

**Guy's and St Thomas' NHS Foundation Trust
Operational Plan 2017/18 and 2018/19
For publication
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This plan is written according to Annex F of the national guidance published by national NHS bodies in September 2016 – “*NHS Improvement guidance for operational and activity plans*”.

It was discussed with the Council of Governors in November 2016 and signed-off by the Trust Board at a specially convened meeting on 14th December 2016.

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Key messages

In common with NHS services across the country, Guy's and St Thomas' is planning changes over the next two years that will ensure our services are sustainable from both a clinical and a financial perspective. We are developing our plans as part of the wider NHS 'health economy' in Lambeth and Southwark and beyond, recognising that we treat both local people and patients who travel to our hospitals from further afield. Our plans form part of the South East London Sustainability and Transformation Plan (SEL STP) and we also play an important role in a number of clinical networks that join up services provided across several NHS Trusts.

Given the increasing demand and the major constraints on NHS, social care and public health funding, there are substantial risks to the Trust achieving this plan. These include:

- Our ability to deliver activity levels that meet the demand for our services. We have experienced high demand for many of our services so far this year (2016/17). Demand is unpredictable and often influenced by the performance of other local providers. If demand exceeds our planned activity next year (2017/18), this will delay our ability to achieve national access standards, such as overall waiting times for treatment and specific targets in A&E or for cancer treatment to begin. This is particularly the case where we have capacity constraints, such as the availability of beds, operating theatre time or the right clinical staff to deliver services. We will work as part of the local healthcare system to manage demand and provide alternatives to hospital care, but other options, such as using private and voluntary sector providers, may be required.
- Identifying and delivering the savings required to achieve our financial plan. This includes working with NHS Improvement and NHS England to agree how we deliver services within the financial target (control total) that they have set us.
- The availability of money for investment (capital) is at odds with operational, transformation and strategic requirements. We particularly need to invest:
 - to address the urgent need to create physical capacity, especially for theatres, critical care and out of hospital services.
 - in the transformation required to deliver efficient ways of working – internally and with partners locally and further afield. This includes as part of the Trust's Foundation Healthcare Group Vanguard partnership with Dartford and Gravesham NHS Trust. Investment in digital technology and analytical capabilities will be essential.
 - to support the development of sustainable specialised services across south London and south England – with partners.

The Trust has experience of successful clinical, academic and commercial partnerships. Over the next two years we will develop our ambitions as a Foundation Healthcare Group Leader. This will include developing new, integrated models of care and also making greater use of standardised approaches to care delivery that will help to improve quality and reduce cost.

1. Activity and performance

This section sets out our activity and performance assumptions for 2017/18. These align with our financial plan and the contracts we agree with the commissioners of our services.

It can be difficult to predict demand – we experienced significant increases in referrals in 2016/17, including 17% growth in GP referrals and 14% growth in referrals from other hospitals. This is above what we planned for and it will take time to increase workforce and physical capacity to allow us to treat significantly more patients. As a result the Trust has not met all the national access targets in 2016/17. It has also meant that our beds (including critical care beds) are operating above the recommended occupancy levels and theatre availability is limited. The Trust Board discusses these issues regularly (see 1.3 below).

1.1 Activity

Our overall planning assumptions for 2017/18 are that:

- There is no further referral growth in the second half of 2016-17;
- and annual growth will be 2%.

Planned care

Due to the increases in demand for our services described above, we are expecting to deliver 6% more planned activity in 2016/17 (this year) than in 2015/16. This is in line with our plans.

However, this level of activity has been insufficient to meet the higher level of ongoing (recurrent) demand experienced in the first half of this year. Our plan for 2017/18 therefore includes a further 7% increase in activity overall compared with the activity we will deliver in 2016/17¹. This is so we can meet ongoing demand and also address current back-log of patients on our waiting lists. It assumes that we do not experience referrals above our planning assumptions in the coming year.

New outpatient appointments

By the end of this year (2016/17) we expect to deliver 9% more new outpatient appointments than in 2015-16. This is nearly 2% above our planned activity levels. We are planning a further 5% growth in activity in 2017/18².

This will enable us to reduce our existing waiting list backlog and absorb up to 2% growth in referrals.

Other activity

Our plan assumes:

- a 2.5% increase in emergency (non-elective) demand, such as patients attending A&E
- a 6% increase in diagnostic tests and treatment for people with cancer/ or a potential cancer diagnosis
- an underlying 2% increase in the population we serve and who require care.

¹ This is based on the initial activity plans received from directorates and updated in January 2017. These plans will continue to be refined and updated.

² As per 1 above.

1.2 Performance

Our performance targets are aligned with our activity plans. We agree these with commissioners through contract agreements.

Referral To Treatment³ times

As described above, we have not always been able to meet this performance target in 2016/17. In 2017/18, we plan to treat 89%⁴ of our patients within 18 weeks of their referral, but we will not be able to comply with the national standard of 92%. We do not want any patient to wait over 52 weeks. This will therefore only happen in a small number of cases, for example where patients choose to wait longer for a treatment date that is more convenient for them.

It will be very challenging to deliver the levels of increased activity required within current capacity. We are focusing on efficiency, new service models, demand management (with commissioners) and delivering service developments to increase capacity (see 4.4). If demand eases, our aim is to return to compliance with the national standards in-year. However, demand is hard to predict and, if demand continues to exceed our planning assumptions, we will need to agree contingency plans with commissioners.

