Northamptonshire Healthcare NHS
NHS Foundation Trust

OUR OPERATIONAL PLAN 2016-17

OUR PLANS FOR THE NEXT FINANCIAL YEAR

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BACKGROUND

COMMISSIONING STRATEGY

At a national level, NHS England's Five Year Forward View (5YFV) presents a coherent, holistic vision of the future health and care system and is clear about the need for change. To close three widening gaps (in 'health and wellbeing', 'care and quality' and 'finance and efficiency'), the 5YFV proposes the introduction of new models of care that cut across traditional tiers of care and organisational boundaries.

At a local level, the Healthier Northamptonshire Programme brings together health and social care organisations in the county to create a future of better health, better care and better value for local people. Aligned with the 5YFV and underpinned by local commissioning strategy, the programme centres on integrated models of care through which health and social care will pool funding and resources, to work together to keep people well, maintain their independence and reduce the need for more intensive health and social care services. Specifically, Healthier Northamptonshire:

- emphasises supporting people to manage their own needs and moving care closer to home, reducing reliance on hospital-based services;
- puts the individual at the heart of the planning process for care and support to make sure their personal needs and what matters to them shape the way they are cared for;
- focuses on prevention and early intervention through a population health and wellbeing approach; and
- moves the model of care to more appropriate settings and away from traditional acute hospital beds.

NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST'S (NHFT'S) STRATEGY

NHFT's vision is to be a leading provider of quality integrated care for health and wellbeing services, as measured by patient and staff recommendation scores of 80% or more and sustainable revenue. To realise its vision, the Trust will design and lead innovative integrated care pathways that bring together partners from the NHS, social care, voluntary and community sectors. NHFT will ensure services are continually improving in quality and cost effectiveness to enable the Trust to meet the increasing health demands of the catchment population, aligning our intentions with those of the key health and care stakeholders, minimising competitive threats and capitalising on business development opportunities as they arise.

The Trust's strategy for 2016/17 centres on five strategic themes:

- Develop in partnership;
- Innovate;
- Grow our staff capability;
- Build a sustainable organisation; and
- Quality.

A quality framework and clinical strategy underpin NHFT's corporate strategy, ensuring the Trust delivers quality (i.e. safe, effective, caring, responsive and well-led) services. The clinical strategy has five objectives:

1. Deliver safe, effective and integrated care closer to home
2. Help people to stay healthy and well
3. Develop and embed recovery based approaches
4. Work and learn together

5. Foster a culture of research and innovation

APPROACH TO ACTIVITY PLANNING

ACTIVITY PLANNING ASSUMPTIONS FOR 2016/17

NHFT holds contracts with four main commissioners (i.e. Corby CCG, Nene CCG, NHS England and Northamptonshire County Council) for a range of community, mental health, learning disability and specialist services, the majority of which are block contracts with the exception of some NHS England commissioned elements. The Trust's approach to activity planning is therefore based on historically established levels of activity versus fixed financial envelopes (in contrast to providers with activity-based payment contracts whose approaches are typically more demand-driven).

NHFT has made four overarching assumptions in developing its activity plans for 2016/17:

1. Bed occupancy will be 90% on average (including leave) across its 341 open beds.
    - The recently agreed investment in the Mental Health Crisis House (under 'Other B' activity) and other Mental Health areas will help address the required reductions in Adult Mental Health occupancy which has run consistently above 100% over the last 12 months;
2. Delayed Transfers of Care (DTOC) will be below 7.5% of occupied bed days.
    - The Trust has historically achieved DTOC below 7.5% of occupied bed days and is actively working with system stakeholders, as part of a shared Commissioning for Quality and Innovation (CQUIN) scheme across all health providers, to deliver sustainable improvements to patient flow that will ensure continued achievement of this target in 2016/17;
3. Activity performed for services funded on a non-recurrent basis in 2015/16 ceased from 1 April 2016; and
4. NHFT will win the tenders for its existing services due for procurement in 2016/17 (e.g. the Diabetes Multi-Disciplinary Team and Primary Mental Health).

The overall impact of these assumptions illustrated through the activity plan projections is:

- a slight reduction in the total projected amount of non-Mental Health Community and Outpatient activity following the movement of one service, Smoking Cessation, to an alternative provider;
- a slight reduction in the total projected amount of Mental Health Community and Outpatient activity ('Category 'Other A'); and
- an overall reduction in bed day projections for Mental Health inpatient services, a result of both a reduction in commissioned beds and the assumption of 90% occupancy.

Within the high-level summary categories of activity projections, specific areas of demand growth have been identified through 2015/16 referral analysis and corresponding challenges to existing wait time expectations, for instance, Community Nursing. NHFT has presented business cases for increased funding for inclusion in the 2016/17 planning cycle round with commissioners. On agreement of the contract, the Trust will revise its forecast activity levels accordingly.

IMPLICATIONS OF NORTHAMPTONSHIRE'S DEMOGRAPHICS

Northamptonshire has a population of circa 710k, a slightly younger population than the national average, and is experiencing population growth slightly higher than the national average. In common with the rest of England, its over 75-year-old population is growing particularly quickly.

Although the county's geography is predominantly rural, 65% of the population live in four major towns: Northampton (31%), Kettering (14%), Wellingborough (11%) and Corby (9%).

Northamptonshire remains overwhelmingly populated by people in the white ethnic group, although non-white ethnic groups have grown significantly over last ten years.

Whilst the overall health profile of the population of Northamptonshire is in line with the England average, different localities have different health needs. Corby, Northampton and Kettering have relatively high levels of health deprivation. By contrast, South Northamptonshire, East Northamptonshire and Daventry have relatively healthy populations.

Particular health needs identified include the following:

- **In more urban areas**: deprivation, poverty, homelessness, violent crime, high rates of smoking, a high number of under 18 conceptions, and high levels of self-harm and drug misuse. These result in in low life expectancy, high infant mortality and high mortality rates for cardiovascular disease and cancer.
- **In more rural areas**: high rates of people killed and injured on roads.
- **All areas**: relatively high levels of obesity and smoking when compared to national averages.

The Trust needs to:

- plan for demographic growth, which is expected to be slightly higher than the national average. This will place increased demands upon its services;
- focus on improvements to services in the most health deprived areas of Northampton, Corby and Wellingborough in particular; and
- maintain its focus on providing services for frail and older people and those with long-term conditions, who are heavy users of health services.

