

NHS Planning guidance 2021/22 cross check to Trust plan

1. Executive summary

Below is a cross reference of the 30 national planning guidance requirements relating to our Trust to the plans in version 1.7 of the Trust plan. Most areas are covered, there are five areas where we could provide more detail:

Workforce:

- health and wellbeing conversations,

Operations

- Bed model needs updating
- NHS111 integration with ED
- Check the ambition for cancer is consistent on 62 days
-

National planning guidance	Trust plan	Reference
1. Workforce		
<ul style="list-style-type: none"> • Looking after our people and helping them to recover: 		
<ul style="list-style-type: none"> - Left over annual leave from 2020/21 is to be carried over and used by staff in 2021/22 	Not included as enacted in 2020/21 – results in loss of 0.4% of workforce capacity for 2021/22	
<ul style="list-style-type: none"> - Individual health and wellbeing conversations to become a regular aspect of staff management, resulting in annually agreed plans for staff in the 	Introduce individual health and wellbeing conversations by Q1 Review the focus of health and wellbeing conversations to	Slide 4 and 24

National planning guidance	Trust plan	Reference
first half of this financial year	embed a clearer emphasis within supervision and appraisals by Q1	
<ul style="list-style-type: none"> - Occupational health, wellbeing support, and psychological and specialist support available to staff 	<p>Enhanced physical and mental health wellbeing support for staff including increased access by July 2021 (Q2) to:</p> <ul style="list-style-type: none"> • Counselling • Clinical and occupational psychology support • Psychiatric support via the STP MH pathways 	Slide 24
<ul style="list-style-type: none"> • Belonging in the NHS and addressing inequalities 	<p>Improve recruitment and retention to reduce vacancy and turnover rates by Q4</p> <ul style="list-style-type: none"> - Widen participation from diverse communities - Continue overseas recruitment 	Slide 24
<ul style="list-style-type: none"> • Embed new ways of working and delivering care 		
<ul style="list-style-type: none"> - e-rostering to be utilised more widely including meaningful use standards for e-job planning and e-rostering 	Extend e-rostering to all staff groups by Q2 to help increase productivity	Slide 24
<ul style="list-style-type: none"> - facilitating continuation of staff movement within systems with remote working plans, technology-enhanced learning, and utilising staff digital passports. 	<p>Flexible working in place through:</p> <ul style="list-style-type: none"> - Increased participation in flexible and agile working for all staff - Each Division to consider how flexible working requests can be implemented by September 2021 - As necessary, consult with staff on changes to working/shift patterns - As necessary offer new contractual arrangements to staff from March 2022 	Slide 24
	In the process of checking digital passports plans	

National planning guidance	Trust plan	Reference
<ul style="list-style-type: none"> • Grow for the future 		
<ul style="list-style-type: none"> - Increase number of Maternity Support Workers 	Maternity vacancy target and implementation of Ockenden review	Slide 4 and 21
<ul style="list-style-type: none"> - Clinical placement capacity should be a priority, to help students qualify as close to their intended dates as possible, and postgraduate training recovery plans to integrate local training needs to service delivery. 	Increase student pipelines by collaboration with HEIs Achieve associate University of Leicester status Deliver the G2O programme	Slide 24
<ul style="list-style-type: none"> - Plans to cover all sectors, and support the expansion and development of integrated teams in the community including rotational or joint employment with primary care. 	Flexible working in place through: <ul style="list-style-type: none"> • Increased participation in flexible and agile working for all staff • Each Division to consider how flexible working requests can be implemented by September 2021 • As necessary, consult with staff on changes to working/shift patterns • As necessary offer new contractual arrangements to staff from March 2022 	Slide 24
2. NHS covid vaccination programme and meeting the needs of patients with Covid 19		
<ul style="list-style-type: none"> • Prepare for revaccination depending on national trends and Covid variance 	As this is a primary care responsibility it is not included	
<ul style="list-style-type: none"> • Hospital led virtual wards in community 	We continue to work with system partners to create hospital led virtual wards in the community including the use of Healthcare at Home for patients who only require	Slide 6

National planning guidance	Trust plan	Reference
	consultant led care as they are receiving IV antibiotics. The pilot suggests that this will release the equivalent of a minimum three beds.	
<ul style="list-style-type: none"> National funding for post Covid assessment clinics 	Primary care responsibility	
<ul style="list-style-type: none"> Stock take of critical care capacity and workforce 	Our bed plans reflect this need with designated Covid beds Bed model needs updating	Slide 6
<p>3. Transform delivery of services including restoration of elective and cancer care</p>		
<ul style="list-style-type: none"> Maximise elective activity, taking full advantage of the opportunities to transform the delivery of services 	Embed quality improvements and transformation as part of our culture and support staff development Improvement assumptions table	Slide 4 Slide 7
<ul style="list-style-type: none"> Restore full operation of cancer services to return the number of people waiting over 62 days to pre pandemic levels and address shortfall in number of first treatments by March 2022 	Our priority in 2021/22 will be to re-focus on our cancer pathways, seeking opportunities to improve efficiencies and reduce delays. Key priorities will be 2WW recovery and 62 day targets.	Slide 12 Slide 4
<ul style="list-style-type: none"> Deliver improvements in maternity care including Ockenden 	Maximise safety, quality and patient experience in maternity by implementing Ockenden recommendations by: <ul style="list-style-type: none"> Fully implementing all 7 immediate and essential actions Fully implementing 'Saving Babies Lives Care Bundle' 	Slide 20, 26, 33

