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,
- digital passport plan for staff,
- integration of training needs for Trust service delivery,
- flexible working plan,

Operations

- NHS111 integration with ED

Trustwide

- performance delivery arrangements in the Trust and in the system

National planning guidance	Trust plan	Reference
1. Workforce		
• Looking after our people and helping them to recover:		
- 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	

National planning guidance	Trust plan	Reference
- Individual health and wellbeing conversations to become a regular aspect of staff management, resulting in annually agreed plans for staff in the first half of this financial year	Introduce individual health and wellbeing conversations by Q1 On the front of plan but no supporting plan in the narrative	Slide 4
- Occupational health, wellbeing support, and psychological and specialist support available to staff	Enhanced physical and mental health wellbeing support for staff including increased access by July 2021 (Q2) to: • Counselling • Clinical and occupational psychology support • Psychiatric support via the STP MH pathways	Slide 22
• Belonging in the NHS and addressing inequalities	Improve recruitment and retention to reduce vacancy and turnover rates by Q4 - Widen participation from diverse communities - Continue overseas recruitment	Slide 22
• Embed new ways of working and delivering care		
- 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 22
- facilitating continuation of staff movement within systems with remote working plans, technology-enhanced learning, and utilising staff digital passports.	Flexible working in place through: - 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	Slide 22

National planning guidance	Trust plan	Reference
	- As necessary offer new contractual arrangements to staff from March 2022 In the process of checking digital passports plans	
• Grow for the future		
- Increase number of Maternity Support Workers	Maternity vacancy target and implementation of Ockenden review	Slide 4, 19,
- Clinical placement capacity should be a priority, to help students qualify as close to their intended dates are 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 Need to be more explicit on how we integrate our training needs with training providers	
- 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: • Increased participation in flexible and agile working for all staff On the front of plan but no supporting plan in the narrative	
2. NHS covid vaccination programme and meeting the needs of patients with Covid 19		
• Prepare for revaccination depending on national trends and Covid variance	As this is a primary care responsibility it is not included	
• 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 consultant led care as they are receiving IV antibiotics.	Slide 6

National planning guidance	Trust plan	Reference
	The pilot suggests that this will release the equivalent of a minimum three beds.	
• National funding for post Covid assessment clinics	Primary care responsibility	
• Stock take of critical care capacity and workforce	Our bed plans reflect this need with designated Covid beds and an increase of ten critical care beds	Slide 6
3. Transform delivery of services including restoration of elective and cancer care		
• 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 Transformation areas table	Slide 4 Slide 11
• 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	The Trust objective is to eliminate 52 week waits across high risk specialties by March 2022 and to deliver all cancer service standards.	Slide 4 Slide 12
• Deliver improvements in maternity care including Ockenden	Maximise safety, quality and patient experience in maternity by implementing Ockenden recommendations by:	Slide 19
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		
• Ensuring the use of NHS 111 as the primary route to access urgent care and	Introduce a new NHS111 pathway for emergency care	Slide 4

National planning guidance	Trust plan	Reference
the timely admission of patients to hospital who require it from emergency departments	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	Slide 9
5. Working collaboratively across systems to deliver on these priorities		
• ICSs will be asked to confirm, by the end of Q1, delivery and governance arrangements to support delivery of the 2021/22 priorities.	Plan in development	Slide 33
• Develop local priorities that reflect local circumstances and health inequalities	Priorities being worked up in the ICS	
• Develop the underpinning digital and data capability to support population-based approaches	Build our plans for maturity as a digital aspirant Go live with the new shared care records with system partners The key aims for the IM&T Department in 21/22 are: supporting our staff to deliver outstanding care, Covid-19 recovery and optimisation of existing capability, and joining up our data, digital and technology.	Slide 4 Slide 26
• 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 26
6. Finance		

National planning guidance	Trust plan	Reference
• 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 28
• 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 achieve for elective recovery at this stage – working to reduce the gap, also working with partners to share lists and assess the system position	Slide 14
7. Performance		
• 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 5
• 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.	Introduce a new NHS111 pathway for emergency care Plans still to be worked up	Slide 4 Slide 9
• 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	Same Day Emergency Care (SDEC) introduced in 2020/21 in the expanded Hinchingbrooke Acute Assessment Unit will be fully embedded and continue to reduce admissions to hospital. SDEC at Peterborough will increased from 22% to 30% by Oct21 through the	Slide 7 Slide 11 Slide 14

National planning guidance	Trust plan	Reference
	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.	
• 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	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)	Slide 16
• Reduce variation in access and outcomes, implement whole pathway transformations in: cardiac, musculoskeletal (MSK) and eye care.	Specialty level transformation plans - GIRFT recommendation implementation (e.g. T&O joints lists, Ophthalmology cataracts lists and Urology primary ureteroscopy).	Slide 13
• System plans should set out their proposals for how this additional capacity will be delivered, including through the development of Community Diagnostic Hubs	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.	Slide 18