

**Guy's and St Thomas' NHS Foundation Trust
Operational Plan 2016/17**

**For publication version
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This plan is written according to the '*NHS Improvement guidance on provider operational plans 2016/17*' published by national NHS bodies in December 2015.

It is subject to Board and Council of Governor sign-off.

It is also subject to change:

- as we finalise our specialised services contract with NHS England;
- in line with ongoing negotiations with NHS Improvement/ Monitor regarding our portion of the Sustainability and Transformation Funding, the control total and associated caveats;
- as we review our five year plan assumptions in line with emerging Sustainability and Transformation Plans.

We are facing a year of unprecedented uncertainty for purchasers in the NHS with major constraints on NHS funding. This, combined with the scale of internal efficiency savings the Trust needs to make, means there are substantial risks to the Trust achieving this plan. We are however committed to delivering the plan and we will work with national NHS bodies and health and social care partners to address the challenges we all face.

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1. Activity and performance plans

This section sets out our activity and capacity assumptions for 2016/17. These align with our financial plan. It includes an assessment of the main risks and issues we face and our plans for achieving access standards.

1.1 Overall approach

Every year we assess demand for our elective (planned) services. We take account of

- increases in the levels of referrals received over the past year;
- the volume of patients we treated the year before;
- changes in the numbers of patients waiting for both outpatient and inpatient treatment;
- recurrent¹ and non-recurrent² demand.

Individual services develop activity plans and we then compare these with a Trust-wide assessment to enable us to identify any gaps in provision.

We have seen growth rates in demand for our services in excess of 10% during 2015-16, so it is important to make the right assumptions about future referral growth. We work to agree reasonable assumptions with our lead commissioners, taking into account any jointly agreed planned work to reduce demand (“demand management measures”).

We compare the expected changes in activity to capacity in key areas such as theatres, beds and critical care. We also factor in known service/ activity changes and we plan for different levels of productivity improvement.

1.2 Results of analysis

Elective: Our expected volume (outturn) for elective (planned) activity in 2015-16 was 9% higher than 2014/15. However, this will continue to be insufficient, in aggregate, to meet recurrent demand. The overall shortfall is around 2%.

Our plan for 2016/17 includes an 8% increase over 2015/16 activity. With no further increases in referrals, this would enable us to address, in aggregate, the majority of our backlogs and enable us to meet national waiting time standards.

However, given the uncertainty over future provision of services in many of the different health economies that we serve, we anticipate continued referral growth. Our modelling suggests that we could absorb a further 5% growth and still expect to sustain waiting time standards. However, growth above this level will mean waiting times increasing and there is a risk that we cannot meet waiting time standards.

New outpatients: Our expected volume of outpatient activity in 2015-16 will be 8% higher than 2014-15. Our planning assumptions assume further growth of 8% in 2016-17.

As with elective activity, this will enable us to reduce waiting times and absorb up to 5% referral growth. Referral growth above this level will mean that we may not be able to see all patients within national waiting time standards.

¹ Recurrent demand: Ongoing demand and the associated activity we need to deliver to sustain waiting lists

² Non-recurrent demand: Activity needed to reduce waiting lists

Other activity: Our plan assumes 2% increases in non-elective (emergency) demand, 1% for maternity, 5% for non-admitted diagnostics, 3% for chemotherapy, 2% for radiotherapy, 4% for follow-up outpatient attendances, and 2% for community services.

1.3 Risks and issues

We have identified significant risks to the delivery of this activity plan as set out below and the Board has reviewed this analysis. We are currently developing options/ mitigating plans for: theatre capacity, critical care capacity, workforce supply and how we prioritise limited capital funding. These will include short-term options and longer-term plans linked to our strategic intentions outlined in section 5.

- **Workforce:** Recruiting and retaining sufficient staff to enable us to make optimum use of our physical facilities, as per national workforce trends. This is an issue across a range of specialties but particularly applies to: the staffing of an additional theatre at Guy's; staffing an additional procedure room for the Evelina London Children's Hospital; nursing staff; critical care staff; theatre staff; district nursing; community rehabilitation teams; and clinicians in some of our highly specialised areas.

Our capacity assumptions also assume that we will increase the number of operations we do at the weekend. This is reliant on being able to staff extra theatre sessions. Our bed-usage assumptions also imply higher overall occupancy. Planned increases in NICU³ and children's critical care are similarly dependent on recruitment.

We are exploring whether we could develop models of delivery with other hospitals within our networks to address these risks.

- **Capital schemes:** Our plan is predicated on the timely delivery of the following capital schemes affecting clinical services: new operating facilities, the re-development of the Emergency Department and the opening the new Cancer Centre at Guy's. In the short term, any delays may adversely affect our ability to sustain waiting time standards.
- **Occupancy levels:** All services are expected to operate at high levels of occupancy with associated productivity gains of 2-3%. This means that opportunities to exceed planned levels of activity are limited. Downside risks, such as disruption to normal activity, are also much higher.
- **Urology and ENT:** Two services are pivotal to meeting RTT⁴ and cancer waiting time standards – Urology and Ear Nose and Throat (ENT) services. These face particular challenges in treating increased volumes of patients.
- **Bed demand:** We have continued to increase the utilisation of our inpatient beds in 2015/16. The development of our @home, pal@home⁵ and Enhanced Rapid Response⁶ community services have been critical (for example we have managed a 37% increase in emergency admissions in over 75 year olds within our current bed capacity) – see 5.2.1. Following the success of these schemes we are making them part of our 'business as usual' services in 2016/17. Our local commissioners in

³ Neonatal Intensive Care Unit

⁴ Referral to Treatment: RTT times are national waiting time standards

⁵ @home – our acute rapid response nursing service provided 7 days per week in patients' homes.

pal@home – 7 day a week evening and night nursing service for palliative care/ seriously unwell patients

⁶ Enhanced Rapid Response – a home-based rehabilitation service to support people recover from illness in their own homes, and prevent hospital admission.

Lambeth and Southwark are providing support and investment. However, continual pressures on social care services are expected to cause delays to hospital discharges for medically fit patients.

- **Referral growth:** The very high levels of referral growth experienced since 2014/15 have, in part, been associated with service disruption in neighbouring health sectors. Our plan allows for a further increase of up to 5%, but our ability to predict these patterns is limited.
- **Commissioner affordability:** Our plan is predicated on being able to treat more patients in line with additional demand/ referrals we receive. However this, in turn, relies on funding to match. We recognise that 7-8% increases in funding represent significant affordability challenges to our commissioners.

