The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	7 April 2021	**Agenda item:**	12
Report Title:	2021/22 priorities and operational planning guidance		
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Executive Sponsor:	Caroline Shaw, CEO		

Implications

Link to key strategic objectives
[highlight which KSO(s) this recommendation aims to support]

KSO1	KSO2	KSO3	KSO4	KSO5	KSO6
Safe and compassionate care	***Modernise hospital and estate***	***Staff engagement***	***Partnership working, clinical and financial sustainability***	***Healthy lives staff and patients***	***Investing in our staff***

Board assurance framework		
Significant risk register		
	Y/N	If Yes state impact/ implications and mitigation
Quality		
Legal and regulatory		
Financial		

Assurance route

Previously considered by:	Chief Executive's Leadership Team

Executive summary

Action required:	Approval	**Information**	Discussion	Assurance	Review

Purpose of the report:	The purpose of this paper is to provide the Board of Directors with an update on the key priority areas articulated within the 2021/22 priorities and operational planning guidance which was published on 25 March 2021 and to outline the Trust's initial response to these areas.
Summary of key issues:	The 2021/22 priorities and operational planning guidance was published on 25 March 2021. The document recognises the extraordinary efforts which the NHS has gone to over the last financial year in response to the pandemic and reflects on the as yet unknown continuing future impact of COVID-19 as we move into the next financial year. There is a recognition that the pandemic has highlighted health inequalities and that we must be mindful of our staff (health and well-being) as we move forward with restoring services and reducing the backlogs which are a direct result of the pandemic.

	Effective partnership working across systems is at the heart of the document and the agreed financial frameworks with a clear aim at supporting Integrated Care Systems to deliver their core four principles of; • Improving outcomes in population health and healthcare • Tackling inequalities in outcomes, experience and access • Enhancing productivity and value for money; and • Helping the NHS to support broader social and economic development These principles underpin the 2021/22 delivery priorities of; A. Supporting the health and wellbeing of staff and taking action on recruitment and retention Exec Lead – Deputy CEO / Director of People B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19 Exec Lead – COO / Medical Director / Chief Nurse C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services Exec Lead - COO / Medical Director D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities Exec Lead - Director of Finance / Director of Strategy E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay Exec Lead – COO F. Working collaboratively across systems to deliver on these priorities Exec Lead – Director of Finance / Director of Strategy The priorities build on those which were included within the NHS Long Term Plan (which was published in January 2019) taking into account the learning from the COVID-19 pandemic and the clear desire to build upon the progress which has been made in the last 12 months as well as a clear focus on staff health and well-being and wider societal health inequalities. Detailed implementation guidance has also been published to support delivery. The Trust's initial response to the priorities is included within this doc-

	ument. There are clear links to our Corporate Strategy and the ongoing development of our organisational clinical and estates strategies which will feed into development of the Norfolk and Waveney Clinical Strategy. Other key points to note include; <u>System</u> Subject to relevant legislation; - There will be one statutory ICS NHS body and one statutory health and care partnership per ICS from April 2022 - Through strong place-based partnerships, NHS organisations will continue to forge deep relationships with local government and communities to join up health and social care and tackle the wider social and economic determinants of health - The development of primary and community services and implementation of population health management will be led at place level, with Primary Care Networks as the building blocks of local healthcare integration - Every acute (non-specialist) and mental health NHS Trust and FT will be part of at least one Provider Collaborative - Clinical and professional leadership will be enhanced <u>Finances</u> - For the six-month period to 30 September 2021, system envelopes will be issued based on the 2020/21 funding envelopes and including a continuation of the system top-up and COVID-19 fixed allocation arrangements. - The current block contract payments approach will continue for NHS providers Capital expenditure allocations have been made to systems with an organisational prioritisation process underway similar to the prior year. The allocation includes specific RAAC emergency capital funding that has been awarded directly to QEH. <u>Elective Recovery</u> - The Government has made additional funding available to allow systems to step activity back up and so systems that achieve activity levels above set thresholds, ie the levels funded from core system envelopes, will be able to draw down from the additional £1bn Elective Recovery Fund (ERF) for 2021/22. - The threshold level is set against a baseline value of all elective activity delivered in 2019/20, allowing for available funding, workforce recovery and negative productivity impacts of the pandemic through 2021/22. For April 2021 it will be set at 70%, rising by 5 percentage points in subsequent months to 85% from July. - Acute providers' access to the ERF will be subject to meeting

	'gateway criteria' including addressing health inequalities, transformation of outpatient services, implementing system-led elective working, tackling the longest waits and supporting staff It should be noted that the plans which will be submitted need to be the product of partnership working across STPs/ICSs, with clear and transparent triangulation between commissioner and provider activity plans. Work is underway to ensure that there is a clear cross-over of the priorities articulated within the operational planning guidance with the Trust's year 2 Corporate Strategy priorities with the delivery of the six priorities integral to delivery of the organisation's priorities.
Recommendation:	The Board of Directors is asked to **note** the update.

