

# Operational Plan 2017 -19



Providing  
the **Best  
Possible  
Care**

## 1. Introduction

Our two year operational plan for 2017-19 provides a narrative on activity, finance, workforce, quality and strategic plans for the year ahead. This document also provides an overview of our strategic intentions and forthcoming service developments which will be implemented throughout 2017-19.

We are a key participant in Northamptonshire's sustainability and transformation plan (STP). During 2017 we will refresh our longer term strategy to take account of the opportunities and challenges that the STP presents. Once operational plans are finalised for 2017-2019 we will revisit our clinical strategy to ensure it remains integrated with the vision and operational delivery plan for the county. Our operational plan will support the development and delivery of the county-wide STP which shall include re-designing our services with other local healthcare providers.

### Our Strategic Aims

Our mission is to provide the best possible care for our patients. Our strategic aims are to:

- Focus on quality and safety
- Exceed patient expectations
- Strengthen our local clinical services
- Enable excellence through our people
- Ensure a sustainable future

We take pride in our services and strive to offer the care our patients deserve every day. We know this is becoming more difficult as operational and financial pressures increase and that is why our system and our hospital needs to change.

## 2. Strategic Partnerships

We are clear that, in the current environment, we must change our service offering if we are deliver excellence in clinical services and achieve financial sustainability. That is why we have made a commitment to develop strong and lasting partnerships with other providers both locally and regionally.

The STP will present opportunities to redesign services with our main partner, Kettering General Hospital NHS Foundation Trust. We have embarked on this journey and know there is much to do. We are committed to expanding this work and to reviewing our structures as we do it.

We must enhance our partnerships with Northamptonshire Healthcare NHS Foundation Trust and the GP Federations (multi-speciality community providers) as they emerge and take a new approach to providing services across, rather than within, organisational boundaries. We welcome and embrace this challenge.

The STP will deliver a revised footprint for the acute sector in Northamptonshire. We welcome in particular an approach that will enable the urgent care and social care systems to operate much more effectively and thereby deliver safe and responsive services to our patients.

Our operational plan describes how we will deliver our responsibilities with regard to the NHS Constitution and associated access targets. This commitment is implicit in our planning to access the sustainability and transformation funding that will support us in delivering our financial obligations.

### 3. Approach to Activity Planning and Operational Performance

#### Capacity and Demand Modelling

Detailed modelling of the anticipated demand for services from 2017 to 2019 and the capacity needed to deliver this workload has been undertaken as part of the planning round.

Our key deliverables for 2017/18 and 2018/19 are to:

- Align activity planning and capacity modelling to the county wide plans in the STP for 2017/18 and 2018/19
- Recover urgent and emergency care performance including flow and reducing the number of patients who are delayed in hospital whilst they await their ongoing care
- Improve, deliver and sustain reduced waiting times for diagnostic tests, including referrals for suspected cancer as well as all other first treatments
- Ensure performance improvement is associated with maintenance of appropriate quality and safety standards

Work is continuing around delayed transfers of care, length of stay and weekend discharge processes. This has been factored in to the business case for the new assessment hub which will have 60 additional beds in a dedicated clinical assessment unit developed next to our emergency department. This will allow rapid assessment and treatment of non-elective patients reducing length of stay and stopping unnecessary admissions on our base wards.

### 3. Approach Activity Planning and Operational Performance continued

#### Urgent Care

We are working closely with health and social care partners to deliver an urgent care network with the aim of achieving a reduction in the number of delayed transfers of care (DToCs) and non-elective demand. At present, however, DToC numbers are not reducing and emergency activity continues to increase. There is an urgent care recovery plan for the south of the county. Ongoing actions being progressed at NGH include:

- We are continuing to take an active role in leading the development and implementation of the STP and finalising the detailed work plans to mitigate the excess of demand over capacity for urgent care
- Work is ongoing around delayed transfers of care, length of stay and discharge processes over the weekend. Additional schemes have been agreed for the 2016/17 winter period and it is anticipated the impact of these will be reviewed and incorporated into the STP going forward
- The assessment hub business case has been developed to provide additional capacity and is awaiting final approval from NHS Improvement. In the interim we have commissioned additional off site nursing home beds

#### Cancer

There is a county-wide cancer plan which will deliver recovery of the 62 day cancer standard in line with the agreed trajectory by 2017/18. The plan includes pathway reviews, inter-trust agreements and additional capacity for MRI, CT and endoscopy which is now in place. It is anticipated this recovery will be sustained through 2017/18 and beyond.

#### Referral to Treatment Time

The incomplete Referral to Treatment (RTT) pathways are being achieved with an average of 92.5%. Current pressures have resulted in several specialties having to cancel a large amount of activity, this in turn will make it difficult for these specialties to maintain their ongoing performance during 2017/18. Plans are in place to outsource elective activity for orthopaedics in the remainder of 2016/17 to clear the backlog and to continue this throughout 2017/18 in order to maintain performance.

## 4. Our Approach to Quality Planning

We were last inspected by the Care Quality Commission CQC in 2014, when we received a rating of “Requires Improvement”. At that time we implemented a comprehensive improvement plan and progress was reviewed by the trust board at the quality governance committee.