1.4 Compliance with national performance standards

In relation to the key national performance metrics this means:

- **A&E** – We expect compliance with national standards for Quarters 1 and 2 but not compliance in Quarters 3 and 4. This is because of the impact of the ongoing redevelopment of our A&E department during the busy winter period. It also accounts for the 10% unexpected increase in A&E attendances that we experienced in Quarter 4 of 2015/16 and which appears to be a national issue.

We have a recovery plan to address these factors which includes improving how patients move from A&E to our wards and how we manage their discharge from hospital. The expectation is that we achieve compliance with the national A&E standard once the A&E redevelopment has been completed.

- **Referral To Treatment⁷** – We plan to meet waiting time standards from June onwards but the junior doctor strikes in April will mean we need to cancel planned (elective) operations and outpatient appointments, impacting on our waiting times. We plan to recover performance by the end of Quarter 1.

However, we have also faced a significant increase in referrals during 2015/16. As described, our activity plan reflects this growth and the level of activity required to deliver sustained performance against waiting time standards. However, there is a continuing risk that demand will exceed our planning assumptions. If this happens, we will agree contingency plans with our commissioners.

We do not expect any patient to wait over 52 weeks. This will therefore only happen in a small number of cases, usually due to patient choice.

- **Cancer** – We expect to comply with all cancer standards, except the 62 day standard which is adversely affected by late referrals from other hospitals. We continue to work closely with commissioners and other hospitals in south east London to improve the timeliness of referrals. We have already implemented a new method for identifying potential referrals and agreed a number of timed pathways for specific tumours. We expect to move to a fully compliant position with this standard once 85% of external referrals are received in line with locally agreed timescales.

⁷ RTT (Referral to Treatment) times are national waiting time standards. Currently 92% of patients must be treated within 18 weeks.

- **Diagnostics** – We have developed a recovery plan to improve diagnostic waiting times in Quarter 1. We plan to meet all waiting time standards from July onwards, although there are risks that increased demand could make this impossible. The impact of new NICE⁸ guidance on cancer diagnostics is also uncertain.

2. Quality plans

This section outlines our approach to quality plans, our priorities for 2016/17, how we measure and assure delivery, our plans to increase seven day provision and governance processes.

2.1 Our approach

Our ambition is to provide patients with care that is demonstrably safe, highly effective and where excellent patient experience is at the heart of everything we do.

We continue to manage the delivery of safe and effective care alongside the delivery of financial and access targets. As with all NHS organisations, balancing the need to deliver high quality care in the context of increasing demand and complex patient needs, whilst increasing productivity, is a continual challenge. In addition we face challenges with staffing and the financial environment which means that we cannot invest in our facilities and capacity as much as required.

In recognition of the increasing complexity in the healthcare environment, we plan to develop a new Quality Strategy. This will include:

- how we plan to deliver our quality priorities for 2016/17 (see below);
- our plans to achieve national and local quality standards (including the London Quality Standards);
- our response to our recent Care Quality Commission (CQC) inspection (see below);
- national and regional corporate and service assurance and data requirements (including publications relating to mortality and the new analyses of avoidable deaths required by NHS England).

The Trust has an established methodology for improvement. The *Fit for the Future* (FFF) programme places the continuous improvement of quality, safety and efficiency at the heart of everything we do (see 5.3). This includes building the capability required to inspire and deliver change. Workstreams support staff to deliver a range of quality, efficiency and patient experience improvements. We are also increasingly using information technology to support reviews of clinical practice as part of our commitment to continuous improvement.

The Trust has developed a School of Improvement and we have a key role in leading the King's Health Partner's Faculty of Healthcare Improvement, part of our Academic Health Sciences Centre.

⁸ National Institute for Clinical Excellence

2.2 Quality priorities for 2016/17

We actively engage staff, lead commissioners, governors and the public in developing our quality priorities. We draw on the direct feedback we receive from patients and staff, recommendations for action emerging from incidents and NCEPOD⁹ and NCAPOP¹⁰ results, as well as our assessment of risks in the organisation.

This year we will draw upon the findings of our recent CQC inspection. We were rated “Good” overall and “Outstanding” for:

- providing caring services;
- services provided for children and young people at Evelina London Children’s Hospital on the St Thomas’ site;
- the Emergency Department (A&E) at St Thomas’.

The CQC found three areas where we need to improve. These were:

- Undertaking and documenting venous thrombosis¹¹ assessment in maternity services.
- Ensuring midwifery staffing levels are sufficient so women are cared for in the most appropriate environment.
- Ensuring governance links between surgical directorates are effective so learning and concerns are shared in a timely way.

We have responded to the action notices and submitted a detailed action plan to the CQC. These will be discussed at the CQC Quality Summit and the Trust’s Quality and Performance Committee in April.

Quality priorities – These are subject to sign-off by the Trust Board.

Safety

We will:

- achieve the 2016/17 CQUIN for the identification and treatment of sepsis
- demonstrate that we have embedded the five steps of World Health Organisation surgical safety methodology
- ensure that all appropriate patients are risk assessed for dementia
- ensure that all appropriate patients have an assessment for their risk of venous thrombosis

Effectiveness

We will:

- achieve the 2016/17 CQUIN for reducing the use of antibiotics
- reduce the number of obstetric and anal sphincter injuries (as part of the *Sign Up to Safety* programme)
- develop new clinical models that improve outcomes for patients through the use of

⁹ National Confidential Enquiry into Patient Outcome and Death

¹⁰ National Clinical Audit and Patient Outcomes Programme

¹¹ Venous thrombosis – a blood clot

electronic systems, including patient records

- improve care for the deteriorating child (as part of the *Sign Up to Safety* programme)

Experience

We will:

- ensure that all patients receive the fundamentals of care, with a particular emphasis on excellent nutrition and pain management
- continue to improve the Trust's response to complaints
- improve medicines management at the time of discharge (as part of the *Sign Up to Safety* programme)
- implement the national *Ambitions for Palliative and End of Life Care* framework

2.3 Measurement and assurance

Our aim is to be a transparent and open organisation, particularly in the way we respond to incidents and public complaints, and how this informs service development. Delivery of our quality priorities is embedded in all quality improvement work. Progress is reported in the Integrated Quality and Performance Report (IQPR). In 2016/17 we plan to review the function and structure of our cross-organisational governance system, drawing on recent lessons learned and informed by patients, governors, commissioners and stakeholders.

The quality and assurance team feeds back monthly to clinical directorates on the investigation, reporting and actions required in response to complaints. The team monitor the quality of feedback to our patients and carers, as well as to commissioners. The quarterly Quality and Performance Committee quantitatively and qualitatively reviews incidents and complaints. The Board also reviews a selection of patient stories, illustrating how we identify the potential for quality improvement from considering people's experience.