A&E⁵

During 2016/17 we have not achieved the national standard or our own planned performance trajectory. We expected disruption from the ongoing project to modernise our A&E department and improve the patient pathway through the hospital, but attendance levels also increased above planned levels of 2.5% to a 4.5% increase. In addition, social care services are under increasing pressure and we are caring for more complex and seriously ill patients whose assessment and treatment takes longer.

As a result, the Trust does not plan to meet this target until March 2018. However, our teams are working hard, with colleagues across health and social care, to manage demand and achieve the standard. For example, other services have moved to create additional space for A&E services, and we continue to make improvements to how patients move from A&E to our wards and then home. We are developing more advice lines for GPs and 'hot clinics'⁶ and we are working closely with London Ambulance Service. Our plan is also based on the assumption that we secure the investment needed for an Ambulatory Assessment Unit⁷ alongside A&E, that social care discharge support packages remain at the current level, and we complete the Emergency Floor modernisation project by March 2018.

Cancer⁸

We expect to comply with all cancer targets, except the 62 day maximum wait from GP referral to treatment. We are continuing to work with our partners across South East London as the lead for our Accountable Cancer Network (ACN), and with our own clinical teams

³ RTT (Referral to Treatment) times are national waiting time standards. Currently 92% of patients must be treated within 18 weeks.

⁴ This is an average in our monthly performance plan.

⁵ % A&E attendances admitted, transferred or discharged within 4 hours of their arrival. Standard – 95%.

⁶ A 'hot clinic' is a clinic set up to see and assess people who need to be seen by a hospital specialist urgently but where there is not an A&E emergency.

⁷ A facility to treat people who need emergency medical care but do not need to be admitted to hospital.

⁸ % of service users waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer. Standard – 85%

within Guy's and St Thomas', to identify what we can do to address the waiting time issues we face.

So far in 2016/17 we have experienced a 17% increase in cancer referrals compared to 2015/16. Although this increase in referrals has not translated to an increase in people diagnosed with cancer, it has affected our 2 week wait performance for seeing patients referred to us with a potential cancer diagnosis. Our plan assumes no more than 6% growth in 2017/18. Increases above this will affect our ability to see people within the 2 week time-frame.

The new Cancer Centre at Guy's opened in September 2016 and the Guy's Cancer Centre at Queen Mary's Hospital, Sidcup, is due to open by March 2017/18. These developments will increase capacity and the quality of care, and will enable patients living in outer South East London to receive chemotherapy and radiotherapy treatment closer to home.

Diagnosics

We improved our diagnostic waiting times in 2016/17 so the Trust now meets the national standard.

1.3 Discussion areas

The Trust Board frequently discussed the following risks and issues relating to our activity and performance plans:

- **Demand:** The level of demand on all our services for planned and unplanned care is unpredictable and is often affected by performance at other health and social care providers. With commissioners, we continue to work to ensure people are cared for in the most appropriate setting, often reducing demand for hospital services. In 2017/18 this will include fully utilising our admission avoidance, @home⁹ and Enhanced Rapid Response¹⁰ services. We will undertake more joint work with GPs and with other hospitals to provide joined-up services and prevent duplication. Services are developing new models of care to make best use of staff and physical resources. We will discuss risk-share options and adjustments with our commissioners if we experience demand above planned levels.
- **Commissioner affordability** (health and social care): There is a continual risk that commissioners cannot afford the level of activity needed to meet demand. The Trust is in constant discussion with commissioners to ensure our plans align with demand.
- **Workforce:** Recruiting and retaining sufficient staff to make optimum use of our physical facilities is very challenging and this is consistent with national workforce trends. This is an issue across a range of services but particularly for our operating theatres, nursing (including district nursing), critical care, community rehabilitation, our Emergency Department and some of our highly specialised services. Our capacity assumptions assume that we will increase the number of operations undertaken at the weekend. However, this is reliant on being able to staff extra theatre sessions. Our bed-usage assumptions imply higher overall occupancy and staffing more 'flex' beds so we can increase capacity when required. We continue to develop models of care with other hospitals within our clinical networks to help address these risks.

⁹ @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

¹⁰ Enhanced Rapid Response – a home-based rehabilitation service to support people recover from illness in their own homes, and prevent hospital admission.

- **Capital schemes:** Our investment plans are predicated on the timely delivery of increased theatre and critical care capacity as well as associated increases in our workforce, the re-development of the Emergency Department and the development of an Ambulatory Assessment Unit. In the short term, any delays may adversely affect our ability to sustain waiting time standards.
- **Productivity:** Our plan assumes productivity improvements of 2-3%. This will be achieved in a number of ways including increased staff productivity (see 3.2), extended hours (such as weekend clinics and in operating theatres) and through transformation (see 4.5 and 5). However, our ward and critical care beds are already operating above the recommended occupancy levels. This means that opportunities to exceed planned levels of activity are limited. Risks, such as disruption to normal activity, are also much higher.

2. Quality plans

This section outlines our approach to quality planning in 2017/18.

2.1 Our approach

Our Chief Nurse, Dame Eileen Sills and Chief Medical Officer, Dr Ian Abbs are the executive leads for quality. Quality improvement is part of all our work including individual directorate plans, clinical service planning and *Fit for the Future*.

