

# Operational Plan 2019 -20



# 1. Introduction

Our Operational Plan for 2019-20 is aligned with the Northamptonshire Health and Care Partnership (HCP) planning process and includes actions to begin the measures set out in the NHS Long Term Plan. During this planning round, the HCP partners worked together to deliver an aligned plan for 2019-20. An open book approach was used in finance and activity planning, income, cost and cost drivers to test a new approach of collaborative system planning. As a result, this plan is consistent with the Northamptonshire-wide financial plan for 2019-20 and provides a summary of the approach we have taken in our activity, quality, workforce and financial planning for the year ahead.

Our mission is to provide the **best possible care** for our patients.

Our strategic aims are to:-

1. Focus on Quality and Safety
  - To be an organisation focussed on quality outcomes, effectiveness and safety
2. Exceed Patient Expectations
  - Continuously improve our patient experience and satisfaction by delivering personalised care which is valued by patients
3. Strengthen our local services
  - Provide a sustainable range of services delivered locally
4. Enabling excellence through our people
  - Develop, support and value our staff
5. Ensure a sustainable future
  - To provide effective and commercially viable services for our patients ensuring a sustainable future for NGH.

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## 2. Approach to Activity Planning and Operational Performance

### Overview

In developing the plan for 2019/20, detailed modelling of the proposed demand for services and the capacity of services was undertaken. Meetings were held with specialties to identify and quantify local business intelligence; not only around predicted increases in demand but also any issues that may have adversely affected activity against demand due to capacity issues. Future growth mitigation has been identified and agreed with the commissioners with any activity change factored in to the 2019/20 plan.

### Outpatients

We have used the Interim Management and Service (IMAS) Tool to review outpatient capacity, with capacity gaps identified in a number of areas. Whilst most outpatient gaps will be mitigated and addressed internally through clinic reconfiguration, job plan reviews, and short-term use of locums, there are several specialties that will rely on either continued outsourcing of activity or discussion with the commissioners around demand management for these services.

### Inpatients

Bed modelling has been undertaken, with reconfiguration of the bed allocation being undertaken currently to ensure the right bed is available to the right patient, thereby maximising the use of the bed base with reduced need for outliers.

Joint working with primary and social care providers as part of the Urgent Care Programme has resulted in a decline in delayed transfers of care (DToC). Length of Stay (LoS) has been factored in to the bed modelling to reflect the reduced LoS for these patients and further mitigates the bed gap across the year.

Additionally, the new assessment unit (Nye Bevan) has a number of work streams to improve patient flow and prevent unnecessary admissions to the main hospital site; further details under the performance.

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## 2. Approach to Activity Planning and Operational Performance continued

### Urgent Care

We continue to work closely with health and social care partners to deliver a reduction in the number of delayed transfers of care (DToCs) and non-elective demand.

There is an urgent care recovery plan for the county with actions monitored at the weekly Chief Operating Officer meeting as well as the A&E Delivery Board. During the year, our “Fixing the Flow” at NGH Transformation Programme will continue with the aim of reducing length of inpatient stay and avoiding admissions from the assessments areas.

Key areas of focus include;

- A focus on patient presentation at the Emergency Department (ED) to develop pathways with EMAS and the CCG to prevent patients being brought to ED
- ED nurse streaming to be provided 24/7
- Enhanced GP service and access
- Further develop ambulatory care pathways
- Revised medical model to ensure 24/7 assess for admission and SAFRER principles
- Ring fenced short admissions and assessment unit with consultant staffing 7 days a week 7am-10pm

### Winter Resilience

The Trust has ensured that extra capacity can be mobilised if needed as part of the winter plans. There is an escalation policy and there are escalation beds available in the Trust.

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## 2. Approach to Activity Planning and Operational Performance continued

### Referral to Treatment Time (RTT)

During 2018/19 emergency pressures resulted in several specialties having to cancel activity resulting in an increased backlog of patients. The Trust has developed recovery plans in each speciality to ensure we recover performance and achieve the national RTT 18 week requirements. Recovery actions include the following;

- Increased telephone follow-ups and virtual clinics
- Development of nurse led follow-ups
- Increase clinic capacity
- Improved data capture, tracking and validation
- Pathway redesign
- Outsourcing activity if required

### Cancer

The Trust continues to be challenged in delivering the national cancer waiting times standards during the past year which has largely been due to capacity and workforce issues. This is a national challenge and is being underpinned by substantial funding via the Cancer Alliance in order to drive forward improvements.