Quality assuring Cost Improvement Plans (CIPs): Our CIPs are identified by clinical and corporate directorates and *Fit for the Future* (FFF) workstreams as part of the Trust's business planning processes. Many directorates contribute to delivery so "speed dating" sessions are held, giving directorates, finance leads and FFF workstream leads the opportunity to discuss plans and share any concerns about deliverability or quality impacts.

Every CIP is recorded on a standard template and discussed as part of directorate management team meetings, monthly Performance Review Meetings (PRMs) and as part of all other governance meetings with a responsibility for quality (see 2.5). These processes ensure there is senior support and approval. As part of the Quality Impact Assessment, a project lead and sponsor is identified for every CIP. Directorates assess plans against patient safety, clinical effectiveness and patient experience risks, resulting in an overall risk score. Every CIP is then reviewed by the Chief Nurse and Medical Director for their formal approval or otherwise.

CIPs developed in year (outside of the business planning process) are also consolidated on a monthly basis. These then go through the same governance structure, including scrutiny by the Chief Nurse and Medical Director.

2.4 Seven day services

Our HSMR¹² performance is above the national average – we do not have a difference between weekday and weekend HSMR and SHMI¹³ performance. However, the Trust has made significant additional investment to support seven day services, for example a seven day endoscopy service was implemented in 2015/16. Affordability within tariff (the amount we are paid) is a key constraint but our 2016/17 priorities are:

- **Radiology** – Consult on and trial Saturday elective routine consultant-led diagnostics; provide CT, MRI, Ultrasound and Plain Film diagnostics on a Saturday; provide MRI 8am-8pm, Monday - Friday; provide enabling imaging support for vascular theatre and children's MRI services; and agree nuclear medicine and medical physics support.
- **Critical care** – Fully implement paired Consultant rotas for 24/7 cover; develop the new enhanced resilience model for critical care outreach/ the acutely unwell patient pathway; and pilot tele-medicine in critical care as part of implementing new 24/7 consultant-led multi-disciplinary models of care.
- **Theatres** – Continue to increase the use of elective theatres over extended days plus Saturdays, moving to Sundays. Increasing elective weekend work will, in turn, continue to increase the critical mass of senior clinical staff on-site.
- **Surgery** – Recruit substantive consultant emergency surgeons to implement the new model piloted with locums in 2015/16. This will increase the efficiency of emergency pathways and increase hours of consultant cover on-site. We opened short stay emergency surgical assessment beds in 2015/16.
- **Maternity** – Have 12.5 hours weekend obstetric consultant presence on the labour wards.

Implementing seven day services is underpinned by our Adult Local Services work such as @home and pal@home (see 5.2.1). We are working with SELDOC (the local out of hours GP services) to regularise their arrangements supporting @home and the Urgent Care Centre. We plan to review options to directly employ GP resource.

2.5 Monitoring indicators

Quality, workforce and financial indicators are developed, agreed, measured and triangulated through the following governance and management structures.

Performance Reviews: Clinical directorate management teams (Clinical Director, Head of Nursing, General Manager, HR Business Partner, Senior Finance Manager) meet the senior operational team monthly at Performance Review Meetings (PRMs). The agenda covers quality, safety and risk, business planning and finance, operational performance (such as cancer, A&E, diagnostics and elective waiting times), workforce and strategic milestones. Executive Director Reviews take place with each directorate twice a year.

Integrated Quality and Performance Report (IQPR): All indicators are reported in the monthly IQPR. This is reviewed monthly at the Trust's Management Executive and quarterly at Board meetings.

¹² Hospital Standardised Mortality Ratio – an indicator of healthcare quality that measures whether the mortality rate at a hospital is higher or lower than you would expect

¹³ Summary Hospital-level Mortality Indicator – an indicator which reports on mortality at trust level across the NHS in England using a standard and transparent methodology

Board oversight and guidance: All quality, workforce, performance and financial indicators are discussed in detail at the Trust's Quality and Performance Committee. We also have Board Committees that oversee Evelina London Children's Services, Cancer Services and Adult Local Services, and where subject experts are involved in detailed discussions and analysis.

Governor oversight: Our Governors provide expert patient and public insight as members of the Quality and Performance Committee and at the dedicated Quality and Engagement Governor Working Group. They are present at public Board meetings and their feedback informs decisions about service development.

Risk register: Each directorate's risk register is reviewed by the quality and assurance team as part of PRMs. The Trust Board discuss the Board Assurance Framework, which sets out the main organisational risks, at dedicated Board sessions twice a year.

3. Workforce plans

Workforce planning is an integral part of our performance and management culture and strategic plans, integrated into a number of systems and processes. This section outlines our workforce planning processes including productivity and transformation plans.

3.1 Workforce Strategy

In 2016/17 we will continue implementation of our Workforce Strategy 2015-2020 focussing on: leadership and innovation; a flexible and responsive workforce; recruitment and retention; and education and training.

The strategy was developed with wide engagement and consultation aligned with the Clinical Strategy, IT and Estates and Patient and Public Engagement strategies.

3.2 Workforce planning process, governance and assurance

Workforce planning is integrated within our business planning cycle, supported by HR Business Partners and aligned to the Workforce Strategy. As part of this:

- We hold facilitated sessions to discuss workforce issues including recruitment and retention, activity plans, education requirements and the delivery of key performance indicators.
- HR Business Partners within clinical directorates analyse workforce changes at a local level. This is then aggregated to a Trust wide position.
- Directorate business plans consider growth as well as options to develop new roles and new ways of working with the associated training implications.
- We consider the workforce implications of all business cases and service changes. The Director of Workforce is represented on Trust wide planning groups for service development, growth and capital plans.
- The Trust workforce planning submission to Health Education South London (HESL) is dovetailed with our internal business planning cycle. This assesses workforce plans over five years supporting sector and national education commissioning and planning intentions. The HESL plan is signed off by Trust professional leads, the Board and shared with commissioners.

- Workforce planning is an integral part of the Evelina London Children's Services, Cancer and Adult Local Service Board Committees. These Committees oversee local workforce strategies, including transformation and risk management.

These structures and processes ensure the impact of proposed developments on existing and future workforce requirements are properly considered. In addition:

- All workforce risks are reviewed monthly.
- Action plans for reducing amber and red rated risks are monitored on a quarterly basis by the workforce senior team.
- High level risks are reported to Trust Management Executive and subsequently added to the Board Assurance Framework.