We continue to manage the delivery of safe and effective care alongside the delivery of financial and access targets. *Fit for the Future* is our organisation-wide improvement initiative, placing the continuous improvement of quality, safety and efficiency at the heart of everything we do (see 4.5). 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 workforce availability daily (see 1.3 and 3.1). The financial environment means that we cannot invest in our facilities and capacity as much as we would like (see 4.4).

The Trust Board and Senior Leadership Team frequently discuss these issues. They do not underestimate the challenges and competing pressures on frontline staff and local leadership teams. Over the next two years our focus will be on creating the right environments for staff to deliver high quality care and embed quality in all our work including:

- **Always Safe** – a Trust-wide approach to learning from incidents. A range of events provide opportunities for staff to develop solutions to patient safety issues.
- **School of Improvement** – a learning and development academy to develop leadership, quality improvement and patient safety skills.
- **Leadership development** – bespoke programmes to develop compassionate leadership, an improvement culture and the ability to work successfully, and deliver change, in the context of ambiguity and complexity.
- **Appreciative Inquiry¹¹ methodology** – we will continue to embed this, for example we run Trust-wide listening exercises which support teams to have conversations with staff at a local level.

¹¹ An approach to developing teams and organisations through positive self-determined change

- **King's Health Partners Faculty of Healthcare Improvement** – our staff will continue to have key roles in leading this as part of our King's Health Partners Academic Health Sciences Centre (AHSC).
- **Supporting staff to deal with challenging behaviour** – we have already begun targeted work to respond to the increase in violence and aggression experienced by our staff and patients.
- **Nightingale Project** – this project, part of the *Fit for the Future* programme, aims to standardise practice and reduce variation on our inpatient wards.

We have also established a vulnerable person assurance committee in response to the increasing need to manage adult and children safeguarding issues effectively.

2.2 Quality improvement plan

This is in development as we finalise our Quality Strategy and consult with partners, colleagues and governors. The plan will include the following priorities:

- **Standardising our approach:** We will implement a standardised approach to quality improvement and measurement based on reducing variation, increasing value and providing care according to evidence.
- **Infection prevention and control/sepsis:** We will build on all our current work and focus on: identifying and treating sepsis; maintaining our high standards in prevention of avoidable hospital acquired infections (focussing on reducing e.coli infections); and achieving our targets for antibiotic use.
- **End of life care:** We will continue to support our staff to deliver safe, compassionate, individualised care to patients who are coming to the end of their life, embedding our priorities for the care of the dying person.
- **Falls:** We have seen an increase in falls with harm in recent months. Our falls improvement group is using information from incidents and from resilience projects to reverse this trend.
- **Patient experience.** We will:
 - continue to make changes to the environment and behaviours and to reduce noise at night on our wards.
 - continue our improvement programme targeting transfers of care (discharge), including improving patients' confidence in managing their medicines.
 - continue to ensure that all our patients receive the high quality of care with a particular focus on food, nutrition and pain management.
 - improve how we communicate with patients.
- **Dementia:** We will continue to implement our three year Dementia Strategy, linked to our new Carer's Strategy (to be launched in 2017).
- **National clinical audits:** We will continue to participate in all national clinical audits.
- **Safe staffing:** We now use the 'care hours per patient day' metric to monitor nursing levels. This multi-disciplinary approach to clinical workforce reviews is in line with the national quality board guidance on safe staffing.
- **Seven-day services:** We will continue to implement extended working in a number of areas through new service delivery models.

- **Better Births review:** We have completed our self assessment against the recommendations and we are implementing our action plan.
- **Digital:** We are developing a programme of work that uses digital technology to improve how we communicate and support new ways of working that will benefit patients and staff.

2.3 Quality impact assessment

All our service development, efficiency, improvement and transformation plans are assessed to ensure they will not adversely affect quality of care. Our approach is to improve quality, safety and efficiency in parallel.

All schemes are 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 2.4). Plans are assessed against patient safety, clinical effectiveness and patient experience risks, resulting in an overall risk score. Every single scheme is then reviewed by the Chief Nurse and Chief Medical Officer for their formal approval or otherwise.

Schemes identified within business cases are reviewed and assured on their merit, signed-off by relevant local programme boards, the Investment Portfolio Board and other Trust Board Committees. The Chief Nurse and Chief Medical Officer have ultimate sign-off of the quality aspects of these cases.

We are increasingly developing and implementing plans with other health and social care partners (see section 5 for examples) and we will continue to adapt our quality assurance and governance systems, with partners, in response to increased place-based and system wide planning.

2.4 Monitoring quality

The Trust uses a number of tools and methods to monitor quality. These include the ward accreditation scheme, leadership walkabouts, reality rounds, peer to peer and quality reviews. We also use a range of mechanisms to learn and improve, including clinical supervision, reflective practice, individual and peer reviews, performance management, continuing professional development, clinical audit, and the application of evidence based practice. Learning from investigations into serious incidents feeds directly into our quality improvement programme and is shared throughout the Trust in many ways including reality rounds, Schwartz rounds¹², safety huddles¹³ and safety alerts.

Quality, workforce and financial indicators are developed, agreed and monitored through the following governance and management structures:

Board oversight and guidance: The Quality and Performance Committee is the committee through which the Board of Directors ensures that the essential standards of quality and safety are met. It monitors the delivery of the Trust's quality priorities and discusses in-year quality, workforce, performance and financial indicators in detail. The Trust also has Board Committees that oversee Evelina London children's services, Cancer and Adult Local Services, allowing subject experts and the Board to have detailed discussions.

¹² Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare.