We have invested in the National Optimal Lung Cancer Pathway (NOLCP) and the Rapid Access Prostate Imaging and Diagnostic Pathway (RAPID). These changes will ensure patients with suspected lung and prostate cancer will have reduced waiting times for diagnostics. We have a dedicated team to deliver the Cancer Recovery Package, a national programme for supporting patients living with and beyond cancer.

Plans in place to achieve the cancer waiting times standards include; straight to test for colorectal referrals, increased capacity for radiology diagnostics and reporting, additional endoscopy provision and increases nurse led follow-ups.

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### 3. Our Approach to Quality Planning

The Trust was last inspected by the Care Quality Commission (CQC) in 2017, when it received a rating of 'Good'. There were no 'must do' recommendations, but a small number of "should do" recommendations. The organisation implemented an improvement plan and all actions have been completed. The Trust is continuing to develop our quality improvement plan on our journey to outstanding. A further CQC inspection is expected in early summer 2019.

The Trust's Quality Improvement Strategy provides a clear focus and reflects the importance and commitment the Trust Board places on the quality of care, and the requirement to continually improve to meet the evolving demand and expectation of our patients and staff.

Clinical divisions have been supported to continue on their improvement journey, through a number of initiatives, led by the Governance Team and the Quality Improvement Team. A divisional quality scorecard is in development and a monthly quality improvement scorecard is produced which maps the various initiatives underway across the organisation.

Identified actions to ensure compliance with the five CQC domains include:-

- Further development and promotion of our values and behaviours, together with a culture of openness and honesty
- Enhancing our Board development programme
- Embedding delivery and accountability for quality in everything to strive 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

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### 3. Our Approach to Quality Planning continued

#### Quality Priorities 2019-21

The 2019/21 Quality Improvement Strategy is being developed and the staff have identified quality priorities that are aligned to Trust's strategic aims.

Quality Priority	Action
Improve the safety culture at NGH by 10% from baseline	<ul style="list-style-type: none"> <li>• Introduction of "Speak Up champions"</li> <li>• Relaunch Board to Ward visits</li> <li>• Review of staff survey regarding safety culture elements</li> <li>• Review content within safety huddles</li> </ul>
Reduce the number of preventable harm events by 10% from 2018 baseline	<ul style="list-style-type: none"> <li>• Improve VTE risk assessment compliance against NICE guidelines</li> <li>• Reduction in c-diff, pressure ulcers and falls</li> </ul>
Eliminate preventable early patient deaths by 10% from baseline	<ul style="list-style-type: none"> <li>• Preventing people from dying prematurely by providing advice around smoking cessation and alcohol dependence through Making Every Contact Count (MECC)</li> </ul>
Improve patient experience of care by 15% from 2018 baseline	<ul style="list-style-type: none"> <li>• Improve patient experience regarding appointment and operation changes, including cancer patient pathway experience</li> <li>• Completion of Get It Right First Time (GIRFT) action plans for Urology and Orthopaedics</li> <li>• Ensure patient profiles are in place for dementia patients to capture all the important information about a person in one place in order to support the person in hospital.</li> </ul>
Improve the safety outcomes of maternal and neonatal care. Reduce the rate of still births, neonatal death and brain injuries occurring by 20% from baseline by 2020	<ul style="list-style-type: none"> <li>• Enhancing information provision around reducing smoking in pregnancy</li> <li>• Risk assessment, prevention and surveillance of pregnancies at risk of foetal growth restriction (FGR)</li> <li>• Raising awareness of reduced foetal movement</li> <li>• Effective foetal monitoring in labour</li> <li>• Reducing preterm birth</li> </ul>

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### 3. Our Approach to Quality Planning Continued

We will continue to develop our plans to include;

- **Learning from national investigations.** A full gap analysis against the current NGH practice and relevant policies will be undertaken. Improvement plans will be developed as required and monitored through the Clinical Quality and Effectiveness Committee.
- **7 day services.** The Trust is compliant with the four priority standards and is currently ranked in the top quartile for the region.
- **Learning from deaths.** The mortality review group will continue to meet monthly chaired by the Medical Director to review and understand the mortality issues across the Trust. The Trust uses the Structured Judgement Review tool (SJR) to review the quality of clinical care provided. The work programme in 2019/20 relates to improving access to palliative care for terminally ill patients, treatment of sepsis, support for frailty and improved coding and treatment planning.
- **National Early Warning Scores (NEWS2).** Our deteriorating patient work stream is focussed on educating and supporting staff for early identification, escalation and management of deteriorating patients, including those that have raised NEWS2 scores. The team have established a monitoring and improvement plan, which encompasses an examination and assessment algorithm and escalation processes. Education and support will be provided by the resuscitation and simulation team as required.
- **Infection Prevention and Control.** The Trust will continue to aim for a reduction in the number of patients with Clostridium Difficile infection in line with national guidance. We will also continue to screen and isolate patients with or at risk of Carbapenemase-producing Enterobacteriaceae (CPE) and work with Microbiology and Pharmacy to help reduce antimicrobial resistance.