Workforce intelligence is used regularly to help the Trust make decisions. We have a number of integrated workforce dashboards which triangulate workforce information, clinical quality and safety metrics:

- Workforce is included as part of the IQPR (Integrated Quality and Performance Report).
- Safe nurse staffing levels are monitored continuously, supported by a twice-daily assessment of patient acuity. Heads of Nursing report monthly on safer staffing levels. This is included in the IQPR. Nursing workforce plans are reviewed twice a year by the Trust Board.
- As part of '*Showing we care about speaking up*' we encourage and support all staff to speak up about any concerns they have about patient safety or the way the Trust is run.
- Nursing scorecards triangulate workforce information with other quality metrics.
- Workforce intelligence and Key Performance Indicators (KPIs) are reported at the Trust Board and are standing items on Performance Review Meetings (PRMs). Metrics include vacancy and sickness levels and temporary staffing.

3.3 Education and Training

Our aim is to identify the education and training needs of our current and future workforce, equipping them with the skills and flexibilities that are required in the changing health and social care environment. Our education and development plans are developed and updated through:

- Trust level analysis of organisation-wide educational and training needs.
- "Rapid improvement events" where we are able to capture information on short, medium and long term pressures linked to service improvement.
- Analysis and discussion about training needs at clinical/corporate directorate Performance Review Meetings.

Our plans are designed around the London Workforce Strategic Framework and our own Education Strategy in 2016/17 there will be a focus on:

- Development of our existing workforce to mitigate current workforce challenges (see 1.3).
- Delivery of new models of care.

- Ensuring staff have the rights skills/ competencies to deliver effective, safe services.
- Exploring opportunities arising from the *Shape of Care* review and *Shape of Training* report and the introduction of the Apprenticeship Levy.

As a Vanguard pilot with Dartford and Gravesham, we are also exploring opportunities for greater collaboration and shared learning and resources (see 5.2.7).

3.4 Local Health Economy planning

We are involved in shaping sector workforce plans through the Health Education South London (HESL)¹⁴ professional group scrutiny meetings. We are represented on the HESL Board and the Workforce Planning Advisory Group. We are also linked with local strategies involving local workforce transformation and innovation across Lambeth and Southwark and as part of Our Healthier South East London (OHSEL) (see section 5). Local commissioners receive regular workforce information and updates as well as an annual update on our workforce plans.

Our Acute Care Collaboration Vanguard is described in 5.2.7. There are significant workforce implications as the programme is seeking to test ways to manage a scarce specialist resource across a wider “place-based” footprint.

The implementation of digital solutions will enable better and faster access to specialist opinion, but will require a redesign of roles and approaches to working practice.

3.5 Productivity, innovation and transformation

Our staff remain some of the most engaged and happiest at work in the NHS and our investment in their development and well-being is at the core of our success.

We have a strong emphasis on productivity, innovation and transformation partly driven by the need to manage workforce costs whilst maintaining quality and safety. We have embedded continuous improvement through *Fit for the Future* such as training front line staff in process improvement tools and developing a workforce redesign toolkit.

Examples of innovation and transformation include the introduction of Physician Assistants and Advanced Practitioners. We are reviewing the potential to develop a Buurtzorg style homecare nursing model – a nurse led system of care from the Netherlands (see 5.2.1).

As well as local innovation and transformation projects, we have central systems of improvement, including investment in new electronic tools such as our e-roster system for nursing. Maximising patient contact time for front-line nursing midwifery and health visitors is a priority. Our work to reduce our temporary staffing spend has shown early success, delivered through a range of initiatives including expansion of our in-house staff Bank, increased flexible working and scaling up our recruitment activity in innovative ways.

¹⁴ Health Education South London commission education services for south London on behalf of Health Education England

4. Financial plans

4.1 Summary position

Our Strategic Plan (2014 -2019) outlined the very challenging environment the Trust is operating within. Our financial planning assumptions highlighted that we needed to make £331 million savings over five years.

We have already made good progress to improve efficiency and reduce cost. We have achieved savings of over £115 million in the last two years (2014/15 and 2015/16).

Following careful consideration, the Trust Board is submitting a plan to deliver an underlying surplus of £3.6 million (after factoring in capital donations, this is a £30.8 million surplus). This includes £19.2 million general Sustainability and Transformation Funding offer from NHS Improvement (see 4.3).

However, we are facing a year of unprecedented uncertainty for purchasers in the NHS with major constraints on NHS funding. This, combined with the scale of internal efficiency savings the Trust needs to make, means there are substantial risks to the Trust achieving this plan and we will need to deliver savings above the level achieved in the last two years. There is therefore still considerable uncertainty and risk inherent in this plan as set out below. We are however committed to delivering the plan and we will work with national NHS bodies and health and social care partners to address the challenges we all face.

4.2 Financial planning assumptions

In setting our financial plan we use a number of planning assumptions. This year these have included assumptions about:

- the proportion of the Sustainability and Transformation Fund the Trust will receive in 2016/17;
- the impact of moving to a new tariff payment system,
- commissioner QIPP targets¹⁵ and CQUIN¹⁶ funding;
- the financial impact of planned capital developments

In parallel, we negotiate contracts with our commissioners using the activity assumptions outlined in section 1. There are significant income risks associated with several of these contracts, particularly our specialised services contract with NHS England. Although we have factored known changes to our income into the plan, negotiations are ongoing.

4.3 The Sustainability and Transformation Fund

This year a Sustainability and Transformation Fund has been established to help NHS Trusts (particularly hospitals treating emergency patients) achieve financial balance. Receiving these funds is dependent on achieving specific financial, access and

¹⁵ Quality, Innovation, Productivity and Prevention (QIPP). QIPP targets are financial incentives used by commissioners to promote change and improvement in these areas.

¹⁶ CQUIN: Commissioning for Quality and Innovation (CQUINs) payments are designed to incentive quality and innovation improvements

transformation milestones, linked to delivering NHS England's Five Year Forward View strategy.

Negotiations about our portion of the fund, and associated caveats, continue. Our current plan is based on the Trust receiving £19.2 million with a control total of £12.5 million (the underlying surplus of £3.6 million plus £8.9 million depreciation on donated assets).

4.4 Delivering our financial plan

The following will help us deliver the extremely challenging financial plan:

- **Refreshed *Fit for the Future* programme (see 5.3):** This will continue to support directorates to deliver quality safety and efficiency improvements. The programme will also support the delivery of change across the local health economy.
- **Carter's productivity Review:** *Fit for the Future* also includes delivery of the recommendations in Lord Carter's review of productivity and efficiency opportunities in the NHS.
- **Internal financial recovery:** We are commissioning external support to advise directorates and the financial recovery team on additional efficiency opportunities, our approach and information requirements. We continue to place great importance on internal ownership, leadership and maintaining a positive culture and attitude so we can deliver quality, safety and efficiency improvements in parallel.
- **Procurement:** We will continue to improve procurement processes, including implementing a new internal system to provide staff with better information to influence spending across the Trust.
- **Agency spend:** We continue to focus on reducing agency spend, including thorough compliance with the national agency cap.
- **Linking with Sustainability and Transformation Plans:** In the first quarter of 2016/17 we will refresh our five year financial planning assumptions aligned with our refreshed strategic priorities, linked to emerging Sustainability and Transformation Plans (see section 5).