Some of the actions we continue to take in ensuring our ongoing improvement in quality include;

- Further development and promotion of our values and behaviours, together with a culture of openness and honesty
- Enhancing our board development programme
- Continuing to embed quality and accountability for quality in everything we do to ensure we are striving for continual improvement
- Putting patients first, by involving them in how their care is delivered and how services are designed
- Ensuring patients receive treatment that is safe and clinically effective
- Assuring quality governance and management of our risks are subject to rigorous challenge
- Strengthening our analysis and use of quality data and information
- Refining our escalation and assurance systems and processes

## 4. Our Approach to Quality Planning continued

### Our Quality Priorities

Our quality priorities and the Sign Up to Safety Campaign for 2017-18 are;

- Reducing harm from failure to rescue
- Reduce avoidable harm from failures in care
- To deliver patient and family centred care
- To lead and promote a reflective culture of safety and improvement
- To ensure operational processes support essential planning, delivery and record keeping
- To deliver reliable and effective care (care bundles)
- To develop staff to deliver QI projects locally

The 2016-2019 quality improvement strategy builds upon the successive improvements in quality which we have already achieved. It has been developed with input from staff and patients through focus groups and the lessons learnt from complaints, serious incidents and asking staff and patients what quality means for them. We have incorporated the recommendations of the Francis Report, Berwick Review and the principles from the Sign up To Safety Campaign that aims to make the NHS the safest health care system in the world.

Building upon the work of the previous quality improvement strategy, the focus for our quality priorities aligns our visions and values with clinical services; enabling us to provide the best possible care to every patient.

Each quality priority is underpinned by a number of work streams to enable us to measure successful outcomes.

This large cross-system based work supports our most important clinical priorities and will help us achieve our aim **to reduce avoidable harm by 50% by March 2018 from March 2015 baseline.**

## 4. Our Approach to Quality Planning continued

**We will continue to develop our plans to deliver the following national quality priorities;**

- National quality audits
- Seven day services
- Safe staffing
- Care hours per patient day
- Maternity
- Learning from mortality reviews and serious investigations
- Antimicrobial resistance
- Infection prevention and control
- Falls prevention quality improvement plan
- Sepsis
- Pressure ulcer prevention
- End of life care
- Patient experience and engagement
- National CQUINS



## 5 Approach to Workforce Planning

Workforce planning is undertaken through our annual business planning cycle, which requires each division to plan their future workforce requirements in line with anticipated future service provision.

### Workforce Planning

- Plans to develop existing workforce and redesign roles.
- Development of the nurse associate role. We were successfully allocated funding to develop this exciting new nursing role. The first cohort of nurse associates started in January 2017.
- Ongoing development of our advanced clinical practitioners, launched in November 2016. This initiative is directly linked to the STP.
- Ongoing monitoring of workforce key performance indicators through the divisional boards, workforce and quality governance committees.
- We will maintain our focus reducing reliance on agency staffing.
- Workforce plans will be developed in line with the STP to include new ways of working across the health economy and redesigned roles.

### Staff Engagement

We will continue to develop our staff and implement our health and wellbeing strategy. We will embed our values through a structured approach starting before staff commence employment, through to their induction and employment. We will continue to develop our leaders with a second cohort going through the Francis Crick leadership development programme.

This year we'll be focusing much more on how we can support our staff in managing stress and anxiety. We will be raising awareness and providing resources and tools that all staff can use - and we'll be providing training for managers in supporting staff with emotional or mental health issues.

## 6 Approach to Finance Planning

We have developed our financial plan based on the following assumptions;

- The plan is based on financial year 2016-17 run rate (adjusted to deliver £15.1m deficit control total as baseline for plan)
- Includes assessment of approved business cases and developments.
- Includes anticipated fines and penalties levied on us by commissioners
- £1.8m included in relation to coding & counting proposals denied in FY17-18 but applicable from FY17-18.
- We have agreed a control total of £13.5m deficit with NHS Improvement (NHSI), including the receipt of £8.7m of additional funding from the STF fund. To secure this funding we must deliver our financial performance to plan and achieve our access target performance in line with agreed trajectories
- Inflation and tariff deflator applied per national guidance (+2.1% - 2%).
- Income driven changes include activity growth +£7.2m, RTT backlog +£2m, and tariff changes £+4.8m
- Expenditure driven changes include apprenticeship levy, CNST premium increase £3.2m and new cost pressures
- CIP plan of £12.9m (4.2%) to include delivery of the agency cap, Carter and STP themes (see below).

### Efficiency Savings Plan

The working assumption is that a recurrent cost improvement plan (CIP) of £12.9m will operate for 2017/18 and £10.7m for 2018/19. Our changing care programme is designed to support our sustainability plan. With a challenge of £23.6m required for the two year period, this serves as a reminder that ambitions should be looking beyond 'just' aiming for the £12.9m requirement for 2017/18. CIP targets of 4.9% have been attributed to all divisions and budget holders and are being underpinned by a range of central initiatives. The focus of changing care to improve quality and reduce cost through a focus on better value.

- The £12.9million CIP target for 2017/18 is planned to be delivered with clear focus on;
- Income generation (commercial, private patients and overseas visitors)
- Agency reduction (medical, nursing, allied health professional and corporate)
- Carter productivity improvements (PSO's, surgical, outpatients, length of stay, non-pay, procurement, estates, pharmacy and management costs)
- Divisional CIPs
- Increased technical controls

## 7 Link to the Emerging Sustainability and Transformation Plan (STP)

- We will continue to play an active role in developing and delivering the STP
- We will lead on the scheduled care work stream with five collaborative services across primary care and both acute providers being implemented in 2017-18
- Once detail of the activity and financial assumptions are fully developed, they will be incorporated into our operational plan

The STP was resubmitted to Regulators on 21 October 2016 and contains a number of important items that will be delivered through five work streams. These are listed in the diagram below, all of which have an impact during the life of the STP.