¹³ Safety huddles take place at a regular time each day for 10–15 minutes. They provide a non-judgemental, no-fear space in the daily workflow of ward staff to discuss what is coming up and any concerns or issues. They are a way for ward teams to continually learn and improve.

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 planned 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.

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 and service strategy governor working groups. They are present at public Board meetings and their feedback informs decisions about service development (see section 6).

Risk management: Our Risk Management Policy describes how we identify, evaluate and control risks. It also sets out accountability and reporting arrangements to the Board of Directors. The Board identifies its strategic risks and monitors management of these risks through the Board Assurance Framework. Risks to safety, quality and service delivery are identified by staff throughout the Trust and managed and monitored in service, directorate and Trust forums.

CQC action plan: Progress is reported to the Quality and Performance Committee with endorsement at the public Board.

Complaints: 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 priorities: Delivery of our quality priorities is embedded in all quality improvement work. Progress is reported in the Integrated Quality and Performance Report (IQPR).

Clinical Quality Review Group (with local commissioners): We report all indicators to this regular meeting with local commissioners. It is a very helpful forum to share plans, concerns and joint assurance.

3. Workforce plans

This section outlines our workforce planning processes.

Given the planned growth in activity to meet demand (see section 2), we expect to increase staff numbers in a number of services, such as where activity growth is high or where we are treating more complex or seriously unwell patients.

3.1 Planning approach

We will continue to implement our 2015-2020 Workforce Strategy in 2017/18.

Workforce planning is an integral part of all our performance and management systems, business planning and strategic plans. This includes education and training, leadership and innovation, recruitment and retention planning. HR Business Partners work as part of

Directorate Management Teams and plan according to their local issues, aligned to their finance and activity plans.

Across the Trust staff discuss plans with local commissioners and partners as part of regular scheduled meetings, specific events, contracting and joint planning boards. We see this increasing in line with our role in the South East London Sustainability and Transformation Plan (see 5). Our Integrated Quality and Performance Report (IQPR) and other workforce information are regularly shared with local commissioners.

We are now focussing more on triangulating our internal planning with the national and regional workforce planning submissions that we provide to Health Education South London (HESL), NHS Improvement and Health Education England. We are also increasingly aligning our planning with the South East London Sustainability and Transformation Plan. We will also continue to work closely with higher education institution partners to secure student numbers, particularly following the change to loans-based education.

Key risks: Workforce issues and risks on the Trust risk register include:

- **Recruitment issues** – particularly in specialist nursing roles, community Allied Health Professionals (such as Physiotherapists), the Emergency Department and IT. There are plans in place to reduce vacancy rates and we will continue to monitor progress against these. We will also continue to review the impact of the high cost of London living, Brexit and the changes to bursaries as part of this. See below for other work.
- **Retention of staff** – we are currently developing a nursing retention strategy focused on supporting nurses to stay in the Trust in their first two years of service. We will expand this strategy to other staff groups to reduce our turnover rates.
- **Ensuring safe staffing** – see 2.2. for a description of our approach. We are constantly reviewing staffing levels as we increase activity and because we are often treating more complex and seriously unwell patients. Nurse staffing levels are monitored continuously, supported by scorecards and twice-daily assessments of the level of care patients need (acuity). Heads of Nursing report monthly on safe staffing levels. This is included in the IQPR report (see 2.4) and there is a separate annual report to the Board.

3.2 Productivity

Our staff remain some of the most engaged in the NHS. However, as outlined in the quality section 2, we do not underestimate the challenges and pressures our staff experience every day. In addition to focused work outlined in 2.1, we will continue the '*Showing we care by speaking up*' and '*Showing we care about you*' campaigns. We plan to increasingly focus on staff retention and succession planning. Our Workforce Strategy sets out our vision and plan to support staff to maximise their potential through training and development.

We are renewing our emphasis on productivity, innovation and transformation, partly driven by the need to manage workforce costs in the context of growth and meeting our financial plan. As well as local innovation and transformation projects, we will:

- Continue to invest in digital tools, such as e-roster for nursing staff to maximise the time front-line nurses, midwives and health visitors spend with patients.
- Cease using contractors who work through Personal Services Companies.
- Train front-line staff in ways to facilitate improvements in their teams.

We have successfully implemented extended working across seven days in a number of areas. To meet this challenge the Trust has introduced new roles such as Physician Associates¹⁴.

Temporary staffing

We will continue to reduce temporary staffing spend to achieve NHS Improvement's performance target. This will be closely monitored by our Chief Executive and Executive Directors. We report all agency breaches to NHS Improvement weekly.

Specific Trustwide work includes:

- Using a 'Master Vendor' approach to all non-medical, non-clinical bookings (centrally managing bookings, reducing cost through managing suppliers).
- Continue work to develop and implement pan-London standardised agency rates.
- Implementing a Trustwide ban on using agency at Bands 1-4, expanding our in-house staff Bank and increasing flexible working.
- Using different ways to recruit permanent staff, especially for IT, engineering, capital projects, sonographers and Allied Health Professionals (Therapists).