4.5 Financial risks

This year our plan remains subject to change as there are several significant risks and uncertainties. These include:

- Agreeing our specialised services contract with NHS England. Over 40% of our clinical income comes from specialised services so not having agreed this is a significant risk.
- Ongoing negotiations with NHS Improvement regarding our portion of the Sustainability and Transformation Fund and our associated control total.
- Linked to the above, the ongoing issue that commissioners cannot afford the levels of forecast activity that we will need to deliver to achieve national waiting time standards.
- If demand exceeds our activity plan, then the need to outsource activity to deliver national standards, is likely to cost more, increasing the overall financial challenge.
- The impact of reductions to Local Authority Public Health funding. This specifically relates to sexual health services, health visitors and prevention services. We are

working in partnership with Local Authorities to minimise the impact on service provision, service quality and population health.

- Identifying and delivering our savings plan at pace.
- Our, and our partners, ability to deliver savings opportunities identified by Sustainability and Transformation Plans.

We will continue to quantify and assess all these risks in partnership with our commissioners, NHS Improvement and local delivery partners (see section 5).

4.6 Capital plans

Our 2016/17 capital programme priorities underpin the delivery of our clinical strategic ambitions.

Capital programme priorities for 2016/17 – the majority of our plans are carried forward from 2015/16.

Strategic development	Description
Emergency Floor (Emergency Care Pathway) – expected completion mid 2017	Redevelopment of St Thomas' A&E. This includes a new service model for emergency care supporting the new older person's care pathway. It will help us achieve the 4 hour A&E target and mitigate service pressures in the long-term, although building work will pose short-term delivery issues in 2016/17 (see 1.4).
Cancer Centre at Guy's – due for completion in 2016	To provide world-class cancer treatment facilities in an ambulatory care environment, with co-located research facilities.
PET (Positron Emission Tomography) Redevelopment. Phase 2 is due for completion in 2017	New patient facilities and a state of the art imaging suite with two PET CT scanners and the UK's second PET-MRI scanner. We are constructing a new cyclotron and radiochemistry facility to support this.
Expansion of Evelina London Children's Hospital – projected completion in summer 2017	To accommodate growth in local and specialised children's services. It also defines the first stage of our longer term vision for Evelina London Children's Services. During 2016/17 we will open the new Children's Short Stay Unit, expand the Neonatal Intensive Care Unit (NICU), open a new dedicated facility for children on long term ventilation and open a new procedure room. We will also start work to convert the 6th floor of the Evelina London Children's Hospital at St Thomas' into clinical space.
IT investment – such as Faster IT (FIT) and Strategic Data Centres	The Faster IT (FIT) programme will provide over 13,000 Trust IT users with modern, reliable desktops and laptops running Windows 10, Microsoft Office 2013 and Skype for Business.

Medical Equipment investment in 2016/17	Annual replacement programme for high risk and high priority medical equipment.
Community properties investment	The Trust took ownership of a number of community properties in 2013. A detailed review is underway to establish the investment required.
We will also continue to develop business cases associated with our strategic programmes outlined in section 5 and continually re-prioritise investment to address the capacity risks flagged in section 1.	

However, given the projected constraints on capital funding, we undertook a capital prioritisation exercise during 2015, approved by the Trust Board. As a result we are only pursuing a limited number of ‘must-do’ schemes in 2016/17. We are continually reassessing this in line with changing quality, safety and efficiency priorities. However, not being able to deliver our five year capital plan is creating risks to:

- Meeting demand (we cannot implement planned developments to increase capacity).
- Meeting quality and commissioning standards.
- Achieving our strategic ambitions, set out in section 5.

We are also:

- Exploring alternative funding sources.
- Contributing to the borough strategic estates strategies across Lambeth and Southwark. Work is ongoing to optimise community site utilisation and scoping opportunities for shared space with health and social care partners.
- Engaged with new developments and workforce/ service planning to meet future demands for health and social care such as the Nine Elms/ Vauxhall, Elephant and Castle, Dulwich and Aylesbury developments.

5. Links to emerging Sustainability and Transformation Plans (STPs)

This section outlines our current position in relation to:

- Linking with multiple Sustainability and Transformation Plans – these are a new approach to NHS planning based around “places” rather than individual organisations. Every health and social care system is required to work together to produce a multi-year Sustainability and Transformation Plan, showing how local services will become sustainable over the next five years and deliver the *Five Year Forward View* vision.
- 2016/17 milestones for the main strategic and transformational change programmes we are already delivering across geographical areas.
- Our internal *Fit for the Future* and five year strategic refresh plans.

5.1 The Trust's role in multiple Sustainability and Transformation Plans

We will need to be involved in addressing strategic and transformational issues across several geographical Sustainability and Transformation Plans and as part of specialised service plans as:

- A significant proportion of our clinical income comes from outside south east London – 10.6% from Kent, 8% from north London, 5.1% south west London, 3.6% from Sussex and 2% from Surrey.
- Over 40% of our clinical income comes from specialised services.
- We are already delivering major strategic and transformational change programmes across multiple geographies – these need to continue.
- Linked to the above, many of our internal delivery priorities can only be achieved through working with partners in multiple areas.
- We have several well developed strategic ambitions to meet the needs of the populations we serve and partners we work with. We expect the Sustainability and Transformation Plan process to speed-up implementation.

5.1.1 Our Healthier South East London (OHSEL)

There will be a Sustainability and Transformation Plan based on south east London¹⁷, building on the work of OHSEL. The governance structure is being refreshed to move the programme from a commissioner-led strategy to the whole systems requirements of a Sustainability and Transformation Plan, including a joint Overview and Scrutiny Committee. Statutory organisations will retain decision-making authority and remain autonomous,

As part of the triumvirate leadership model, our Chief Executive, Amanda Pritchard, will be the provider lead for the south east London Sustainability and Transformation Plan. Andrew Bland (Southwark Chief Officer) is the Clinical Commissioning Group (CCG) lead. Barry Quirk (Chief Executive, Lewisham Council) is the Local Authority lead.

The vision is to improve health, reduce health inequalities and ensure services meet safety and quality standards consistently, sustainably and cost effectively given the collective financial gap in the sector. The strategy is based on collaboration at scale. A major reconfiguration programme is not planned, except a proposal to move to two elective centres for orthopaedics. Plans are based around:

- **Six system re-design work streams** – Community Based Care (including the development of Local Care Networks (LCNs), Planned Care (focussed on orthopaedics), urgent and emergency care, maternity, children and young people and cancer.

