6 NA performers from KPI's	PH/PT		Completed
					5.8 Review all processes that are impacting upon NA call lengths and	LWat		Completed
					outcomes e.g. safeguarding referrals, complaints, Use of make busy codes.			(Trajectory)
					Ensure correct policy/process is in place, monitored and patient outcomes			
					documented.			
				KPI 4	5.9 Deliver target of 25% transfer to NA – achieved as at end of May in line with target. 24.8% as at 25/5/2014	LWat		Completed
				KPI 3	5.10 Deliver 999 referrals to below 8% by reviewing individual CA dispositions	LWat		Completed
					outcomes with 999 and audit/ review Top/Bottom 10 CA's and identify			& Ongoing
					root cause/actions e.g. retraining, shift, CMP3 - Achieved 6.6% - 7.9% in			
					May/June 14, and 6.8%-8.4% in July NMDS submission			
					5.11 Ensure we recognise Top 6 performers	LW/PH		Completed
				KPI 3	5.12 Deliver A&E referrals to below 6% by reviewing individual CA dispositions	LWat	Amber	31.8.14
					outcomes with A&E and audit/ review Top/Bottom 10 CA's and identify			
					root cause/actions e.g. retraining, shift, disposition. Achieved between			
					5.8% – 7% May 2014, 6.1% - 8% in June 2014, 7.1%-8.1% July 2014 NMDS			
					submission. Breakdown of A&E to be developed for review meetings			
					5.13 Ensure we recognise Top 6 Performer	LWat		Completed
				KPI 4	5.14 Improve availability to 80% - still in progress as achieved at certain	LWat		Partially
					days/times for both CA / NA as we approached end of May through July 2014.			Completed
					5.15 Continue to monitor productivity of CA/NA and review Top 10/Bottom 10	PH/LWat		Completed
					identify root cause and address performance issues			& On-going
					5.16 Ensure that we recognise Top 6 performers	PH/LWat		Completed

Category	Exec	Issue	Support	KPI	Recommendations/Actions	Owner	RAG	Target
	Lead		Required				Status	Date
6. Performance Management of employees	Pauline Hand (DOO)	Improve performance management of teams	HR Operations Managers Shift Managers	ALL	<ul> <li>6.1 Review team/shift management structure during consultation process</li> <li>6.2 Deliver training on managing performance for all Shift Management</li> <li>6.3 Provide shift managers with weekly individual/ team performance information [KPIs and call audit results]</li> <li>6.4 Call centre management team to set and agree SMART objectives with team leaders</li> </ul>	DW/JD JD/VB MM/KB LWat/ JD	Green	Completed Completed Completed Completed
7. Sickness &	Stephen	Sickness is not	HR	KPI	7.1 Review T&Cs of sick pay during consultation. Updated Sickness/Absence	SB/DW	Amber	Completed
Absence Management	Bateman (COO)	managed effectively	Operations Managers Shift	1,4 & 5	Policy 7.2 Clarify expectations of how shift managers are to manage sickness [SMART Objectives].	PH/JD/KC		Completed
			Managers		7.3 Train Shift Managers to improve attendance management and to be	PH/DW/		<del>30.6.14</del>
			Absence		timely in having difficult conversations with staff.	KC		31.8.14
			Manager		7.4 Review progress and compliance with the policy of RTW and actions being taken with relevant staff. Daily monitoring and actions to be agreed/taken/recorded	SB/DW/ KC		Completed
					7.5 Undertake staff meetings to initiate performance management / disciplinary process	JD/		Completed & On-going
					7.6 Review of all staff that are on medium / long term sickness and agree individual action plan with HR	SB/KC/VB		Completed & On-going
					7.7 Undertake weekly analysis of sickness trends in DHU services e.g. 111/OoH, Adastra disposition and local Health services to inform forecasting	JD/PT		Completed
					7.8 Implement operational changes to sickness reporting through HR/Payroll system for all 111/OoH service	DW		Completed
					7.9 Discuss and agree additional support for sickness management with KC and permanent role moving forward to support DHU	SB/DW		Completed