3.3 Transformation, innovation and new models

Highlights for the next two years include:

- **Fit for the Future transformation:** See 4.5.
- **Local integrated care transformation:** Also see 5.2. We will implement new Care Navigator roles to help patients manage their care across services. We will begin to organise staff to work in Local Care Networks in Lambeth and Southwark. We will also complete a review of the skills and competencies of staff working in integrated health and social care teams. A 'test and learn' of Buurtzorg¹⁵ style homecare nursing model similar to a model in the Netherlands has already begun.
- **Working across organisations:** We will support our staff to work in other health and social care providers across the local health economy. There will be a focus on providing education and training to support the delivery of safe, consistent care irrespective of location, such as hospital, home or community settings.
- **New roles:** We are continuing to develop new roles for example Nursing Associates to respond to the difficulties in recruiting qualified nurse staff. We will also increase the number of Physician Associates and Advanced Practitioners¹⁶.
- **Increasing apprenticeship numbers and models:** We are also working with our Academic Health Science Network (the Health Innovation Network) to develop internships.
- **South East London Sustainability and Transformation Plan:** See 5.2 – for shared services development.

¹⁴ Physician Associates support doctors in the diagnosis and management of patients. They are trained to perform a number of roles including: taking medical histories, performing examinations, analysing test results, and diagnosing illnesses under the direct supervision of a doctor.

¹⁵ Buurtzorg is a model of district nursing used in the Netherlands. It is based on nurses providing holistic care in people's homes, 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.

¹⁶ Staff trained to a more advanced level.

- **Digital:** We are strengthening our focus on digital technology to support staff to work more productively, for example so that community staff do not need to return to base to input patient information. We will develop IT systems that enable staff to deliver services differently, such as in virtual clinics.

4. Financial plans

4.1 Summary position

The Trust continues to operate in a very challenging financial environment. Staff are working hard to improve efficiency and reduce cost. We are currently on target to achieve our 2016/17 financial plan – an underlying deficit of £2.4 million (£24.8 million surplus after factoring in capital donations).

Following careful consideration, the Trust Board is submitting a plan to NHS Improvement to deliver the expected control total surplus of £22.1 million in 2017/18 and £29.2 million in 2018/19. This includes £22.1 million Sustainability and Transformation Funding¹⁷ from NHS Improvement in both years.

Achieving this financial plan will require the Trust to deliver over £90 million savings in 2017/18 and a further £53.8 million in 2018/19. This scale of savings the Trust needs to make, means there are substantial risks to achieving this plan. We have identified a number of ways to deliver savings in parallel to improving care. These include:

- **Local cost saving and efficiency plans:** These are schemes identified by services and directorates as part of their business plans. Local plans often link with Trust-wide initiatives (such as reducing agency spend on a ward, linked to Trust-wide processes). We continue to place great importance on local ownership, leadership and maintaining a positive culture and attitude so we can deliver quality, safety and efficiency improvements in parallel.
- **Fit for the Future programme:** (see 4.5).
- **Collaborative savings across health and social care (see 5):** This includes plans as part of the South East London Sustainability and Transformation Plan and linking with London and South East specialised service reviews.
- **Commercial activities:** Income from commercial work financially supports our NHS services. Activities also support our clinicians with research, and the development of new models of service delivery and innovation.

Despite these substantial areas of work, there is 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:

¹⁷ The national 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 transformation milestones.

- the proportion of the Sustainability and Transformation Fund the Trust will receive
- the impact of moving to a new tariff payment system
- commissioner QIPP targets¹⁸ and CQUIN¹⁹ 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.

4.3 Financial risks

Our plan is subject to change as there are several significant risks and uncertainties. These include:

- Identifying and delivering our savings plan at pace. This includes our, and our partners, ability to deliver savings opportunities identified by Sustainability and Transformation Plans.
- Not delivering performance requirements and the control total necessary to receive the full Sustainability and Transformation Fund. This includes achieving waiting time performance trajectories.
- Linked to the above, the ongoing issue that commissioners cannot afford the levels of activity that we will need to deliver to achieve national waiting time standards.
- If demand exceeds our activity plan, then we may need to outsource activity to deliver national standards. This is likely to cost more, increasing the overall financial challenge.
- The continual impact of reductions to Local Authority public health funding. We are working in partnership with Local Authorities to minimise the impact on service provision, service quality and population health.

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

4.4 Capital plans

Our 2017/18 capital programme (investment) priorities underpin the delivery of our strategic ambitions. However, the availability of capital is at odds with our operational and strategic requirements. We will need to continually balance multiple demands and prioritise the capital plans set out below to take account of:

- The urgent need for additional operating theatre and critical care capacity following a Board review of our five year demand and activity forecasts. With commissioner support, we are also investing in further Emergency Department and ambulatory care capacity, as well as out of hospital services, to meet growing demand.
- Maintaining our infrastructure to ensure that we provide safe, compliant services.

¹⁸ Quality, Innovation, Productivity and Prevention (QIPP). QIPP targets are financial incentives used by commissioners to promote change and improvement in these areas.

¹⁹ CQUIN: Commissioning for Quality and Innovation payments are designed to incentive quality and innovation improvements

- The need to invest in the transformation of both staff and physical infrastructure to deliver more efficient services and ways of working – internally and with partners. This especially relates to investing in digital technology and analytical capabilities.

We are:

- Continuing to explore alternative funding sources.
- Focusing on maximising utilisation of our current infrastructure – linked to many of our *Fit for the Future* plans, but we will need to invest in technology to enable this.
- Continuing to identify any properties that are surplus to clinical service and estate requirements. This includes working with partners such as local councils, Clinical Commissioning Groups, Community Health Partnerships estates, NHS Property Services and King’s Health Partners.

Capital programme priorities for 2017/18 – the majority of our plans are carried forward from 2016/17.