NHFT is working with local commissioners and providers on demand/capacity models for the system as part of the development of the local Sustainability Transformation Plan (STP).

NHFT'S CAPACITY FRAMEWORK

NHFT utilises a bespoke capacity framework tool to plan the capacity, and to assess the efficiency of its services. The framework combines service-level data on workforce with activity and tailored modelling assumptions to generate a measure of each service's potential activity (i.e. its ability to perform the expected level of activity within the prescribed quality, resource and time thresholds). This tool enables the Trust to establish minimum activity levels for each clinician within each of the varied services that NHFT provides. It also ensures the Trust has planned for appropriate levels of resource to be in place to meet the activity levels expected by commissioners.

DELIVERY OF KEY OPERATIONAL STANDARDS

The key, activity dependant, operational standards for NHFT's services are consultant-led 18-week Referral To Treatment (RTT), Improving Access to Psychological Therapies (IAPT) 6-week and 18-week RTT and Early Intervention 2-week RTT.

The long established 18-week consultant led RTT standard is relevant for two of NHFT's services, which have consistently met the standard each year. The Trust applies 18- and 13-week RTT internal standards to non-consultant led community and outpatient services. Services have achieved over 90% compliance with the internal 13-week standard in 2015/16. Specific individual service-level challenges inform the planning cycle business case process.

NHFT has consistently achieved the 18-week standard for IAPT services in 2015/16 but has experienced challenges in achieving the new 6-week standard. This challenge is made harder by efforts to consistently achieve the national 15% access target for the Northants population. NHFT has worked closely with NHS England experts, the CCGs and other Trusts to remodel the delivery of this service during 2015/16, streamlining the process for referral management, opening the service to self-referrals through the use of new technologies and refocussing budgetary spend towards patient-facing staff. The Trust plans to achieve the 6-week standard by Quarter 2 in 2016/17. CCG commissioners are currently considering the use of CQUIN funding in support of this goal, but decision and recruitment timescales make it very unlikely that the 6-week standard can be achieved in Quarter 1. (NB Quarter 1 2016/17 will be the third consecutive quarter below the threshold for this measure).

NHFT received a funding uplift for its Early Intervention Service (EIS) in 2015/16 to ensure interventions offered are in line with NICE guidance. Since the funding uplift, NHFT has consistently achieved the 2-week standard for EIS in 2015/16 and expects to maintain performance against this standard in 2016/17.

In 2015/16, commissioners funded additional capacity non-recurrently for acute facing services such as NHFT's Intermediate Care Team and Acute Hospital Liaison Service. Commissioners have agreed to fund both areas on a recurrent basis from 2016/17.

APPROACH TO QUALITY PLANNING

APPROACH TO QUALITY IMPROVEMENT

A systematic governance framework underpins quality improvement within NHFT. The Trust has extensively reviewed the framework in 2015/16 and launched a revised framework in April 2016. The framework identifies the core governance arrangements at a local (e.g. team meetings) and a corporate level. It identifies the role and responsibility of Trust Board, the Quality Forum and the Quality and Governance Committee in assuring quality and safety across the organisation. The revised framework supports NHFT in ensuring each clinical pathway has its own governance meeting, which identifies and acts on safety and quality issues. It provides a clear narrative on existing internal assurance arrangements from groups/committees (e.g. Safeguarding, Infection Prevention and Control) to the Quality and Governance Committee.

The CQC undertook a planned inspection of NHFT in February 2015 and issued its inspection report in August 2015. Whilst rated 'requires improvement' overall, 64% of the Trust's services were rated 'good' and two individual services were rated 'outstanding'. Since the inspection, NHFT has addressed all requirement notices and has implemented recommendations via an internal action plan. The Trust has undertaken a 'confirm and challenge' process to ensure it has completed all actions and that any changes have been sustained. The overall outcome of this has been positive, with outcomes being used to update our internal CQC self-assessment process.

NHFT measures quality using a number of indicators. The Trust utilises a robust CQC self-assessment process, supported by either announced or unannounced peer-review visits to ascertain the validity of the self-assessment. In addition, the annual audit plan identifies key areas of patient care, which NHFT reviews in line with internal and external requirements. This provides the Trust with baseline and performance data for clinical activities such as record keeping and nutritional screening. These systems also identify where NHFT could make improvements. Clinical leads monitor the

systems locally; the Quality Team monitors the systems at a corporate-level and provides reports directly into the Quality and Governance Committee.

Data relating to patient safety (e.g. numbers of complaints, falls, serious incident reviews) and core quality indicators (examples of which are; safety thermometer findings, clinical supervision activity, self-assessment outcome, staffing levels) are bought together onto a service line dashboard. This gives a clear indicator to managers, clinical leaders and the executive team (who receive the overall summary of activity) where any potential issues, concerns or areas of good practice are across their services. The function also provides a platform for action planning where improvement is required. The Trust plans to review the dashboard as part of the quality and governance framework evaluation.

NHFT's Quality and Clinical teams routinely interrogate the data via an internal triangulation process prior to any peer review visits; through meetings between the teams; and as part of our internal Quality Summit process. The Trust uses this model as a means to identify quality/safety issues in certain parts of the organisation, to open dialogue on reported issues and concerns with key clinicians and to identify solutions.

The Trust also measures the quality of patient experience via feedback using the IWantGreatCare (IWGC) model. This tool has afforded NHFT a huge opportunity to gather qualitative information from service users and carers and really understand where their experience of care provided has been excellent, or requires development. The Trust follows up the suggestions for improvement via its team leaders and has a process in place that ensures the Trust's Board receive reports of any themes.

The Quality Team routinely identifies quality improvement opportunities from national initiatives and from best practice guidance such as NICE; these are mapped against service for relevance and suitability. Where implementation is requested by the Quality Forum and/or the Quality and Governance Committee the Quality Team and managers will work together to develop the improvement plan.

Alongside the Trust's leads for quality (the Director of Nursing, AHPs and Quality and the Medical Director), the Quality Team provides support in ensuring the Trust's approach to improvement is well led, that improvements are steered via the processes identified previously and that it is monitored via the Quality Forum which itself is accountable to the Quality and Governance Committee.