National planning guidance	Trust plan	Reference
	<ul style="list-style-type: none"> Progressing compliance against all ten safety actions outlined in Year three of the Maternity Incentive Scheme 	
<p>4. Transforming community and urgent and emergency care to prevent inappropriate attendance at ED improve timely admission to hospital for ED patients and reduce length of stay</p>		
<ul style="list-style-type: none"> Ensuring the use of NHS 111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments 	<p>Introduce a new NHS111 pathway for emergency care</p> <p>111 First will be introduced with partners in the year but are not yet in sufficiently modelled to include in our activity plan, with an expected impact from H2 21/22</p>	<p>Slide 4</p> <p>Slide 9</p>
<p>5. Working collaboratively across systems to deliver on these priorities</p>		
<ul style="list-style-type: none"> ICSs will be asked to confirm, by the end of Q1, delivery and governance arrangements to support delivery of the 2021/22 priorities. 	<p>Plan in development</p>	<p>Slide 33</p>
<ul style="list-style-type: none"> Develop local priorities that reflect local circumstances and health inequalities 	<p>Priorities being worked up in the ICS</p>	
<ul style="list-style-type: none"> Develop the underpinning digital and data capability to support population-based approaches 	<p>Joined up data, digital and technology along our care pathways so the trust can provide better care outside and inside our hospitals</p> <p>Develop a plan for working together towards our digitally enabled future so the Trust can support our staff and deliver outstanding care</p> <p>The key aims for the IM&T Department in 21/22 are:</p>	<p>Slide 4</p> <p>Slide 29</p>

National planning guidance	Trust plan	Reference
	supporting our staff to deliver outstanding care, Covid-19 recovery and optimisation of existing capability, and joining up our data, digital and technology.	
<ul style="list-style-type: none"> Develop ICSs as organisations to meet the expectations set out in integrating care 	Go live with the Lincolnshire Shared Care Record in Q1 and Cambridge and Peterborough Share Care Record in Q3 as per the NHS Long Term Plan	Slide 29 Slide 33
6. Finance		
<ul style="list-style-type: none"> Implement ICS-level financial arrangements 	We will continue to see the shift to a system first approach including the introduction of STP financial envelopes for revenue and capital	Slide 33
<ul style="list-style-type: none"> Integrated care systems will be eligible for a share of a £1bn 'recovery fund' in 2021-22 by achieving certain elective activity targets based on pre-covid levels. 	Operational planning slides show we will not meet the elective recovery trajectory until June and ordinary elective recovery not until August	Slide 5
7. Performance		
<ul style="list-style-type: none"> Where outpatient attendances are clinically necessary at least 25% to be delivered remotely by telephone or video consultation (equivalent to c.40% of outpatient appointments that don't involve a procedure). 	Total outpatient attendances by phone/virtual at 25%	Slide 17

National planning guidance	Trust plan	Reference
<ul style="list-style-type: none"> Maximise the use of booked time slots in accident and emergency with an expectation that at least 70% of all patients referred to an emergency department by NHS 111 receive a booked time slot to attend. 	<p>Introduce a new NHS111 pathway for emergency care</p>	<p>Slide 4 Slide 9</p>
<ul style="list-style-type: none"> adopt a consistent, expanded, model of SDEC provision, including associated acute frailty services, within all providers with a type 1 emergency department to avoid unnecessary hospital admissions 	<p>Same Day Emergency Care (SDEC) introduced in 2020/21 in the expanded Hinchingsbrooke Acute Assessment Unit will be fully embedded and continue to reduce admissions to hospital. SDEC at Peterborough will increase from 22% to 30% by Oct21 through the expansion of the Surgical and Paediatric Assessment Units as well as the relocation of the UTC and a single assessment model for all UEC services.</p>	<p>Slide 7 Slide 11 Slide 14</p>
<ul style="list-style-type: none"> Take all possible steps to avoid outpatient attendances of low clinical value and redeploy that capacity where it is needed. Increased mobilisation of Advice & Guidance and Patient Initiated Follow Up services. Where outpatient attendances are clinically necessary, at least 25% should be delivered remotely by telephone or video consultation 	<p>Key initiatives - Booking capacity and process, improvements, Virtual attendance, Advice and guidance/ RAS, PIFU/ Discharge SOS, Dr.Doctor and Community pathways Strengthen community pathways - Specialty-system working (e.g. ENT OMNES review, Tele-Dermatology, Integrated Community and Cardiology service)</p>	<p>Slide 17</p>
<ul style="list-style-type: none"> Reduce variation in access and outcomes, implement whole pathway transformations in: cardiac, musculoskeletal (MSK) and eye care. 	<p>Specialty level transformation plans - GIRFT recommendation implementation (e.g. T&O joints lists, Ophthalmology cataracts lists and Urology primary ureteroscopy).</p>	<p>Slide 7</p>

National planning guidance	Trust plan	Reference
<ul style="list-style-type: none"> System plans should set out their proposals for how this additional capacity will be delivered, including through the development of Community Diagnostic Hubs 	<p>The Trust is piloting a new approach to providing population health focused diagnostics in our community hospitals to complement the development of more integrated care. The first hub in Doddington hospital is developing a model around the diagnostic requirements to support the priority pathways for respiratory, cardiology and diabetes which should bring care closer to home. We are also considering what demand there is for additional imaging capacity from the area.</p>	<p>Slide 7</p>