2021/22 priorities for delivery;

A. Supporting the health and wellbeing of staff and taking action on recruitment and retention Exec leads – Deputy CEO / Director of People		
It is recognised that our people need to be at the heart of our plans for recovery and transformation and that the plans which we develop should reflect the need for staff to get the support, rest and recuperation that they need. The following asks are made;		
1	Organisations must review and refresh their people plans to reflect progress made in 20/21 as well as to show greater progress on; equality, diversity and inclusion; progress on compassionate and inclusive cultures; and increasing workforce supply	
2	**A1 – looking after our people and helping them to recover**;	- Encourage trusts to allow staff to carry over unused annual leave and offer flexibility for staff to buyback unused annual leave - Individual health and wellbeing conversations should be a regular part of supporting all staff with an expectation that a plan is agreed at least annually and should take place over the course of the first half of the year - Occupational health and wellbeing support should be available to all staff including rapid access to psychological and specialist support
	A2 – belonging in the NHS and addressing inequalities. We expect systems to:	- develop improvement plans based on the latest WRES findings, including to improve diversity through recruitment and promotion practices - accelerate the delivery of the model employer goals.
	A3 – Embed new ways of working and delivering care	- Providers should maximise the use of and potential benefits of e-rostering, giving staff better control and visibility of their working patterns, supporting service improvements and the most effective deployment of staff. Providers are asked to show how they intend to meet the highest level of attainment as set out by our 'meaningful use standards' for e-job planning and e-rostering. - Local systems are also encouraged make use of interventions to facilitate flexibility and staff movement across systems, including remote working plans, technology-enhanced learning and the option of staff digital passports.

	A4 – Grow for the future. Systems are asked to:	- Develop and deliver a local workforce supply plan with a focus on both recruitment and retention, demonstrating effective collaboration between employers to increase overall supply, widen labour participation in the health and care system, and support economic recovery. - Ensure system plans draw on national interventions to introduce medical support workers (MSWs), and make use of associated national funding, increase health care support workers (HCSWs) and international recruitment of nursing staff. - Support the recovery of the education and training pipeline by putting in place the right amount of clinical placement capacity to allow students to qualify and register as close to their initial expected date as possible. - Develop and implement robust postgraduate (medical and dental) training recovery plans that integrate local training needs into service delivery planning. - Ensure that workforce plans cover all sectors – mental health, community health, primary care and hospital services.

Building on the learning from the pandemic and the recognised work which has been done in 2020/21 specifically in relation to staff health and wellbeing and staff engagement, the following priorities for delivery have been agreed for 2021/22;

1. Retain, maintain and develop opportunities presenting from the pandemic
2. Recover and restore from the challenges presented from the pandemic
3. Restart activities paused as a result of the pandemic
4. Delivery of the Trust's People Plan and Corporate Strategy year 2 KPIs

A clear People Recovery Plan has been developed focusing on each of these areas. Underpinning workplans are in place, notably a Staff Engagement Programme for 2021/22, which sets out how the Trust will further strengthen health and wellbeing support for staff. This is being reviewed and updated in light of the operational planning guidance to ensure that all key priorities are reflected and captured, through QEH starts in a strong position, notably with fast-track access to clinical psychology support already in place, annual leave carryover agreed and plans to commence wellbeing conversations and introduce the Wellbeing Guardian position by the end of Quarter One 2021/22.

B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19 Exec lead – COO / Medical Director / Chief Nurse	
The key priority of offering a first does to the adult population by the end of July is noted. It is noted that it is not currently known for how long people who receive a COVID-19 vaccine will be protected. Whilst the Joint Committee on Vaccination and Immunisation (JCVI) will issue advice in due course and systems will need to consider:	
1	Being prepared for a COVID-19 re-vaccination programme from autumn, with high uptake ambitions for seasonal flu vaccination, alongside: • The possibility of COVID-19 vaccination of children, should vaccines be authorised for use in under 18s and recommended by the JCVI in this population • It is noted that PCNs will also have an important ongoing role in response to the pandemic that will involve the continued use of home oximetry, alongside hospital-led 'virtual wards', proactive care pathways delivered virtually in people's homes. The significance of COVID Virtual Wards is recognised. • National funding will be continued to maintain the dedicated Post COVID Assessment clinics that have been established and all systems are asked to ensure that they provide timely and equitable access to Post COVID Syndrome ('Long COVID') assessment services. • Stocktakes of both physical critical care capacity and workforce, which will inform next steps in creating a resilient and sustainable service will continue to be undertaken • All NHS organisations should ensure continued reliable application of the recommendations in the UK Infection Prevention and Control guidance to reflect the most up-to-date scientific understanding of how to prevent and control COVID-19 infection.