The collaborative data sourced from the dashboard, patient safety indicators and IWGC suggests that in 2016/17 the main risks to the organisation in relation to quality are:

- local and national shortage of healthcare professionals;
- funding; and
- more systematically embedding lessons learned from incidents, feedback , complaints and compliments

The Trust has established effective mitigations to reduce the levels of risk. Quality is at the centre of all the Trust's decision-making in relation to service delivery and financial resource. NHFT has a robust Quality Impact Assessment (QIA) process for all cost improvement planning, transformational change and QIPP initiatives. The Trust also has a clear focus, at all levels, on pathway development and resource management, so teams consider, evaluate and implement new ways of working where appropriate. This process is co-ordinated by the Trust's Programme Management Office (PMO) and led by clinicians.

NHFT has developed a recruitment plan to mitigate the risk of a shortage of healthcare professionals. Working closely with colleagues across the health economy and the local Higher Education Institutions, the Trust has looked at a variety of measures including accredited preceptorship, introducing apprenticeships, internal leadership training, supporting students with interview practice/CV writing skills, recruitment events (locally and nationally) and attendance at University job fairs. To date, the Trust has found this approach to have had a positive output in some clinical areas. The Trust will consequently continue to develop the model into 2016/17 to realise further benefits.

In 2015/16, the Trust made the 'Sign up to Safety' pledge and identified the following elements as the Trust's 'Sign up to Safety' priorities for 2016/17:

- Develop a robust internal process through which lessons can be learnt from a variety of sources (e.g. serious incidents, service user and carer feedback, compliments and complaints).
- Improve the quality of record keeping and care planning across the Trust.
- Recognise good practice, care and compassion through the Trust's Quality Award system
- Utilise patient experience groups to work alongside service users/carers to develop strategies to support involvement in key trust activity (e.g. service re-design and recruitment of staff).

NHFT has also identified nine quality priorities for 2016/17, which align directly to the Quality Strategy, Sign up to Safety pledge and the Quality Account indicators:

1. To reduce the levels of harm associated with medication incidents.
2. To increase the levels of reporting associated with National Early Warning Score (NEWS) by ensuring that all patients have NEWS undertaken at relevant points during their inpatient admission.
3. To increase the levels of reporting associated with the venous thromboembolism (VTE) assessment by ensuring that all patients have this review undertaken at relevant points during their inpatient admission.
4. To ensure duty of candour is embedded into our clinical practices and incident processes.
5. Increase the numbers of service users and carers involved in internal training.
6. Increase the numbers of service users and carers involved in staff recruitment.
7. To work collaboratively internally to share our patient safety experiences and outcomes in order to improve learning from incidents, complaints and compliments, and reduce harm.
8. Develop the skills and competence of all new band 1-4 clinical facing staff in the organisation.
9. The Trust will use IWGC, and other sources of feedback to learn from and respond to patients and carers.

Based on the quality priorities set out above, the Trust will focus on the development of a lessons learnt framework that utilises a multi-faceted approach to the dissemination of new knowledge and outcomes linked to current feedback mechanisms. NHFT has a dedicated Lessons Learnt Lead who will be embedding the framework throughout the Trust, building on the initial successes from 2015/16. In addition to safety events and workshops, the Trust will develop its current lessons learnt communication plan to ensure that media resources are fully utilised and that staff can easily access information via the Trust's intranet.

The Trust's Medical Director confirms the Association of Medical Royal Colleges' guideline on the responsible consultant has been fully taken into account within the services where this is applicable.

SEVEN DAY SERVICES

NHFT provides some secondary care services and, during 2015/16, started implementing seven-day services in line with the needs of the local health economy and service user/carer requirements. As a result, a number of teams such as the Palliative Care Clinical Nurse Specialists, Acute Liaison Team (Mental Health) and Intermediate Care Team have increased their functioning hours.

In conjunction with commissioner and provider colleagues, the Trust will continue to review the seven-day working standards and models. Having focussed on high priority areas initially the next steps will be considered in line with our transformational plans.

QUALITY IMPACT ASSESSMENT PROCESS

NHFT's QIA process is a robust model that has been tested and approved by the Nene and Corby Clinical Commissioning Groups as part of the Quality Schedule in 2015/16.

Internally, Cost Improvement Programmes (CIP's), transformational change, service re-design, new business opportunities and QIPP schemes are identified from a variety of means (e.g. feedback, changes in national directive/best practice, resource management requirements, commissioning intention and staff generated ideas). Each of the three operational directorates within the Trust (i.e. adult, child and ambulatory and mental health, learning disability and specialist) has a dedicated Transformation Lead who coordinates the completion of a QIA and Equality Analysis alongside a PDD (Project Description Document) during project initiation.

The Transformation Lead and clinical team use a variety of qualitative and quantitative data to complete the QIA, which the Quality Team reviews on completion. The Quality Team evaluates the QIA against a series of quality-focussed statements linked to the three listed domains in the Quality Account with an 'other' element added. If the assessment is agreed, the Quality Team logs it for audit and monitoring purposes and sends it to the Director of Nursing, AHP and Quality and the Medical Director for approval. If further discussion is required, or if the Transformation Lead and clinical team have not adequately explored risks, the Quality Team returns the QIA to the original author for update/review. The Quality Team can add QIAs linked to larger transformational plans (i.e. those where the risks could be higher) to the Quality Forum's agenda where a wider review of potential impact can be undertaken.

NHFT's process ensures clinical teams will not implement transformation or CIP initiatives unless the Medical Director and Director of Nursing, AHPs and Quality have agreed.

Once authorised by the lead directors for quality, the clinical and quality teams review and monitor the QIA (in addition to being re-logged) at certain points during the implementation process. If any changes are required to the QIA, the two lead directors for quality will need to review and re-approve the initiative's revised QIA to ensure that teams have adequately addressed any potential quality impacts.

The QIA process is described within a flow chart so all relevant teams are aware of the model and their role within it.

TRIANGULATION OF INDICATORS

The triangulation of data occurs at various points across the financial year and is led by the Trust's Board and Quality and Governance Committee's reporting requirements. Triangulation also arises at other junctures such as internal peer visits, Quality Summits, Serious Incident Investigations and transformation change/CIP development.

The Trust's dashboard provides the majority of the data required for triangulation and is shared at service manager level so operational leads are fully aware of their current quality performance. Dashboard indicators used to 'funnel' the information are focussed on safer staffing submissions, staff HR metrics (e.g. sickness levels and bank staff usage), safety thermometer findings, numbers of complaints, numbers of incidents reported and CQC self-assessment rating (NB this list is not exhaustive). The Quality and Patient Safety Teams source additional qualitative outcomes from IWGC, compliments, complaints and PALs to ascertain patterns and themes.