¹⁷ Lambeth, Southwark, Lewisham, Bromley, Bexley and Lewisham NHS providers, Local Authorities and Clinical Commissioning Groups

- **Improving productivity through provider collaboration** – back office, procurement, estates, clinical support services opportunities and individual organisational Cost Improvement Programmes.
- **Enablers** – estates, workforce, Information Technology, commissioning and payment.

All our plans in the rest of this section will align with and, in some areas, drive implementation of the south east London Sustainability and Transformation Plan.

5.1.2 Southwark and Lambeth Strategic Partnership

The work of the Southwark and Lambeth Strategic Partnership will be very important in 2016/17. The partnership includes all providers and commissioners of health and social care, the voluntary sector and citizens. It aims to align respective strategies and provide strategic oversight for projects. This includes delivering aspects of the community based workstream (described above), including Local Care Networks. Information Technology and “Big Data” are other priorities of the Partnership.

The Partnership builds upon the work of Southwark and Lambeth Integrated Care (SLIC). Work as part of SLIC and our Adult Local Services Programme has been key to managing local demand, the needs of older people and the increasing complexity of the healthcare needs of our patients. Successes of SLIC include managing a 37% increase in emergency admissions of over 75 year olds within our current bed capacity through the @home, Enhanced Rapid Response and other early intervention and integrated care services (see p.3 for a description of these services). Other new piloted service models will be mainstreamed in 2016/17 including integrated hospital discharge teams for four wards and strength and balance classes as part of the falls pathway.

The following transformation programmes have also been driving and will complement ongoing partnership work across Lambeth and Southwark:

- **The Adult Local Services Programme** (see 5.2.1).
- **The Evelina London local services work** (see 5.2.2)
- **TOHETI (Transforming Outcomes and Health Economics Through Imaging)** – our imaging and diagnostic transformation programme.
- **King’s Health Partners Cancer Programme** – linked to the development of a south east London Accountable Cancer Network (see 5.2.3).
- **The Local Care Record roll-out** – to allow patient information to be shared electronically between hospitals, community services and GP practices in Lambeth and Southwark.

5.1.3 Specialised services

The Trust can help deliver service improvement for specialised services, working with partners and building upon the academic and research platforms across King’s Health Partners. We will work with commissioners to refine ambitions based around geographical areas and population need.

For our top three strategically important specialised services:

- **Children’s (Evelina London)** – national and regional discussions leading to strategies for children’s services. This will link with our ambition for the Evelina London Children’s Hospital to be a regional and national hub of excellence.

- **Cancer** – improved services for south east London, linked to the development of the south east London Accountable Cancer Network (ACN). This will build upon the considerable successes to date, for example there is now a single network chemotherapy prescribing system across south-east London. It also links to the King's Health Partners Haematology/Oncology Institute proposal.
- **Cardiovascular** – improved services for south London, Kent, Surrey and Sussex. This links to discussions about the King's Health Partners Cardiovascular Institute proposal.

In addition, we will continue to deliver national genomic medicine priorities as the lead partner in the South London Genomic Medicine Centre.

5.2 Accelerating progress and milestones for Guy's and St Thomas' in 2016/17

Outlined below are the 2016/17 milestones for our main strategic and transformational change programmes, most of which have elements that will link to Sustainability and Transformation Plan delivery.

5.2.1 Adult Local Services

- Continue to work with Local Care Networks as they develop, including new contracting arrangements from 2016/17 focussed on integrated delivery.
- Our Adult Local Services priorities are an essential component to drive the local health economy's integration vision. Priorities are: simplified referral and access; discharge management within the @home and Enhanced Rapid Response services (see p.3 for a description of these services); community mobile working; continence, wound management, heart failure, pharmacy, reablement, neurorehabilitation and homeless services; Long Term Condition co-morbidity management; a feasibility study of the Buurtzorg district nursing model¹⁸; and community workforce development.
- Emerging priorities for the Southwark and Lambeth Strategic Partnership Board (including children's services) are big data/interoperability, community estate, workforce development and "place-based" delivery in Local Care Networks.

5.2.2 Evelina London – Children's and Young People's services

- Develop an integrated model for urgent and emergency care including Evelina@home, the Children's Emergency Department, Children's Short Stay Unit, Acute Referral and Outpatient Antibiotic Services.
- Deliver agreed milestones as partners in the local Children and Young People's Health Partnership Programme, subject to funding from Guy's and St Thomas' Charity.
- Review our universal child health community services to enable them to meet the challenges of Local Authority funding reductions.
- Enhance the support we provide to other hospitals across south London, Kent, Surrey and Sussex through our specialist services network. See 5.2.7 for linked work with Dartford and Gravesham NHS Trust as part of our Vanguard.

¹⁸ Buurtzorg is a model of district nursing used in the Netherlands. It is based on nurses working in small self-managing teams which provide care for a specific catchment area/ population supported by "coaches". Nurses themselves decide how care is provided to their patients.

- Respond to commissioner-led changes in children's specialist services consistent with the role of the Evelina London as the largest and most comprehensive provider of children's specialist services across south London, Kent, Surrey and Sussex.
- See 4.6 for the Evelina London capital programme.

5.2.3 Cancer

- Lead the establishment of a new provider led Accountable Clinical Network (ACN) for cancer services across south east London.
- Explore whether the Accountable Clinical Network could benefit other patients beyond south east London. This will be explored as part of the Acute Care Collaboration Vanguard (see 5.2.7)
- Two major strategic developments will be completed and operational in 2016 – the new £160 million Cancer Centre at Guy's and a new smaller cancer centre at Queen Mary's, Sidcup. Both facilities will be run by the Trust and will improve patient access for cancer treatment across south east London.
- Continue to support the implementation of changes as part of the Our Healthier South East London cancer workstream with specific responsibility for establishing a new multi-disciplinary clinic for patients with vague but serious symptoms and a new networked solution for acute oncology.
- Develop an Outline Business Case for an Institute of Haematology at Denmark Hill, as part of King's Health Partners. The aim is to provide a network of care across south east London and beyond, including the adoption of innovative clinical practice.

5.2.4 Cardiovascular

- Develop a new 24/7 Heart Failure pathway integrating primary, community and acute care across Lambeth and Southwark, funded by Guy's and St Thomas' Charity.
- Work with NHS England-London specialised commissioners to develop a commissioning and provider network for vascular services during 2016/17.
- See 5.2.7 re cardiology and vascular as part of the Acute Care Collaboration Vanguard programme.
- Develop an Outline Business Case for the consolidation of cardiology, cardiac surgery and vascular services across Guy's and St Thomas' and King's College Hospital.