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## 4. Our Commitments for 2019-20

Our key developments for 2019-20 are, but are not limited to, the following:-

Focus on Quality and Safety	Exceed Patient Expectations	Strengthen our local services	Enabling excellence through our people	Ensure a sustainable future
<ul style="list-style-type: none"> <li>Improving patient experience</li> <li>Ensuring patients receive treatment that is safe and clinically effective</li> <li>Putting patients first, by involving them in how their care is delivered and how services are designed</li> <li>Deliver the Local Maternity Safety plan for the Maternity Transformation Programme</li> </ul>	<ul style="list-style-type: none"> <li>Support transformational change across all pathways</li> <li>Further develop Ambulatory care pathways</li> <li>Develop in-reach to urgent care for specialties to ensure right patient, right pathway and right bed if needed</li> </ul>	<ul style="list-style-type: none"> <li>Development of Urology unit to include one stop services</li> <li>Endoscopy expansion over 7 days to meet increased demand</li> <li>Trial telemedicine in Dermatology</li> <li>Develop new and innovative roles traditionally filled by Doctors to sustain services</li> </ul>	<ul style="list-style-type: none"> <li>Leadership training and development programmes</li> <li>Respect and Support campaign</li> <li>Develop staff health and wellbeing offers</li> <li>Increase training and awareness on mental health with counselling and therapy for staff to access</li> </ul>	<ul style="list-style-type: none"> <li>Maintain national standards to ensure we remain hospital of choice</li> <li>Further develop collaboration of services with KGH in ENT, Breast and Cardiology</li> <li>Continue on our journey to be a university teaching hospital</li> </ul>

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## 5. Approach to Workforce Planning

Each Division within the Trust is required to plan their future workforce requirements in line with anticipated future service provision through the Trust's Annual Business Planning Cycle. Anticipated future service provision is established in line with activity and financial planning.

This process is further underpinned through working with the divisions to ensure that budgeted workforce capacity can effectively be delivered by looking at turnover and age profiles per area.

The Trust Board, via the Workforce Committee and the Quality Governance Committee, is provided with regular updates on workforce issues and risks, particularly in relation to assurance on staffing levels with nurse staffing levels being provided to the Trust Board on a monthly basis.

Workforce risks that are on the corporate risk register are reported to the Workforce Committee. The Board Assurance Framework, which contains workforce matters related to capability, capacity and culture, is reported to Trust Board. There is an escalation process in place to support the ward staff if clinical concerns are raised.

Medical vacancies across the trust have been maintained between 8-10%. The objective is to consistently achieve a vacancy factor of no more than 9% throughout 2019/20.

Nursing vacancies have been maintained at between 7%-9%. The objective is to reduce the vacancy factor within core and specialist areas to below 9% by March 2020.