The Trust's Board and its sub-committees receive triangulated data in a number of key reports including Patient Safety, Safer Staffing, Workforce and Financial reports. The Trust utilises the information in a number of ways, to:

- assure the Board that the systems and processes are working to identify risk or good practice/outcome;
- challenge the data and request further information;
- identify internally driven, focussed pieces of quality work;
- formulate ideas for change or for new ways of working;
- review the organisational risk register;
- identify new quality indicators aligned to transformational programmes; and
- promote quality across the organisation utilising key messages/themes.

APPROACH TO WORKFORCE PLANNING

WORKFORCE PLANNING METHOD

Through effective workforce planning, NHFT aims to ensure it has the right people with the right skills, attitudes and behaviours in the right numbers, when it needs them to deliver safe, effective and quality care to its patients. With staffing as the single largest cost for the Trust, effective workforce planning also helps NHFT to ensure it has an affordable workforce model.

NHFT uses a combination of two, bottom-up, workforce-planning methods:

1. **Professional judgement method** – multi-disciplinary teams of lead clinicians and managers consider workforce requirements together, at least once every year and again when vacancies arise, supported by the Trust's Human Resources and Organisational Development Team. Using their professional judgement, MDTs will review the current performance of the service (e.g. achievement of key performance indicators and quality standards, financial performance, patient feedback, commissioning intentions, etc.) to develop a plan for the following year and/or, where a vacancy has arisen, the recruitment of a new member of staff. Teams will consider the benefits and risks of alternative skill-mixes as part of this approach.

2. **Workload quality method** – the advent of the Trust's safe staffing programme has brought with it access to evidence-based tools to calculate staffing levels based on a variety of inputs (e.g. occupancy/utilisation, throughput/ALOS and patient dependency). Whilst more commonly used

in ward areas, where published data and assumptions already exist, the Trust has developed, and is testing, its own models for some community-based services.

The bottom-up, Multi-Disciplinary Team (MDT) method employed within the Trust ensures effective clinical engagement throughout the workforce planning process. With the development of integrated care models, NHFT is increasingly working with partner providers and commissioners of services to develop workforce plans that span traditional organisational boundaries. NHFT is a member of the county's Local Education and Training Committee (LETC) with which it engages on workforce supply needs in conjunction with Health Education East Midlands (HEEM).

The Trust has an effective governance process in place to manage risks associated with any proposed changes to workforce. Managers must complete Quality Impact Assessment (QIAs) and undertake Equality Impact Analysis (EIA) for each proposed workforce change. Both Medical and Nursing Directors will review the proposed change and the corresponding QIA and EIA. Managers may only implement changes with assent from Medical and Nursing Directors.

The Performance Committee, a sub-committee of NHFT's Board, receives regular reports on the workforce (that include measures such as sickness absence levels, turnover, numbers of investigations, etc.) alongside reports on finance, performance and quality. The executive team also regularly reviews this information. The Performance Committee is able to triangulate quality, safety and workforce indicators to identify and manage areas of risk. NHFT's workforce plan has Board approval.

WORKFORCE RISKS FOR 2016/17

Through a baseline assessment, NHFT has identified six workforce risks for 2016/17, which it will address with its workforce plan:

1. Recruitment and retention
2. Nurse revalidation
3. Safe staffing
4. 7 day services
5. Agency staffing
6. Flexibility of staff to work in integrated care models

RECRUITMENT AND RETENTION - AGENCY USAGE

Health Education England recently reported a nursing vacancy rate of 6.5%. In the wake of the Francis Inquiry, demand for nurses within the acute sector has risen considerably and this has caused a slowdown in the previous trend that saw nurses moving from acute to community nursing.

Planning and managing the community services workforce is challenging due to the volume of demand and increases in patients' needs; patients being discharged earlier into the community to relieve pressure on acute services further increases the challenge.

Recruitment issues are also likely to worsen as many nurses approach retirement age and fewer nurses seem to develop specialist skills. NHFT has an ageing workforce profile. This is particularly worrying bearing in mind the requirement for services to be available 24/7.

Workforce shortages are difficult to rectify quickly because of the time it takes to train staff. The complex and highly technical nature of many clinical roles also means the Trust cannot redeploy staff trained in one discipline to fill shortages in another. Areas previously identified as difficult to recruit and retain have been Paediatric Nursing, Health Visitors, Mental Health Nurses, District Nurses and newly qualified Physiotherapists. Expenditure on agency staffing has increased both nationally and

within NHFT. There are indications that the consequences of this increasing reliance on agency staffing are higher wage bills, poor continuity of care and low staff morale (Keogh 2013).

Nationally within Mental Health, the number of inpatient nurses has fallen sharply by 15% over the past five years, resulting in a significant use of agency staff and a two-thirds increase in requests for temporary mental health nurses since the beginning of 2013/14 (The King's Fund). A review of Serious Incidents within Adult Mental Health has led NHFT to recognise it needs to recruit mental health nurses who also have physical health skills to ensure the service meets both the mental and physical needs of patients. Within NHFT, increasingly over the last 12 months, it has become difficult to fill all bank shifts for band 5 and band 6 Mental Health Nurses both in Adult's and in Children's inpatient services.

The Trust has identified it needs to develop a range of approaches that address the current challenging recruitment environment. To support this, the HR team have worked closely with operational managers and trade union representatives to develop the proposals to mitigate this risk.

The level of agency usage is a considerable challenge for the Trust. The Trust has focused on working with agencies to reduce prices in line with the national caps and to control the deployment of agency within the Trust. Whilst this is reducing prices, it is often not possible to meet the cap in certain difficult to recruit areas such as ICT and prisons, which increases pressure on staffing. The Trust has an agency control group involving Executive Directors, which is closely monitoring agency use and implementing initiatives to address these challenges, such as incentives for permanent staff to do more bank shifts, extending notice periods and efficiently using e-roster. The monitor analytic tool has been used to inform this work which will continue to be progressed to meet the challenges.

NHFT's key opportunity is to increase its substantive workforce through improved recruitment and retention to reduce the Trust's reliance on agency and bank staff. The Trust has undertaken substantial work to improve its profile through open-days, external recruitment events, improving internal processes and in general developing its employment offer.

Historically there have generally been low recruitment rates into psychiatric training. Psychiatry tends to be regarded as a less attractive career path, associated with lower status and pay. Nationally there is a high vacancy rate in psychiatry consultant posts (6.3%) (HEE 2015).