Strategic development	Description
Emergency Floor (Emergency Care Pathway) – expected completion in 2018	Redevelopment of St Thomas’ A&E. This includes a new service model for emergency care. 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 1.2).
Theatres at Guy’s and St Thomas’	This is an urgent capacity requirement to deliver the Trust’s activity plan.
Critical care and Haemodialysis Unit at St Thomas’	This is an urgent capacity requirement to deliver the Trust’s activity plan and in the context of increasingly unwell patients requiring critical care.
Ward improvements at Guy’s and St Thomas’	Improvements, linked to recommendations by the Care Quality Commission.
Expansion of Evelina London Children’s Hospital and our Children’s Clinical Research Facility.	To accommodate growth in local and specialised children’s services. This also defines the first stage of our longer-term vision for Evelina London Children’s Services with associated development of research facilities that are core to many treatment options for children.
Medical equipment and infrastructure investment	Annual replacement programme for high risk areas.
Digital investment	Key infrastructure and digital enabler investment including the Faster IT (FIT) and community mobile working systems, as well as developing a business case for an Electronic Health Record.

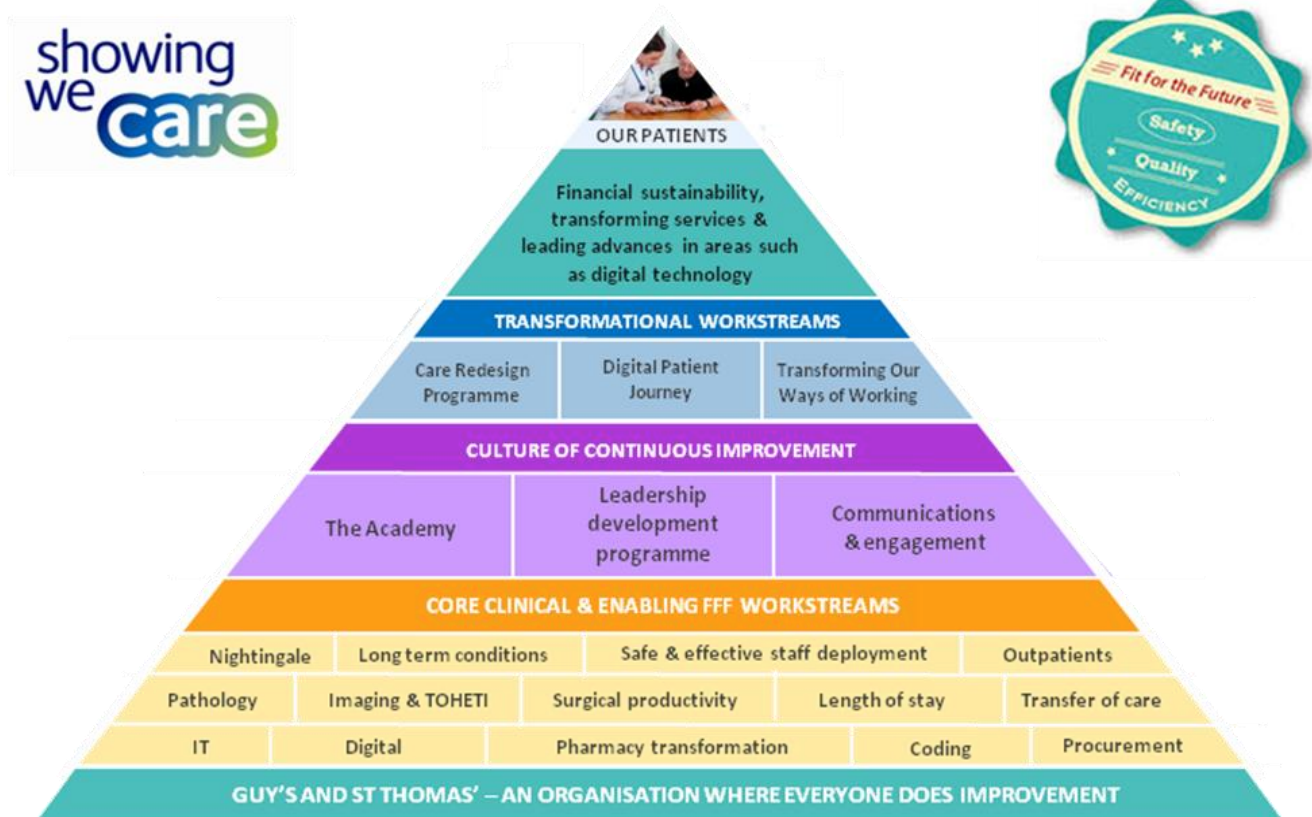
Strategic development	Description
Rare Diseases Centre	Creating a national centre for people with rare diseases (externally funded).
Orthopaedics partnership	Exploring work with a commercial partner to increase efficiency, capacity and quality to meet increasing demand. The work aligns with discussions to develop a Centre of Excellence in South East London and networked approach.
Expansion of Oral Medicine	To meet additional demand and provide educational space.
Pan-London Ultra High Field MRI research facility	Funded by the Wellcome Trust.
PET (Position Emission Tomography) re-development – Phase 2	New imaging suite – jointly funded with King’s College London.
Energy Performance improvement	Investment to improve energy efficiency.
Pharmacy re-development	Re-development associated with a service move to accommodate the expansion of the Emergency Department.
Community properties investment	Investment required as part of a wider review.
We will also continue to develop business cases associated with our strategic priorities.	