					7.10 Reassign internal /HR resource or recruit external temporary support to target absence management action plan on priority cases and implement effectively across 111 call centre.	SB		Completed
					7.11 Management briefing with all staff groups on the new Absence management policy.	DW/KC		Completed
					7.12 PH/JD/KC to attend / monitor all RTW interviews/disciplinary meetings for CA/NA staff. Ensure consistent policy implemented and ensure strong	SB/DW		Completed
					cohesive management through Ops and HR.			Completed
					7.13 Commence daily / weekly / monthly communication of sickness absence	SB/DW		Camandatad
					statistics for each area of the business. Align to performance impact. 7.14 Ensure <5% sickness levels is key objective for each member of SMT.	SB		Completed
					7.15 Implement Injixo WFM tool through robust project management and system integration to support management to implement absence management	РН		<del>31.7.14</del> 31.8.14

Category	Exec Lead	Issue	Support Required	KPI	Recommendations/Actions	Owner	RAG Status	Target Date
8. Management Development	Pauline Hand	Performance of shift managers	Snr Operations	ALL	8.1 Agree SMART objectives and Performance manage the Shift Managers in line KPI's.  8.2 Review role, responsibilities and structure of shift management within the	JD/DW PH	Green	Completed
	(DOO)				111 service, and implement any changes required.  8.3 Review the shift management rota and partnering around weekend working to support service performance and clinical safety	JD/PH		Completed Completed
					8.4 Develop and undertake a training and assessment programme for all Clinical and Non-clinical Shift management	PH/DW		Completed & On-going
					8.5 Utilise wallboards in call centre for better communication and mitel reporting e.g. staff on scheduled/unscheduled breaks, safeguarding, etc.	LWat/NP		Completed
					8.6 Ensure Shift Management and staff are aware of key reports/ tools/ triggers and subsequent actions to undertake to actively management the 111 service 24/7 e.g. calls waiting, staff idle/waiting	PH/JD		Completed
9. Service Improvement Processes	Pauline Hand (DOO)		CQI Lead Operations Managers Training Team	ALL	<ul> <li>9.1 Operational checklist / escalation plan to support active Clinical queue management to meet Patient safety, MDS KPIs and service performance.</li> <li>9.2 Review Call centre management folder and update/train/brief as required to all relevant staff</li> <li>9.3 Contingency queue management process to be agreed and implemented following Adastra changes</li> </ul>	JDox/ LW MM/KB JDox/ PH	Amber	Completed 13.6.14 11.07.14 Completed
10. Management Information reporting	Stephen Bateman (COO)	Weekly reports inform performance management of individuals not teams	Operations Director/ Managers	ALL	10.1 Review and revise reports suite to drive operational performance through improved team management	SB	Green	Completed
11. Recruitment Baseline	Pauline Hand (DOO)	Turnover in call centres tends to be high	COO/HRD	ALL	11.1 Establish rolling recruitment programme for CA / NA. To progress once consultation/rotering finalised; headcount v hours 11.2 Ensure training programme agreed and timelines for pathways/ qualified/competent staffing	JD/PH PH	Amber	13.6.14 15.8.14 Completed
					11.3 Clarification of accountabilities through setting SMART objectives	РН		Completed
12. HR Support	Stephen Bateman (COO)	Support for recruitment	HR	ALL	12.1 Appointment of dedicated HR recruitment and training lead.	DW	Green	Completed

Cate	egory		Exec Lead	ls	ssue		upport equired	KF	PI			R	ecomme	ndatio	ns/Actio	ns			Ow	ner	RAG Status	Target Date									