The Trust has delivered a robust response in relation to delivery of COVID vaccinations to our staff and local community with the establishment of a hospital vaccination hub and a vaccination centre at Downham Market. The Trust will continue to flexibly respond to the needs of the vaccination programme as we move forward with a clear focus on patient and relative experience. Plans for delivery of the flu vaccination programme for 2021 are in development.

	C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services Exec lead – COO / Medical Director	
1	**C1 - Maximise elective activity, taking full advantage of the opportunities to transform the delivery of services**	Systems are asked to rapidly draw up delivery plans across elective inpatient, outpatient and diagnostic services for adults and children (including specialised services) for April 2021 to September 2021 that: o maximise available physical and workforce capacity across each system (including via the Independent Sector- IS), learning from other systems and taking into account the high-impact changes including adapting the ward environment to enhance flow and physical segregation of patients,1 segregating elective care flow through the hospital and developing service transformation initiatives to drive elective recovery o prioritise the clinically most urgent patients, eg for cancer and P1/P2 surgical treatments o incorporate clinically led, patient focused reviews and validation of the waiting list on an ongoing basis, to ensure effective prioritisation and manage clinical risk (drawing on both primary and secondary care) o include actions to maintain effective communication with patients including proactively reaching out to those who are clinically vulnerable o address the longest waiters and ensure health inequalities are tackled throughout the plan, with a particular focus on analysis of waiting times by ethnicity and deprivation o safeguard the health and wellbeing of staff, taking account of the need for people to recover from what they have been through Systems are asked to plan for the highest possible level of activity
2	**C2 - Restore full operation of all cancer services**	Local systems, drawing on advice and analysis from their Cancer Alliance, will ensure that there is sufficient diagnostic and treatment capacity in place to meet the needs of cancer to: • return the number of people waiting for longer than 62 days to the level we saw in February 2020 (or to the national average in February 2020 where this is lower) and • meet the increased level of referrals and treatment required to address the shortfall in number of first treatments by March 2022.

		The Cancer Alliance will draw up a single delivery plan on behalf of the ICS for April – September 2021. Systems will be expected to meet the new Faster Diagnosis Standard from Q3, to be introduced initially at a level of 75%.
3	**C3 - Expand and improve mental health services and services for people with a learning disability and/or autism**	Local systems are expected to deliver the mental health ambitions outlined in the Long-Term Plan.

4	**C4 - Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review**	Significant detail is included within the technical guidance. The key areas of focus include;
		• Implementation of the actions from the Ockenden report
		• Recovery of the maternity care pathway
		• Delivery of transformation including;
		  o Ensuring every woman is offered a personalised cane and support plan
		  o Implementation of the Saving babies lives care bundle
		  o Make new NHS smoke free pregnancy pathways available for up to 40% of maternal smokers by March 2022
		  o Embed maternal medicine networks
		  o Embed the offer of continuous glucose monitoring
		  o Implement local neonatal improvement plans
		  o Ensure all maternity staff receive multi-disciplinary training
		  o Put in the building blocks to ensure that continuity of carer is the default model of care offered to women by March 2023;
		  - Undertake a birth rate plus assessment
		  - Co-design a plan for implementation of continuity of carer teams
		  - Prioritise those more likely to experience poor outcomes first
		  - Develop the ability to measure progress electronically and report to the Maternity Services Dataset
		  - Develop an enhanced model of continuity of carer which provides for extra midwifery time for women from the most deprived areas
		  o Following publication of a national perinatal equity strategy work with the LMS to submit an equity analysis

The Trust has submitted plans for elective delivery for quarter 1 2021/22 and is now reviewing them in light of the publication of the operational planning guidance. Building on the opportunities which are offered by Sandringham, we will continue to embed the work which has happened in relation to clinical prioritisation. Recognising that elective recovery will be a key focus for the Norfolk and Waveney system, we are actively participating in the key system forums including those focused on whole pathway transformations such as musculoskeletal (MSK) and will continue to embed the learning from the pandemic in relation to outpatient transformation.

Delivery of care for patients on a cancer pathway has been a priority for the Trust throughout the pandemic and we are actively engaged with the Cancer Alliance and Intensive Support Team to improve our performance against the cancer standards including introduction of the Faster Diagnosis Standard.

Links with NSFT continue to be developed to ensure that we maintain a clear focus on patients requiring mental health support.

The Board are sighted on the work which has been undertaken in relation to delivery of the recommendations of the Ockenden Review. This remans a clear priority for the organisation.