With the strategic goal to increase the scale and scope of out-of-hospital services, the Trust will need to change skill-mix within community resources whilst considering the needs of patients. Although the number of Health Visitors has increased by nearly a quarter over the past five years, the number of senior District Nurses has fallen by 30% and there are now 16% fewer Community Matrons (The King's Fund). The independent sector, voluntary organisations and social enterprises are now providing more community services.

NHFT has recently experienced difficulties recruiting qualified and unqualified staff to work in in-patient areas as Registered Sick Children's Nurses (RSCNs)/Children's Nurses and Registered Mental Health Nurses (RMNs) with experience of working with children.

The Trust has identified the need to dramatically improve its response to the identified recruitment challenges in particular to address the very considerable challenge the Trust's overall agency cap will present. A recruitment strategy is being developed that will involve a refocusing of our internal recruitment support, developing a clear employer value proposition and increasing the profile of the

Trust through, for example, annual strategically planned recruitment events, open days and links with universities. Considerable analysis of agency usage and vacancies has been undertaken to develop and appropriated workforce plan with recruitment targets clearly defined.

The safe staffing team continue to work closely with the operational clinical teams, they input to the Executive working group on agency control and input to the recruitment strategy described above and this approach will continue. To ensure there is appropriate governance, regular updates on the safe staffing and agency challenges and the Trust response, are provided to the Trust Board.

NURSE REVALIDATION

Every nurse who wants to stay on the register and legally be able to work in the UK must have revalidated from December 2015. When they come to re-register every nurse will need to be signed off by their manager or someone in a similar position. It will mean nurses need to do more to remain on the Nursing and Midwifery Council register. The number of hours of required continuing professional development is increasing from 35 hours in three years to 40. Nurses will also need to obtain five pieces of practice related feedback. The Trust see this as a potential risk for older nurses, since those nurses who are close to retirement age may decide to retire early so as not to have to go through the more rigorous revalidation process.

NHFT has provided extensive support to staff, publicised the requirements for nurse revalidation and identified and provided support to nurses to ensure they will be able to effectively undertake revalidation. This work will continue to ensure that any risks in this area are addressed fully. It is also a key part of NHFT's quality and assurance systems.

WORKFORCE TRANSFORMATION PLAN 2016/17

NHFT has initiated four transformation programmes to respond to its changing health economy context and meet its financial targets:

- **Co-ordinated adult services:** This programme will see NHFT develop a unified, countywide offer with streamlined pathways, enabled by mobile working. There will be a focus on integrating physical and mental health (in particular for frail older people and those with long-term conditions), as well as integrated pathways with primary care, our acute partners and social care. This may include a reduction in the number of community beds we offer longer term allowing us to decrease the numbers of staff working in an inpatient setting and redeploying these staff to deliver packages of care in the homes of our patients. It will also involve a transformation of community nursing services.
- **Co-ordinated mental health services:** This programme will see the Trust develop a more integrated acute pathway to include crisis, step down and recovery. This will be enabled by an investment in community services and creation of a joint offering with the third sector, co-production with service-users /carers and expansion of peer workers. Continued support for patients who receive services in an acute setting will be reviewed and expanded utilising the newly developed Acute Liaison services providing support to Emergency Care practitioners over an expanded period. Further growth in inpatient settings is planned in the delirium pathway staffing for which some we expect to source from the existing provider of the service. Offender health will continue to grow out of region. This will continue our expansion financially and within specialist areas of activity e.g. SARC. The Trust is working with commissioners on a local plan for the transformation of services for people with learning disabilities, in response to the 'Transforming Care for People with Learning Disabilities' report (published in January 2015).

- **Co-ordinated children, young people and family services:** NHFT will create a unified, countywide offer for community paediatrics by integrating the service in the north with the service from NGH in the south. The Trust will manage all specialist services via a single referral management centre. In addition, it will pursue new business in tier 4 CAMHS and selected ambulatory services.
- **Prevention and wellbeing**: This programme will see the Trust deliver a unified, countywide health and wellbeing offer jointly with NCC and the University of Northampton via a newly established Community Interest Company.

In addition to these programmes, the Trust has undertaken a major review of its corporate services in 2015/16 and plans to deliver savings in 2016/17.

To address some of the above difficulties in recruiting and retaining staff, NHFT is committed to developing a flexible, skilled and motivated workforce. It aims to be an employer of choice and harness a positive organisational culture in order to create a climate that will attract and retain staff.

NEW CONTRACTS TO SUPPORT INTEGRATED CARE MODELS

The changing environment and the internal transformation within the Trust involve exploring both 7-day working and greater flexibility from staff.

This requires innovation and development to enable service needs to be met, to maintain an attractive employment proposition for staff and to reduce the costs of delivery.

This manifests itself both in terms of the systems and processes within the Trust and also in the engagement with staff to gain their support and buy-in to these challenges. The Trust has a range of consultations with staff on changes and is exploring innovative solutions such as the introduction of annualised hours contracts that enable staff to be available for maximum hours during peak periods but allows them to reduce hours in quieter periods. These solutions should help us improve service delivery, reduce overall cost and ensure the appropriate retention of staff.

The implementation of an effective and efficient e-roster system is key to meeting the flexibility challenges and also to assisting recruitment challenges through the most efficient use of the system. At present, 40% of NHFT's services are currently utilising the e-roster platform. The Trust has developed a plan to increase the pace of adoption to achieve full Trust coverage as early as possible in 2016/17, providing further support to clinical teams to ensure all clinical services are planning services/staffing three months in advance thus utilising substantive staff and reducing the use of agency. New projects to support the development of aligned systems in training and development and ESR self-service will also be progressed urgently within 2016/17 to support this work.

COST IMPROVEMENT PLANS AND SERVICE CHANGES

The on-going requirement for cost improvement means NHFT faces an increasingly challenging financial environment. Consequently, NHFT needs to reduce employment costs, e.g. by reducing the numbers of staff we employ in some areas, by changing the skill-mix, by improving the productivity of the workforce, etc. Furthermore, the competitive nature of the health 'market' now means that any 'plans' are extremely fluid due to the need to react to the outcomes of the contracting/tendering process.

Where changes are made within the Trust it will be a priority to engage effectively with staff and ensure that, where any posts are changed or removed, staff are redeployed to ensure the maximum retention of valuable skilled staff.

The Trust has a robust plan that has been developed and details are being finalised. Staff consultations have already begun and there will be a focus on effective staff engagement. It is clear the changes will focus on improved systems, improved effectiveness and streamlining of the Trust operational and corporate support structures. It will be important that rigorous implementation processes are in place and developed to oversee the implementation.

