Northamptonshire Healthcare NHS
NHS Foundation Trust

Our Operational Plan for 2017-19

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Regulators expect our 2017-19 Operational Plan to demonstrate how we will

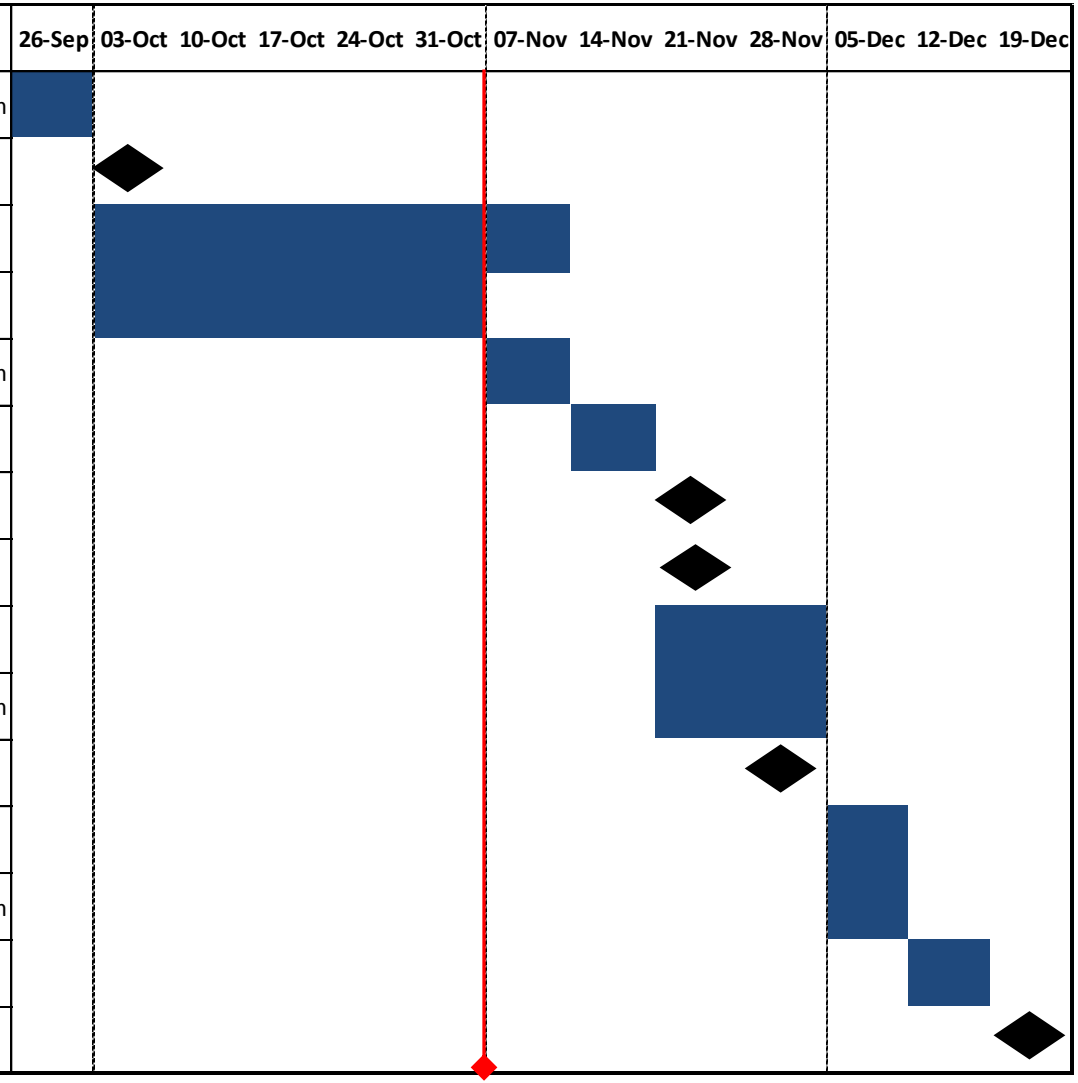
- Deliver the nine must do's over the two-year planning period;
- Support the delivery of the STP;
- Reconcile finance with activity and workforce to deliver the system control total;
- Implement robust, but stretching activity plans to achieve performance trajectories within budget;
- Utilise local independent capacity where necessary;
- Deliver our planned savings;
- Mitigate risks identified; and
- Adjust contracts to take account of new care model developments (e.g. MCPs).