D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities Exec Lead – Director of Strategy / Director of Finance Key actions in 2021/22;		
1	**D1 - Restoring and increasing access to primary care services**	
2	**D2 - Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities**	- Systems are encouraged to adopt population health management techniques as part of their targeted recovery strategies, aiming for equitable access, excellent experience and optimal outcomes for all groups The following priorities are articulated; - Priority 1: restore NHS services inclusively - Priority 2: mitigate against digital exclusion - Priority 3: ensure datasets are complete and timely - Priority 4: accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes Preventative programmes and proactive health management for groups at greatest risk of poor health outcomes should be accelerated including; - On-going management of long term Conditions - Implementing continuity of carer for at least 35% of women - Priority 5: strengthen leadership and accountability

The Trust continues to work proactively with primary care colleagues via a range of forums including the Local Delivery Group and local Clinical Leadership Group (first meeting to take place in April 2021.) Alongside this the Trust is engaged in key discussions in relation to future use and development of the local primary care estate including development of a community hub within Kings Lynn.

The Chief Executive is the SRO for health inequalities across Norfolk and Waveney. The Trust is working collaboratively with Public Health to ensure visibility of our local population data to identify the needs of our local communities who experience inequalities in access, experience and outcomes. Via the Local Delivery Group, this work is being driven forward with a clear focus on the development of population health management and linkages to the local Primary Care Networks.

E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay Exec Lead – COO		
1	**E1 - Transforming community services and improve discharge**	- Every system to set out plans to accelerate the rollout of the 2-hour crisis community health response at home to provide consistent national cover (8am-8pm, seven days a week) by April 2022 - All providers should continue to deliver timely and appropriate discharge from hospital inpatient settings and seek to deliver an improvement in average length of stay with a particular focus on stays of more than 14 and 21 days.
2	**E2 - Ensuring the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments**	Systems should: - promote the use of NHS 111 as a primary route into all urgent care services - maximise the use of booked time slots in A&E 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 - maximise the utilisation of direct referral from NHS 111 to other hospital services (including SDEC and specialty hot clinics) and implement referral pathways from NHS 111 to urgent community and mental health services - 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
3	Systems are asked during Q1 to roll out the Emergency Care Data Set (ECDS) to all services and implement the collection of those measures that are not already in place, including; - the time to initial assessment for all patients presenting to A&E - the proportion of patients spending more than 12 hours in A&E from time of arrival - the proportion of patients spending more than one hour in A&E after they have been declared Clinically Ready to Proceed.	

Proactive engagement and work continues with key system partners in relation to admission avoidance and ensuring effective use of alternative pathways of care. Supported by a clear internal focus and transformation programme of work (within the PMO delivery plan for this year) prioritising improvements in inpatient pathways and reducing delays in discharge. Work continues to embed the ethos and delivery of Same Day Emergency Care and to further improve frailty pathways of care.

F. Working collaboratively across systems to deliver on these priorities Exec Lead – Director of Strategy / Director of Finance Key actions in 2021/22;		
1	**F1 - Effective collaboration and partnership working across systems**	ICSs will be asked to set out, by the end of Q1, the delivery and governance arrangements that will support delivery of the NHS priorities set out above. These must be set out in a memorandum of understanding (MOU) and agreed with regional NHS England and NHS Improvement teams.
2	**F2 - Develop local priorities that reflect local circumstances and health inequalities**	• systems are asked to develop their own set of local health and care priorities that reflect the needs of their population, aligned to the four primary purposes of an ICS: - improving outcomes in population health and healthcare - tackling inequalities in outcomes, experience and access - enhancing productivity and value for money - helping the NHS support broader social and economic development.
3	**F3 - Develop the underpinning digital and data capability to support population-based approaches**	
4	**F4 - Develop ICSs as organisations to meet the expectations set out in Integrating Care**	
5	**F5 - Implement ICS-level financial arrangements**	- For the six-month period to 30 September 2021, system envelopes will be issued based on the H2 2020/21 funding envelopes and including a continuation of the system top-up and COVID-19 fixed allocation arrangements. - The total quantum will be adjusted to issue additional funding for known pressures and key policy priorities (including inflation, primary care and mental health services). - The current block contract payments approach will continue for NHS providers

Building upon the existing ICS arrangements, the Trust continues to proactively engage in discussions and developments at a system level. System delivery priorities have been established by the Strategic Partnership and Transformation Group. These will now be refined in light of the publication of the operational planning guidance and themed to ensure that they are a true reflection of the system priorities aligned to delivery of the agreed principles. Key to delivery of these priorities is on-going digital development across the system. Robust engagement continues to support the transition of the ICS to a formal footing alongside delivery of a system approach to the management of financial resources.