APPRENTICESHIPS

A key innovation within the workforce plan, which will address some of the workforce challenges, is for the Trust to seek to attract and remove barriers to recruiting young people into NHFT via the apprentice route. This will allow NHFT to support first level clinical and administrative posts across the Trust, creating an improved employer brand and offer within the local communities that it serves. Whilst this creates new workforce supply channels, it also enables the Trust to deliver savings through innovative use of these roles and accessing education funding to support training.

NHFT intends to recruit at least 80 apprentices over the next 12-18 months under a new college partnership. Working with a peripatetic assessor model, which better supports the teams in which the apprentices are working.

Longer term, this is the start of a strategy of 'growing our own' and joining up with other initiatives for nurses, other clinical professionals and higher-level practitioners.

APPROACH TO FINANCIAL PLANNING

BACKGROUND

This plan has been developed in the context of a difficult national economic position and a challenged local health and social care economy in Northamptonshire, albeit with an improved national financial settlement for the NHS for 2016/17. Despite the positive change in planning assumptions as reflected by the inclusion of an inflator in the financial allocation for our main commissioners, the local CCGs, significant medium term financial challenges remain in the local economy. In addition to this, there are significant ongoing structural and organisational changes within local health and social care services that will impact on the Trust over the medium term planning period.

In the context of the above, the Trust has developed a plan for 2016/17 that shows a surplus position of £0.2 million after addressing an underlying deficit of £3.7 million carried forward from 2015/16. Delivery of the proposed 2016/17 annual plan would result in the maintenance of an overall risk rating of three. This will provide the necessary organisational stability to allow the Trust, alongside health and social care partners, to collectively develop and refine plans for the necessary transformational change to meet the efficiency gains required beyond 2016/17 as well as facilitating improvements to joined-up care for patients.

KEY ASSUMPTIONS

INFLATION AND EFFICIENCY REQUIREMENTS

NHFT is planning on the basis of an average contract inflator of 1.1% as per recent planning guidance. However, as more services are integrated across health and social care, the change in commissioner and local government financial pressures is likely to result in a reduced level of funding for some of the services the Trust provides. This pressure will be managed by increases to efficiency requirements for those services.

An implied efficiency requirement of 2% is built into Monitor's latest inflation and efficiency saving estimates. However, in line with Healthier Northamptonshire planning assumptions, which have been locally agreed by the partners, the Trust is expected to deliver a 3% internal cost improvement in 2016/17.

In addition to the efficiency requirement arising from the 2016/17 funding settlement, NHFT also has a balance of £5 million savings outstanding from its internal CIP target for 2015/16. In 2015/16, the Annual Plan included planned non-recurrent support to the efficiency programme to allow the Trust the opportunity to explore and develop transformational schemes to provide savings over a number of years in order to meet the expected savings requirements that would fall on the sector.

As a result of the above and other identified financial pressures, a further 1.3% efficiency requirement is built into the 2016/17 plan over and above the 3% target agreed as part of Healthier Northamptonshire and represents a stretch target for the organisation in order to achieve financial balance. The total CIP planned requirement for 2016/17 is therefore 4.3% (£7.9 million).

The Trust acknowledges there is a significant CIP challenge for 2016/17. As a result, the Trust appointed an interim director experienced in organisational turnaround from January 2016. The director has made significant progress in developing a turnaround plan with executive directors, senior managers and senior clinicians, which has enabled the development of detailed CIPs in support of the operational plan. There are currently £5.9 million of CIP savings in the implementation stage and another £2.3 million in the planning stage in support of the Trust's CIP planning target of £7.9 million.

The turnaround programme is currently planned to be in place until mid-summer 2016. This will provide oversight of the implementation of savings plans for 2016/17 and enable project management arrangements to be established. This will ensure there is ownership of schemes and effective monitoring and management of delivery of savings and that internal gaps in skills and/or processes are closed to allow this work to be continued in future without the requirement for further external support.

Alongside the turnaround programme, the Trust is reviewing the potential for service transformation opportunities in other areas of the Trust and is engaged with the recommendations of the Carter report. The Trust has already initiated the process of developing estates rationalisation plans, which has been given further impetus as part of the turnaround programme and has undertaken a review of procurement practices, although there are further opportunities for development in this area.

One of the main areas of potential for cost reduction identified in the Carter report is agency staffing. The Trust is committed to working to reduce agency spend in line with the Carter report and in order to meet the Trust's agency spending cap of £10.425 million in 2016/17. The Trust is planning a number of initiatives that will help to manage agency costs downwards, as set out in the workforce section. This includes schemes to increase availability of bank staff and working with agencies to manage contract costs within expected thresholds. The continued implementation of an e-rostering system will also help to manage rotas more effectively and reduce requirements for agency staff.

It is acknowledged that achieving the agency cap will be extremely challenging in 2016/17 given the current level of agency usage and the time it will take for actions to begin to significantly impact on agency usage. The phasing of agency costs therefore, in order to meet the target, reflects a steady

reduction over the year and effectively requires a much lower level of agency staff usage by the end of the year than would be required to meet the target on an ongoing basis. Consistent with the workforce plans the planned pay expenditure in 2016/17 reflects an increased investment in substantive and bank staffing in order to enable a planned reduction in agency staffing.

INCOME FROM NON NHS ACTIVITIES

Income derived from activities related to the Trust's 'principal purpose' of delivering goods and services for the purposes of the NHS significantly exceeds income derived from other activities. Income from non-NHS activities is not deemed material and therefore is not considered to interfere to any significant extent with the fulfilment of the Trust's 'principal purpose'.

The Trust does not intend to increase income from non-NHS activities by 5% or more (i.e. a 5% or more increase to the proportion of the Trust's total income that is attributable to non-NHS activities).

INTERNAL CONSISTENCY

Plans for quality, activity, workforce and finance are reviewed at numerous stages prior to inclusion in the Operational Plan and have been refined for the April 2016 submission. An ongoing system of monitoring and review is in place for activity and quality reporting with monthly reporting through an established bespoke management information system (SMART). Activity information is also included in the Trust's SLR system, which is now reporting on an informal basis enabling ongoing validation of both service line activity and costs.

Plans for quality, activity, workforce and finance are reviewed against current year performance and reasons for variances identified. Known changes in each area are identified and shared through the planning process to enable the impact to be reflected in plans for each area of performance as appropriate. Further review is also carried out to clarify reasons for any material movements in activity, workforce and income and expenditure from year to year and to check whether movements in planned performance are consistent across these areas and that any apparent inconsistency can be explained.