5.2.5 Planned care

- Orthopaedics: We will contribute to the development of the south east London Sustainability and Transformation Plan clinical and site model for public consultation in the summer of 2016. We will assess the implications for the Trust and agree a plan ready for the 2017/18 contracting round.

5.2.6 Collaborative productivity and efficiency programmes

- Continued procurement support to Lewisham and Greenwich University NHS Trust to build sourcing and supply chain capability and support systems compliance.

- As part of the Acute Care Collaboration Vanguard programme, provide procurement support to Dartford and Gravesham NHS Trust to help them deliver their Cost Improvement Programmes and deploy common systems.
- Work with the Shelford Group¹⁹ to achieve cost savings, including through a new formal procurement partnership with NHS Supply Chain.
- Complete work with Lord Carter to develop efficiency metrics and procurement opportunities.

5.2.7 Working with provider Trusts in Kent

A number of the programmes above involve working in partnership with trusts in Kent but there are two major additional programmes:

Acute Care Collaboration Vanguard with Dartford and Gravesham NHS Trust

We are one of thirteen Acute Care Collaboration Vanguard sites. We are examining how we might create one of the first Foundation Healthcare Group Models with Dartford and Gravesham NHS Trust as part of their future sustainability plan. The programme aims to create a partnership based on principles of co-operation, system leadership, member value and shared resource.

Subject to ongoing funding, we will support clinical and financial sustainability by reducing clinical variation, improving care for complex patients and expanding the deployment of technology-enabled care.

The clinical pathways being reviewed are children's, cardiology, vascular, cancer, nursing and imaging, plus non-clinical work focused on procurement and estates.

We are working with colleagues in Northumbria, Salford/ Wigan and the Royal Free Hospital to develop the principles and a common approach and methodology to setting up a Foundation Healthcare Group Model.

Buddying with Medway NHS Foundation Trust

From early 2015 we have been 'buddying' Medway NHS Foundation Trust to help them improve services as they are in special measures. Support was initially provided to nine areas, including clinical governance, developing clinical leadership, and developing and implementing a new medical model. We are currently discussing the nature of our ongoing support. There may be some learning from our work on the Foundation Healthcare Group Model with Dartford and Gravesham NHS Trust (described above) which will be helpful in this context.

5.3 Internal transformation – *Fit for the Future*

Over the last three years the Trust's *Fit for the Future* programme has supported directorates to deliver £143 million cost improvements as well as a number of quality and safety improvements.

The programme operates across three levels – individual staff, directorate and Trust-wide. It provides the support and infrastructure to deliver both local service improvement and more transformational work. There is a focus on combining quality, safety and

¹⁹ The Shelford Group comprises ten leading NHS academic healthcare organisations

efficiency improvements, director-level leadership, cultural change work and a delivery focus against specific targets.

5.3.1 The next three years – refreshing the programme 2016 – 2019

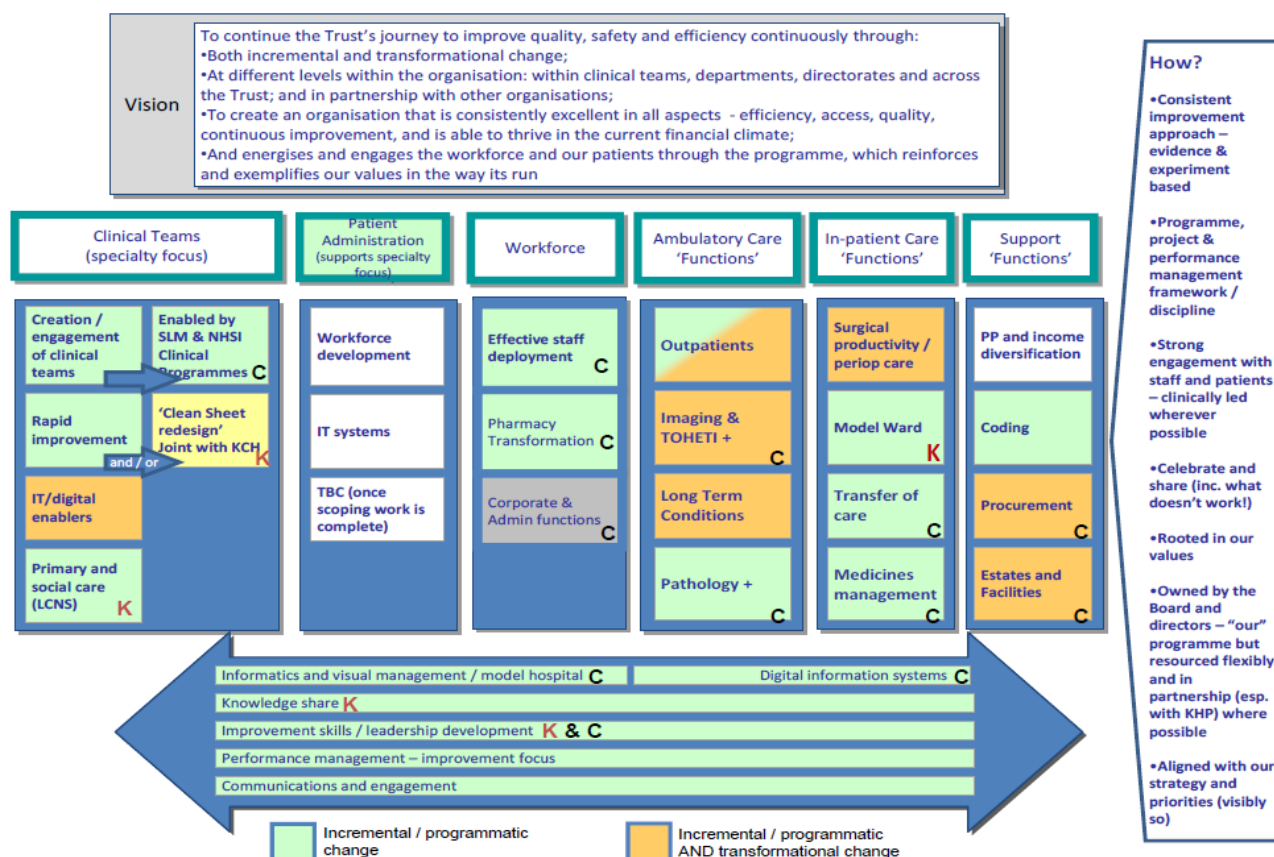
We refresh the *Fit for the Future* programme every year to ensure it evolves to meet the changing needs of the organisation. In 2016/17 we particularly need to focus on creating capacity and capability to drive change locally, across the Trust and across health economies.

The diagram below shows the proposed programmes workstreams for 2016/17.