4.5 Fit for the Future

The Trust’s *Fit for the Future* programme has supported directorates to deliver numerous quality, safety and efficiency improvements, including over £236 million savings since 2013. Our refreshed plan for the next two years is summarised below. We are building on a strong platform – the programme is a brand staff recognise, thereby increasing engagement. Our collective focus will be on:

- **Creating a culture of continuous improvement:** We will become an organisation where “everyone does improvement”, empowering staff to deliver change and transformation.
- **Three radical transformations:** During April – June 2017/18 we will complete business cases for investment in three major transformations:
 - **Care Resign Programme** A programme to reduce the variation, eliminate waste and improve how patients progress within and between our services.
 - **Digital Patient Journey:** We will transform how people engage with services, such as through improved appointment booking.

- **Transforming Our Ways of Working:** We want to support staff to work flexibly and cost-effectively, for example, investing so that staff can work in different locations and we can reduce the size of our estate.
- **Delivering core workstreams:** See diagram. These include improvements to clinical services and enablers, such as procurement and digital. Several areas are interdependent. They include delivery of the recommendations in Lord Carter’s review of productivity and efficiency opportunities in the NHS.
- **The Academy:** We will support staff to develop the skills and leadership behaviours that they need to make both large- and small-scale improvements.
- **Integrated approach:** We will increase staff engagement and celebration activities. Most work will involve work with partners, including across King’s Health Partners and as part of the South East London Sustainability and Transformation Plan. There are interdependencies across all our strategic, transformation and directorate plans.



5. Links to Sustainability and Transformation Plans

The Trust has a track record of working with a range of partners to develop and deliver joint service, education and research plans that place patients, rather than the organisation, at the centre. Over the next two years we expect to see this place-based delivery increasing rapidly.

Specific priorities are:

- Leading and supporting delivery of the South East London Sustainability and Transformation Plan (SEL STP) (see below). Our Chief Executive, Amanda Pritchard leads the SEL STP.

- Working with local partners in Lambeth and Southwark on integrated care (see 5.1a). Developing the Acute Care Collaboration Vanguard with Dartford and Gravesham NHS Trust²⁰. We were accredited as a Foundation Healthcare Group Leader in 2016 and this will help us to develop the Guy's and St Thomas' 'group model'.
- Develop a standardised improvement approach internally and with partners.
- A first group of staff will complete the new internal *Leading for the Future* programme. This will include a focus on developing leaders who can work successfully in partnerships.
- Continue to proactively support the resolution of issues in other trusts or health economies as our services may be impacted by difficulties elsewhere.
- Review our internal and external governance. During 2017/18 we will establish Evelina London (children's services) as a Strategic Business Unit within the Trust.

5.1 South East London Sustainability and Transformation Plan (SEL STP)

The plan is moving rapidly from strategy to implementation. Leaders from across South East London meet regularly to review progress and we expect our staff to contribute to implementing the vast majority of these plans.

Our priorities and key roles in the five transformation programmes within the SEL STP are:

a. Developing community based care, primary care development and prevention

- **Adult Local Services Programme:** With support from commissioners, we are delivering major elements of the Community Based Care strategy, aligned to the Lambeth and Southwark Strategic Partnership and our five Local Care Networks. Services will work more closely with primary care and social services to improve joined-up, integrated care for patients. Several elements will contribute to reducing length of hospital stay and demand on both the St Thomas' and King's College Hospital A&E departments.
- **Children and Young People:** Increasing and improving out of hospital care for children and young people locally is a priority for Evelina London. This includes services that avoid the need to come into hospital, providing acute care in children's homes and supporting discharge from hospital. Work is aligned and supported by Guy's and St Thomas' Charity who help fund the Children and Young People's Health Partnership. This is focussing on improving communication with primary care and preventative chronic disease management. We are also developing the role of children's services in Local Care Networks. The King's Health Partners Human Development and Health Institute also has ambitions to focus academic research on public health issues that effect children and young people locally.
- **Cancer:** See d. below. Achieving national cancer access standards as part of the South East London Accountable Cancer Network (ACN) continues to be a major priority for the Trust and as the lead organisation for the network.
- **Digital and data inter-operability:** The Trust sees investment in digital, data management and analysis as a major enabler for transformation internally (such as new ways of working) and with partners across South East London (such as working as part

²⁰ The Trust is a national Foundation Healthcare Group Vanguard site. We are examining how Foundation Healthcare Group models could be used 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.

of Local Care Networks). This includes the next stage of rolling out the Local Care Record, finalising a business case for a new Electronic Health Record system for the Trust²¹ and completing roll-out of our Faster IT (FIT) programme.

b. Improving quality and reducing variation across physical and mental health

- **Elective (planned) Orthopaedic Centre of Excellence:** We plan to improve our procurement and ordering systems through a commercial partnership. In addition, following the outcome of public consultation, we will work with other providers to develop a networked approach to improving orthopaedic services across South East London.
- **Urgent and Emergency Care:** We will complete our Emergency Department re-build and transformation work, the Emergency Floor project, in 2018. Achieving the national A&E 4 hour standard is a fundamental priority for the Trust. Dr Simon Eccles is the Clinical Lead for the South East London work.
- **Maternity:** Dr Kate Langford, Deputy Medical Director, is the Clinical Lead for the South East London work. The Trust has signed up to the South East London trajectory to increase obstetric consultant presence on the labour ward with an imminent move to 98 hours cover per week, once recruitment is completed. We will return data using the pan-London maternity dashboard.
- **Reducing variation:** As part of 2017/18 business plans, directorates are reviewing opportunities to reduce duplication, variation and manage demand more effectively across pathways.
- **Mind and Body Programme:** Over the next two years we will implement the programme of integration work, as part of this King's Health Partners programme.

c. Reducing cost through provider collaboration

Martin Shaw, the Trust's Director of Finance, is the Senior Responsible Officer²² for these programmes of work.