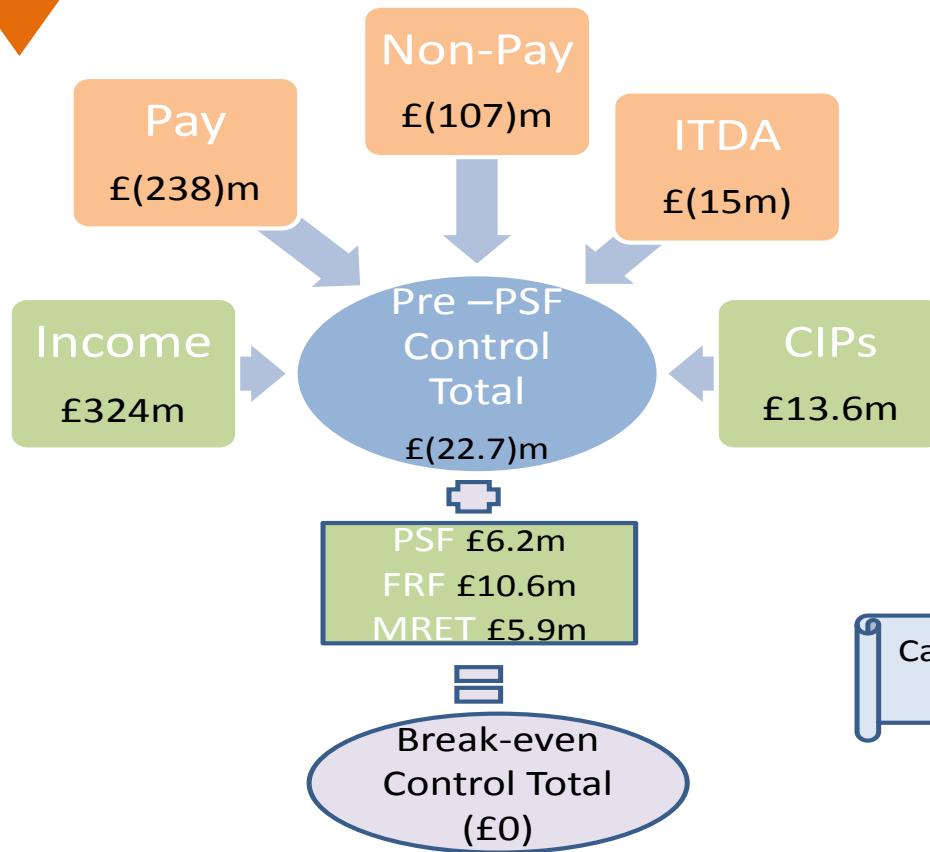
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## 5. Approach to Workforce Planning – Challenges & Initiatives

Description of Workforce Challenge	Impact on Workforce	Initiatives in Place
<b>Nurse Recruitment</b>	Reliance on Bank & Agency and requirement of staff at short notice.	Nurse recruitment and retention strategy in place which is monitored by the Nurse Recruitment and Retention Committee, Workforce Committee and Trust Board.
<b>Medical Staff Recruitment</b>	Reliance on Bank & Agency and requirement of staff at short notice.	A mid-long term review of the medical establishment is being undertaken.
<b>Nurse retention</b>	Adverse impact on ability to recruit to nursing establishment and on staff morale.	Routine demographic analysis of nurse leavers and the proactive discussions with staff members. Includes continued delivery of Trust's talent academy to train own nurses.
<b>Role Redesign &amp; changes in education and development</b>	Identifying innovative approaches to how the workforce can be used to better deliver best possible care.	Review of established posts and Apprenticeship Levy
<b>The development of a collaborative bank for medical, nursing and allied health professionals</b>	A greater reliance on agency staff.	Discussions within the Northamptonshire HCP for flexible workforce

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## 6. Financial Plan



### How we intend to achieve the Plan

- Operational focus on flow and patient safety
- Divisional Performance management
- Early CIP identification including use of SLR, Model hospital & GIRFT
- Collaborative working with STP partners
- Effective cash management & Capital plan management
- Monitoring the use of agency
- Regular reporting through F&PC

### Risks

- Income
- Winter
- Cost Pressures
- STP Partners
- Agency
- CIPs
- Capital
- Cashflow
- Missed PSF and FRF if we don't meet our plan

### Key:

PSF	Provider Sustainability Funding
FRF	Financial Recovery Fund
MRET	Marginal Rate Emergency Tariff
ITDA	Interest, Tax, Depreciation & Amortisation
CIPs	Cost Improvement Plans