We must submit a finance, activity and workforce plan along with a narrative covering the following areas

- **Activity** - a description of the activity plan, the assumptions made, how demand/capacity will be balanced, how targets will be delivered and how the provider will respond to surges.
- **Quality** – a description of the approach to quality governance, the quality improvement plan, QIA process and triangulation of quality, workforce and finance.
- **Workforce** – a description of the workforce planning method, strategy, plan and governance, alignment with the STP and response to policy (e.g. 7DS, apprenticeship levy, EU staff, immigration surcharge, nurse/AHP bursaries)
- **Finance** – a description of the financial forecasts and modelling, efficiency savings and capital plan
- **STP** – a description of how the plan supports the STP, and the impact of the 3-5 critical STP programmes
- **Members and Governors** – a summary of governor elections, recruitment, development, engagement and the membership strategy

We are working to submit the draft plan on 24 November and the final plan on 23 December 2016

Task/Milestone	Lead
Identify tasks and resources	Strategy Team
Agree and initiate plan	Exec Team
Draft IFRS developed	Finance Team
Draft individual narrative sections	Lead authors
Compile draft narrative	Strategy Team
Review and edit full draft narrative/IFRS	Exec Team
Draft narrative/IFRS approved	Exec Team
Submit draft	FT Office
Update IFRS	Finance Team
Update narrative	Strategy Team
Plan approved in principle/ authority delegated to DoSP to submit	NHFT Board
Finalise IFRS	Finance Team
Finalise narrative	Strategy Team
Review and edit final draft narrative/IFRS	Exec Team
Submit final version	FT Office



We have identified what we must do to support the STP's transformation programmes

1. **Urgent care programme**
   - Re-align/expand services to emerging same day primary care models
   - Support the creation of a 24/7 Single Point of Access
   - Expand the mental health liaison service to cover all ages
2. **Complex care programme**
   - Re-model the diabetes MDT and heart failure services with GPs
   - Expand the 'breadth and depth' of the case management approach
   - Support the 'Transforming Care' for people with LD programme
   - Re-model intermediate care services, reducing demand for community hospital provision, increasing home-based intermediate care and integrating with social care
3. **Scheduled care programme**
   - Re-align MSK Physio., Hand Therapy and Podiatric Surgery to the new integrated Orthopaedic and Rheumatology pathways (with KGH, NGH and GPs)
4. **Prevention programme**
   - Implement approaches to help patients manage their LTCs themselves
   - Embed best-practice secondary and tertiary prevention approaches
5. **Enablers programme**
   - Support the LDR sub-programme to integrate records, develop BI, infrastructure and IG solutions
   - Contribute to the workforce sub-programme's education, workforce transformation, organisational development and HR collaborative workstreams
   - Work with partners on 'provider development' (creating 'new care models', e.g. MCPs)

We will also need to show how we have addressed the immediate priorities from the five year forward view for MH

1. Increase access to specialist perinatal care

2. Reduce the number of out of area placements for children, young people and adults through the provision of more care closer to and at home

3. Increase access to crisis care liaison services in emergency departments and inpatient wards

4. Improve suicide prevention

We are working to mitigate several critical risks for NHFT

1. **Changes in NCC**, to meet its financial obligations, increase pressure on NHFT manifest as delayed transfers of care and increased waiting times for assessments

2. **Workforce pressures** caused by skills/staff shortages, reliance on temporary staffing and recruitment lead times increase costs and compromise achievement of key performance standards

3. **STP funding** is not diverted to primary and community services to fund the required transformation

4. **Procurement of new models of care** places NHFT services at risk of acquisition by competitors