13.Comr n improv		Ва	ephen Iteman OO)	sites cre difficulti consiste	ies ensure		ctors rations agers	Al	ALL  13.1 Leading on from consultation develop quarterly staff forums increasing engagement and improving information flows. Terms of reference agreed and Communications Manager appointed to take this forward with HRD  Amber  Amber											<del>30.6.14</del> 31.8.14											
14. Plani Forecast (Bank Ho 2014/15 including	ing	Ba (C	ephen ateman OO)	volume	coust ecasting of umes and ffing required enable		ctors rations agers ormance agers	l l	KPI 1.4.1 Agree with JH to visit other 111 Providers to review best practice forecasting models and to implement lessons learned and implemented, i.e. YAS/Herts. Still outstanding as with JH NDCCG to organise.  14.2 AM to objectively review DHU forecasting model to identify recommendations for improvement. Feedback to Joint Collaborative										1, 4 & 5 forecasting models and to implement lessons learned and implemented, i.e. YAS/Herts. Still outstanding as with JH NDCCG to organise.  14.2 AM to objectively review DHU forecasting model to identify recommendations for improvement. Feedback to Joint Collaborative								PH PH			30.6.14 31.8.14 30.6.14	1
Cup)				33.113						group. No longer applicable as CCG conflict of interest.  14.3 Track historical performance data and formulate staffing forecasts. Needs close monitoring by county against contract call volumes and forecasts for last 3 months, and form part of the regular staff communication. Macro level by week accuracy for first two then last month do it by Day of week and week total variance actual to forecast.										Comple											
								14.4 Translate data from revised forecast into rota/call patterns to review against outcome of staff consultations. Actual CAs/NA's staffing / hours evidence of % of by hour, by day of the week to am/pm/evening.  14.5 Review staffing levels on a weekly basis to address staffing gaps. This  PT/PH		against outcome of staff consultations. Actual CAs/NA's staffing / hours evidence of % of by hour, by day of the week to am/pm/evening.									Comple												
										need Ope	ds to be i rations	reviewed	/ agreed	by Seni	or operat	tions tean	n & Direc		PH/P			review Monda Comple & On-g	Fri / ly eted								
15. Refre	esh Staf	f Sto	ephen	Ensure		Hum	an	AL	LL :	15.1 Review and re-launch the Staff Recognition scheme and refine based on							DW		Red	30.6.1	ı										
Recognit	tion		iteman	positive	e staff unication		Resources Operations		_			current organisational strategy / culture. To be developed by Staff forum.  5.2 Develop the staff forum and look to align to the area of service					DW			31.8.14 Comple											
Scheme		(0)	00)	and recognition		- 1	Managers		development, communication strategy, staff briefings and staff surveys.								DW			& on-g	oing										
				improv	programme improves the staff motivation				:	-	mplement a staff social group that will take ownership of recreating the family" culture within DHU.					DW/SB			<del>30.6.1</del> ⁄ 31.8.1⁄												
	КР	11		Stan III		PI 2			к	PI 3			K	PI 4			КІ	PI 5		К	PI 4.1 (inve	rse of KP	4)								
Planned	Actual %	Var	riance	Planned		Vai	iance			Var	iance			Va	riance	Planned		Vari	ance			Vari	ance								
% Calls answere d < 60 Secs	Calls answere d < 60 Secs	%	since last week	% Abandon ed > 30 Secs	Actual % Abandon ed > 30 Secs	%	since last week	Planned % transferr ed to ED	Actual % transferr ed to ED	%	since last week	Planned % Warm Transfers	Actual % Warm Transfers	%	since last week	% call backs within 10mins	Actual % call backs within 10mins	%	since last week	Planned % of call backs	Actual % call backs	%	since last week								
КРІ	6	кі	PI 7		KP	8				•			•		•																
Average	Average Longes			Planned average	Actual Average	Varia	ance																								
wait for CH s answer (min:sec)	Variance since last week	wait for CH answer (min:sec)	Variance since last week	wait NA for call back (mins)	wait for NA call back (mins)	%	since last week																								