- **Consolidated finance delivery:** Our staff will contribute and lead the development of business cases for standardisation and potential consolidation.
- **Workforce review and redesign:** We are supporting and directly leading the development of new education and training models and developing business cases for potential shared services. Ann Macintyre, the Trust's Director of Workforce and Organisational Development, is the Subject Matter Expert (SME).
- **Procurement:** David Lawson, the Trust's Chief Procurement Officer, is the Subject Matter Expert (SME), leading and supporting collaboration. Priorities for 2017/18 include deploying an 'Amazon Style' purchase to pay system, implementing an integrated supply chain service and leading development of an integrated procurement service (SmartTogether).
- **Clinical support services:** Tim Hanlon, the Trust's Chief Pharmacist and Clinical Director of Pharmacy and Medicines Optimisation, is the joint clinical lead. Over the next two years we will develop single operating models for several Pharmacy services including aseptic services and how we procure (buy) medicines.

²¹ These systems would allow patient information to be shared electronically between hospitals, community services and GP practices.

²² An individual responsible for ensuring that a programme or project meets its objectives and delivers the projected benefits.

d. Developing sustainable specialised services

- **South London specialised service review:** We are working with commissioners and providers to review opportunities in several areas including cardiovascular, children's, cancer and renal services.
- **Cardiovascular:** King's Health Partners will continue to develop a business case to improve clinical and academic services and to develop a South London network. Engagement with key partners will be an important part of this.
- **Children's:** Evelina London is developing a business case to expand children's services at St Thomas'. This is linked to South East London and national specialised service plans and the ambition to establish Evelina London as a regional and national centre of excellence.
- **Cancer:** Guy's Cancer is the lead for the new South East London Cancer Accountable Clinical Network (ACN). The Network has established a programme of work for 2017/18 and priorities include reducing waiting times, improving communication with GPs and increasing academic and research activities.

e. Changing how we work together to deliver the transformation

- **Leadership and governance:** During 2017/18 we plan to lead, chair and contribute to new delivery structures including, the Cancer Accountable Clinical Network (ACN), Lambeth and Southwark Strategic Partnership Board, Local Care Networks and citizen fora.
- **Estates:** Implementing changes to how and where staff work will be a major element of the *Fit for the Future* Transforming Our Ways of Working workstream, and we will improve and consolidate services in our community locations, subject to consultation.
- **Investment in transformation:** There is a need to invest in the transformation (capital and revenue) required for more efficient service delivery and ways of working – internally and with partners. This especially relates to investing in digital technology and analytical capability. However, as the availability of capital is at odds with our ambitions, we are working on alternative funding sources as well as with commissioners and NHS Improvement on addressing this issue (see 4.4).

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 2016 and plans for 2017 are set out below. This section also very briefly outlines our approach to recruitment, training and development and facilitating engagement.

Elections 2016

The 2016 Governor election was run by the Electoral Reform Society using their election scheme of model election rules for NHS Foundation Trusts. In 2016 eight positions were available:

- Public constituency: 3 vacancies, 16 candidates. 2 existing governors were re-elected and 1 new governor was elected.
- Patient constituency: 3 vacancies, 12 candidates. 1 existing governor was re-elected

and 2 new governors were elected.

- Staff constituency (non clinical section): 2 vacancies, 4 candidates. 1 existing governor was re-elected and 1 new governor was elected.

In 2017 one position will be available:

- Staff constituency (community): There will be 1 community vacancy as the governor reaches the end of their first term of office and is eligible for re-election.

6.1 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 groups.
- Our tailored membership information leaflet is widely distributed in the Trust and community.
- We publish a quarterly magazine for members – The GiST – and a monthly e-mail news bulletin – eGiST – often including information about membership, governors and elections.
- The Lead Governor reports to the Annual Public Meeting about governor activities.
- Governor staff membership stalls at the Annual Public Meeting exhibition to engage with Trust members and members of the public, and to promote their role as governors.
- The Lead Governor runs the questions and answer sessions at regular members' health seminars and interacts with members after the event.
- The Trust Secretary and Chairman meet all new governors as part of their induction. Specific issues are discussed at an annual away day.
- The Trust encourages and facilitates attendance at GovernWell sessions in conjunction with NHS Providers and at events organised across King's Health Partners.
- Governors are encouraged to attend quarterly Council of Governors meetings, held immediately after the public Board meetings which they attend. The first item on the Council of Governors agenda is always a reflection session for governors to ask further questions to the Board on what has been discussed. 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 Council of Governors Working Groups – Service Strategy, Quality and Engagement, and Membership Development, Involvement and Communication (MeDIC). These are open forums to consult, engage and brief. The MeDIC Working Group sponsors the Membership Communication and Engagement Strategy which sets out the Trust's plan to ensure that our membership becomes more reflective of the communities we serve. This will be presented to the Council of Governors during 2017 for approval.
- All meeting notes are published on the Trust website.