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## 6. Financial Plan

	April M1	May M2	June M3	July M4	August M5	September M6	October M7	November M8	December M9	January M10	February M11	March M12	2019/20 FY
SLA Clinical Income	23,912	25,258	24,922	26,061	25,327	24,079	26,905	25,984	23,350	25,658	23,330	24,887	299,673
Other Clinical Income	182	182	183	182	182	181	182	182	183	182	182	181	2,182
Other Income	1,740	1,741	1,739	1,782	1,778	1,783	1,777	1,784	1,906	1,889	1,891	1,859	21,668
PSF, FRF & MRE I Funding*	1,337	1,337	1,337	1,618	1,618	1,620	2,181	2,181	2,181	2,462	2,462	2,463	22,799
<b>Total Income</b>	<b>27,171</b>	<b>28,518</b>	<b>28,181</b>	<b>29,643</b>	<b>28,905</b>	<b>27,663</b>	<b>31,045</b>	<b>30,131</b>	<b>27,620</b>	<b>30,191</b>	<b>27,865</b>	<b>29,390</b>	<b>346,322</b>
Pay Costs	(19,822)	(19,507)	(19,540)	(19,802)	(19,845)	(19,879)	(19,805)	(19,795)	(19,910)	(20,053)	(20,057)	(20,063)	(238,073)
Non-Pay Costs	(8,860)	(9,021)	(9,050)	(8,991)	(8,975)	(8,494)	(8,966)	(8,809)	(8,514)	(8,625)	(8,350)	(8,466)	(105,121)
Unallocated CIP	855	855	855	1,136	1,136	1,136	1,136	1,136	1,136	1,417	1,417	1,417	13,632
Reserves	(135)	(135)	(135)	(135)	(135)	(135)	(135)	(135)	(260)	(260)	(260)	(260)	(2,125)
<b>Total Costs</b>	<b>(27,962)</b>	<b>(27,808)</b>	<b>(27,870)</b>	<b>(27,792)</b>	<b>(27,819)</b>	<b>(27,372)</b>	<b>(27,770)</b>	<b>(27,603)</b>	<b>(27,548)</b>	<b>(27,521)</b>	<b>(27,250)</b>	<b>(27,372)</b>	<b>(331,687)</b>
<b>EBITDA</b>	<b>(791)</b>	<b>710</b>	<b>311</b>	<b>1,851</b>	<b>1,086</b>	<b>291</b>	<b>3,275</b>	<b>2,528</b>	<b>72</b>	<b>2,670</b>	<b>615</b>	<b>2,018</b>	<b>14,635</b>
Depreciation	(1,015)	(1,015)	(1,015)	(1,022)	(1,022)	(1,022)	(1,033)	(1,033)	(1,033)	(1,048)	(1,048)	(1,049)	(12,355)
Amortisation	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(7)
Impairment of Fixed Assets													-
Net Interest	(101)	(109)	(107)	(112)	(113)	(109)	(115)	(113)	(119)	(122)	(111)	(126)	(1,356)
Dividend	(98)	(98)	(98)	(98)	(98)	(98)	(97)	(97)	(98)	(98)	(98)	(98)	(1,174)
<b>Surplus / (Deficit)</b>	<b>(2,005)</b>	<b>(512)</b>	<b>(909)</b>	<b>619</b>	<b>(148)</b>	<b>(939)</b>	<b>2,030</b>	<b>1,284</b>	<b>(1,179)</b>	<b>1,401</b>	<b>(643)</b>	<b>744</b>	<b>(257)</b>
<b>Normalisation adjustments:</b>													
Donated Depreciation	29	30	29	22	21	22	21	22	21	14	13	13	257
<b>Normalised Position</b>	<b>(1,976)</b>	<b>(482)</b>	<b>(880)</b>	<b>641</b>	<b>(127)</b>	<b>(917)</b>	<b>2,051</b>	<b>1,306</b>	<b>(1,158)</b>	<b>1,415</b>	<b>(630)</b>	<b>757</b>	<b>0</b>

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## 6. Financial Plan – Efficiency Savings

### Efficiency Savings Plan

The CIP target is £13.6m. Our Changing Care programme is designed to support our sustainability plan. Schemes are developed from a range of initiatives including;

- Potential savings opportunities identified by Model Hospital benchmarking
- Transformational process improvement
- Improvement initiatives identified at a divisional level based on identification of best practice and the development of technologies
- Next stages of the previous year's CIP programme
- Collaborative and joint HCP opportunities within the region
- Practice and legislative improvements to modernise NHS services

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## 7. Link to the Northamptonshire Health and Care Partnerships (HCP)

This year, there has been a new and aligned approach to planning that has included all partners from the Northamptonshire Health and Care Partnership (HCP).

A number of schemes were fully implemented throughout 2018/19 and have been incorporated into the Trust plan for 2019/20. These include the centralisation of the stroke pathway at NGH and the introduction of the musculo-skeletal referral management service.

The Trust has also committed to working with system partners on the following four key priority schemes during 2019/20. The impact of these have been included as adjustments in our activity and finance plan submissions.

- Rightcare - Respiratory
- Rightcare - Frailty
- Rightcare - Cardiovascular disease
- Impact of Evidence Based Interventions (EBI)

Further work is ongoing to confirm the adjustments associated with the RightCare and High Impact Initiatives opportunities for Ophthalmology and the impact of the HCP Intermediate Care business case.

In addition, through the triangulation of RightCare, GIRFT and Model Hospital data, four phase 1 system opportunities have been identified for further development throughout 19/20. These are ;

- MSK
- Respiratory (additional schemes)
- Frailty (additional schemes)
- Urology

Early work and action has been undertaken by clinicians of the HCP Strategic Clinical Group, in supporting the identification of the initial system priorities and the development of the clinical strategy framework.

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