IMPACT OF STRUCTURAL AND ORGANISATIONAL CHANGE

The local health and social care economy will shortly submit proposals for the continued development and operation of the Better Care Fund within Northamptonshire. The implications of this in 2016/17 have not been finalised and it is expected that services amounting to at least £28 million of the Trust's income will be included in the pooled fund. No impact on the Trust's overall income or expenditure has been assumed in the plan as a consequence of the operation of the Better Care Fund in 2016/17 (a potential impact is reflected in the sensitivity analysis) although it is expected this position will change over the strategic planning period to 2020/21.

A number of NHFT's services are included within the scope of a new Wellbeing Community Organisation, 'First for Wellbeing'. NHFT is one of the three founding partners within the newly established Community Interest Company (CIC) along with Northamptonshire County Council (NCC) and the University of Northampton. The CIC became operational on 1 April 2016 and a requirement for the Trust to deliver savings of £0.9 million is included in the plan for 2016/17. Savings targets for those services commissioned by the CIC are planned to be met through a reduction in expenditure in those service areas.

DELIVERING THE MUST DO'S

The local health and social care organisations are planning to deliver system balance through the Healthier Northamptonshire programme (and subsequently through the Sustainability and Transformation Plan when developed).

There are a number of service related must do's that NHFT will reflect in the Sustainability and Transformation Plan to ensure achievement over the medium term planning period and a limited number of which will require more immediate action and are therefore included in the operational plan.

There are no immediate issues with achievement of 18-week Referral to Treatment targets in the services that the Trust delivers.

The activity plan within the operational plan reflects the need to increase activity to meet access targets for the "Changing Minds" (IAPT) service. Agreement has now been reached with Commissioners that the cost of this (initially assessed at around £0.2 million) will be funded out of the CQUIN allocation in 2016/17. This will be finalised as part of contract negotiations.

Commissioners have funded a number of schemes to improve quality and meet demand and capacity pressures the Trust put forward during contract negotiations. These include investment in CAMHS and Children's ADHD, Crisis services, Physiotherapy and Community Children's Nursing. As a result, income from the main commissioners, the local CCGs, has increased by £3 million in the final operational plan.

OTHER FACTORS THAT WILL IMPACT UPON THE PLAN

NHFT is reviewing its asset revaluation cycle as part of the 2015/16 closure process. It is too early to identify the impact at this stage or to reflect in the plan although the impact of any revaluations has been included as a CIP opportunity and any change in asset values will be reflected as a variance against plan in 2016/17.

The Care Quality Commission produced a formal report in August 2015 following an inspection in February 2015. The recommendations from this report are being addressed and the associated, mainly capital costs, are being managed within the current capital programme as reflected in the plan.

Developments and savings plans in other local health and social care organisations are also likely to impact upon the Trust. The most significant of these is likely to be the Northamptonshire County Council savings plan for Adult Social Care, which may impact on the demand for and access to health services.

IMPACT OF SENSITIVITY ANALYSIS

There are a number of downside risks the Trust may face, including a shortfall in delivery of 2016/17 CIP plans, reduction in funding from the local authority, potential financial penalties arising from performance against the Better Care Fund, potential loss of tenders and reduced CQUIN funding as a result of failing to meeting CQUIN requirements.

The Trust can mitigate the impact of loss of tenders by releasing costs associated with directly providing and supporting tendered services. The risk of shortfall in CIP and CQUIN delivery can be mitigated by closely managing and monitoring the delivery of CIP and CQUIN requirements and by managing committed CQUIN investment. Further mitigation of the in-year impact of a shortfall in CIP

or CQUIN delivery or the impact of a financial penalty relating to the Better Care Fund is enabled by the strong liquidity position that the Trust has historically maintained.

SUMMARY OF PLANNED PERFORMANCE

The plan shows a planned surplus of £0.2 million after planning to deliver CIPs that significantly exceed the level assumed in the Monitor planning assumptions for 2016/17 and after planning to manage a number of internal financial pressures. The Trust acknowledges that delivery of the 2016/17 plan is therefore likely to be very challenging.

Although the plan shows a small surplus position, the Trust is able to maintain a sound overall risk rating of three, underpinned by strong liquidity, which will enable the Trust to plan further mitigating actions to manage the financial position over the medium term.

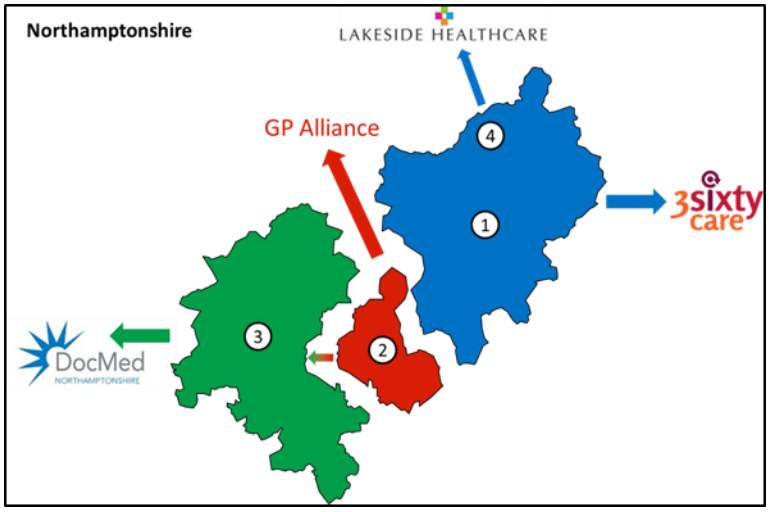
LINK TO THE EMERGING 'SUSTAINABILITY AND TRANSFORMATION PLAN' (STP)

HEALTHIER NORTHAMPTONSHIRE

Commissioners and providers across Northamptonshire's health and social care economy have been working together over the last three years on a countywide change programme 'Healthier Northamptonshire' to deliver 'better health, better care and better value' for the county's residents. The county's senior leaders have overseen delivery of the programme via regular meetings and submitted a report to regulators in November 2015 looking back on achievements in 2015/16 (such as the programme successfully reducing the number of over 85 year olds admitted non-electively for acute care) and looking forward over the next five years.