The programme will encompass the Trust's delivery of the recommendations in the Carter Report. We also have the opportunity to work closely with our King's Health Partner's trusts to:

- deliver aspects of the programme together at scale and pace, leveraging the benefits of a shared approach;
- develop an integrated approach to transformation;
- scope opportunities to undertake clinical pathway reviews across the partnership;
- work together on the “model ward”.

Fit for the Future Plan for 2016 – 2019:



Specific opportunities to work with King's College Hospital are denoted by a K.

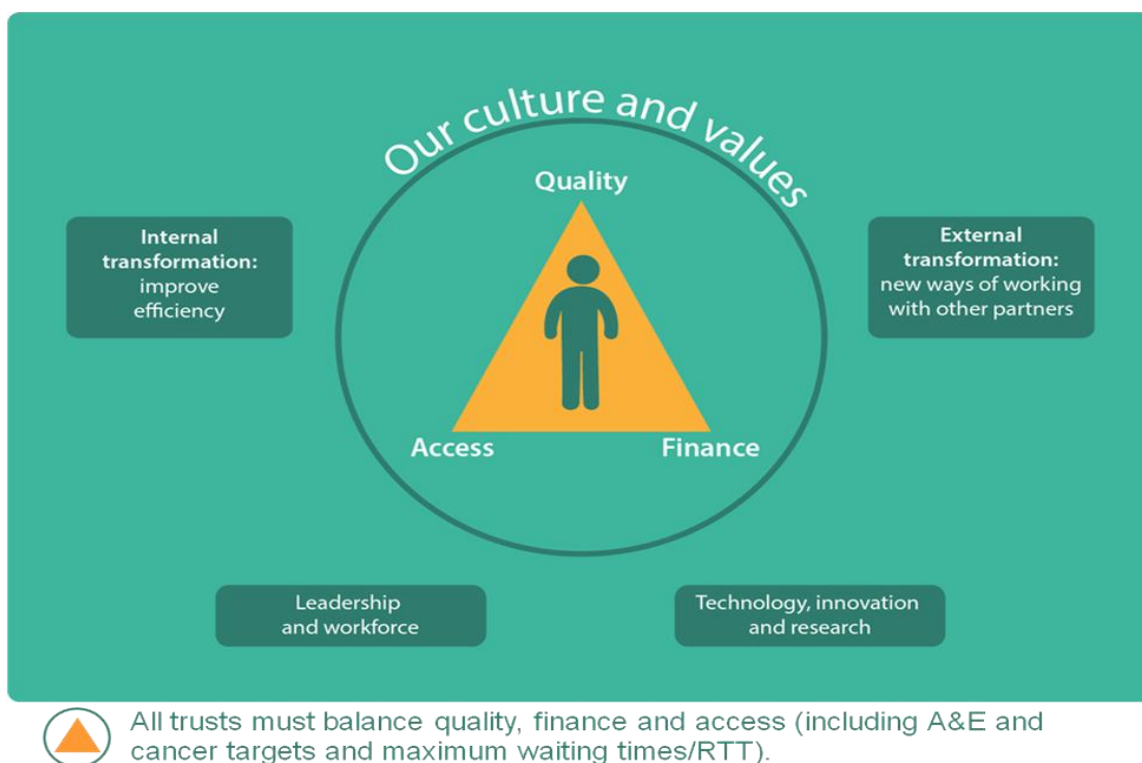
Aspects associated with delivery of the recommendations in the Carter Report are denoted by a C

5.4 Our five year plan refresh

Between April and June we plan to undertake an internal refresh of the five year plan we submitted to Monitor in 2014. This will include:

- updated activity, income and expenditure and capital assumptions;
- high-level delivery plans for the Trust's role in Sustainability and Transformation Plans;
- refreshed internal delivery plans for our strategic priorities, aligned to Sustainability and Transformation Plans.

In line with NHS Improvement's 'provider task to 2020' graphic, we will frame our refreshed plan around the areas outlined in the diagram below.



The Trust Board and Senior Leadership Team are currently discussing how we can create capacity and capability to deliver cross-organisational change with partners across health and social care.

6. Membership and elections

We greatly value the views and input of our Governors and local communities in all our planning. Our Governor elections in 2015 and plans for 2016 are set out below. This section also very briefly outlines our approach to recruitment, training and development and facilitating engagement.

6.1 Elections

Elections for Governors take place two years in every three for public, patient and staff constituencies. The Trust's constitution allows for Governors to be elected for three years and they are eligible for re-election for a further term of three years.

Elections in 2015 and 2016

The elections are run by the Electoral Reform Society using their election scheme of model election rules for NHS Foundation Trusts.

In 2015 fourteen positions were available:

- Public constituency: 5 vacancies, sixteen candidates. 5 existing governors were re-elected.
- Patient constituency: 5 vacancies, 8 candidates. 1 existing governor and 4 new governors were elected.
- Staff constituency: Non clinical section: 1 vacancy, 2 candidates. 1 new governor was elected.
- Clinical section: 3 vacancies, 9 candidates. 3 new governors were elected and 1 existing governor failed to be re-elected.

The 2016 elections will be held in May:

- Public constituency: 3 vacancies – 3 governors are reaching the end of their first term and eligible for re-election.
- Patient constituency: 3 vacancies – 2 governors are reaching the end of their first term and eligible for re-election. 1 governor is reaching the end of their second term.
- Staff constituency: There is 1 non-clinical vacancy as the governor reaches the end of their first term of office and is eligible for re-election.

6.2 Governor recruitment, training and development and facilitating engagement

- Governors are encouraged to interact with their local communities including some of the larger and hard to reach communities.
- Our tailored membership information leaflet is widely distributed within the Trust and in the community.
- We publish regular magazines for members – The Gist and e-Gist – often including information about membership, governors and elections.
- The Lead Governor reports to the Annual Public Meeting about governor activities.
- The Trust Secretary and Chairman meet all new governors as part of their induction. They also run an away day annually with additional sessions on important topics.
- The Trust encourages and facilitates attendance at GovernWell session in conjunction with NHS Providers and sessions organised across King's Health Partners.
- Governors are encouraged to attend quarterly Council of Governor meetings, held immediately after public Board meetings which they attend. The first item on the Council agenda is always a reflections session for governors to ask further questions of the Board about what has been discussing. Both meetings are open to the public. We also run Board Accountability sessions where governors are able to raise specific questions with Board members.
- We have three working groups – Service Strategy, Quality and Engagement and Membership Development, Involvement and Communication (MeDIC). These are open forums to consult, engage and brief. In 2015 MeDIC sponsored a survey of

membership contributing to a new engagement strategy. All meeting notes are published on the Trust website.