STP TRANSFORMATION FOOTPRINT

In response to regulators' requirement for systems to develop a STP for October 2016 to March 2021, the system's senior leaders commissioned an appraisal of options. They subsequently decided the 'transformation footprint' for the STP would be Northamptonshire, but local leaders would develop four place-based delivery plans around the four natural geographies within the county covered by the system's four primary care organisations (see diagram below).



DEVELOPING THE STP

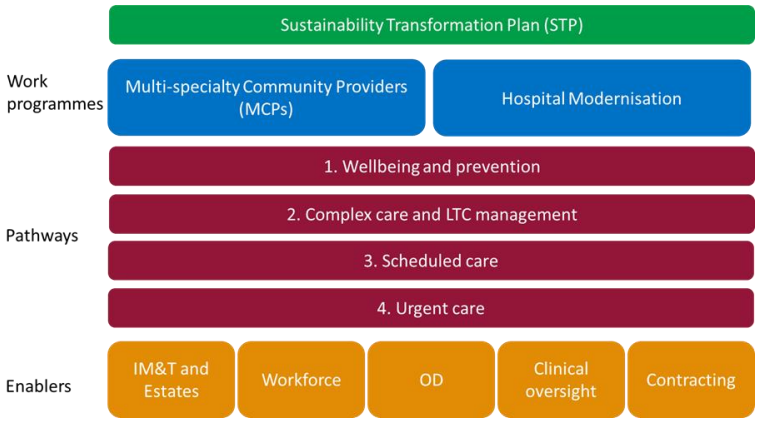
Led by John Wardell, Accountable Officer for Nene CCG, the STP will build on the Healthier Northamptonshire Programme; respond to the Better Care Fund requirement to integrate health and social care; the 'triple aim'; the NHS Mandate and the three questions set out in the planning guidance:

A. How will you close the health and wellbeing gap?
B. How will you drive transformation to close the care and quality gap?
C. How will you close the finance and efficiency gap?

To date, systems leaders have agreed a set of overarching principles for the STP:

1. Focus on prevention and wellbeing
2. Commissioning through outcomes
3. Operating at scale
4. Functional alignment
5. Integrated workforce
6. Affordability
7. New Models of Care
8. Technology

They have also established a governance structure, which comprises two programmes of work, four pathways and a number of 'enablers':



On behalf of system leaders, commissioners have invited tenders from firms to support the development of the MCP model, review acute services to recommend minimum/optimal options for future provision and for programme management support for the STP generally. Commissioners expect the successful firm to start work with system leaders in April.

IMPLICATIONS FOR NHFT IN 2016/17

As a countywide provider, NHFT will be involved in each of the place-based delivery plans within the STP. The Trust has already established working relationships with primary care organisations, both the county's district general hospitals, the county council, commissioning organisations and voluntary community services.

Although leaders have yet to confirm the overall vision and objectives for the STP and to develop the place-based delivery plans, it is likely to include the following features that might affect NHFT's operational plan for 2016/17:

- Primary and community care networks covering 30-50k patient populations, supported by integrated primary and community teams;
- A new multi-disciplinary approach to managing same-day demand for primary care;
- An extensivist approach to supporting patients with long-term/complex conditions;
- Greater clinical collaboration to provide scheduled care closer to home (where possible);
- Integrated health and wellbeing services, focussed on prevention and enabling self-care;

- Integrated intermediate care services with a single point of access to a clinical decision, advice and treatment;
- An improved model of bed-based intermediate care able to support patients 'stepping up' from primary care in crisis, following a review of local community beds provision;
- A new pathway for older people with mental health conditions (e.g. dementia, delirium, etc.) requiring bed- or home-based intermediate care;
- An 'accountable care network' for urgent care that aligns commissioners and providers together to provide more effective, efficient and coordinated urgent care;
- An expanded, Acute Hospital Mental Health Liaison Service;
- A new crisis house for people experiencing a mental health crisis; and
- Integrated health and social care services.

In addition to changes to the clinical/operational models, NHFT is involved in enabling initiatives such as the Strategic Workforce Integrated Planning and Evaluation (SWiPe) project and the development of a shared electronic patient record.

MEMBERSHIP AND ELECTIONS

In April 2015, Governor Elections were held for 24 seats, all of these seats were filled, 14 of them filled by re-elected Governors. Two further seats were up for election in December 2015 (Older Service User and Carer Governors). However, although the Older Service User seat was filled, the Carer seat became vacant due to no candidates standing.

The Younger Service User Seat is due for election by April 2016, an election will also be run for the vacant Carer seat and for the Unregistered Nurse Staff Governor seat which became vacant in January 2016. Two further (Public) Governor seats are due for election by August/September 2016 and by April 2017 (as it stands) eight governor seats are due for election.

In November 2014, the following changes were made to the Trust's constitution in order to streamline the governor election process:

- All terms of office were aligned to always start on 24th April of a given year
- Elections (from 2017) will only be run once a year (avoiding single by-elections), unless a vacancy arises within the first three months of the election date which cannot otherwise be filled
- An elected governor shall be eligible for re-election at the end of his term unless he has held office for more than eight consecutive years before his next term of office

The Council of Governors also agreed at their November 2014 meeting that for the April 2015 elections only some Governors would have a two-year term, in order to stagger the election process. This was to avoid the majority of the Council of Governors being up for election at the same time in future.

The Trust has a dedicated Governor Training and Development programme and Governors have agreed to undertake some mandatory training. Governors are also encouraged to attend the NHS Providers 'Governwell' courses and training modules are also held internally on subjects such as Finance and Business Development.

The Membership Strategy was last updated in November 2014 and stressed the important of membership engagement and involvement. It is due for a refresh in 2017 and work will start on this in late 2016 alongside the Governors' Membership and Governance sub group.

It was agreed at the January 2016 Council of Governors meeting to reduce the membership target to 1% (net gain) reducing from 2.5%. This would allow for more focus on engagement but also to keep a steady, but modest, increase in membership. The Trust commissioned a socio economic report in March 2015 to ensure recruitment was targeted to ensure a representative membership. Membership recruitment has been achieved by attending such events such as University Fresher Fairs and Careers Fairs. Governors are also frequently encouraged to recruit new members. Members have been actively encouraged to join a database managed by the Trust's Involvement Team.

In order to engage with their members, Governors are encouraged to communicate with members either via the regular Bulletin or via separate letter or email. Regular member events were held in 2015 including the Annual Public and Members meeting and events to gain members views on the Annual Plan. Regular member events will continue in 2016, including events on mental health.