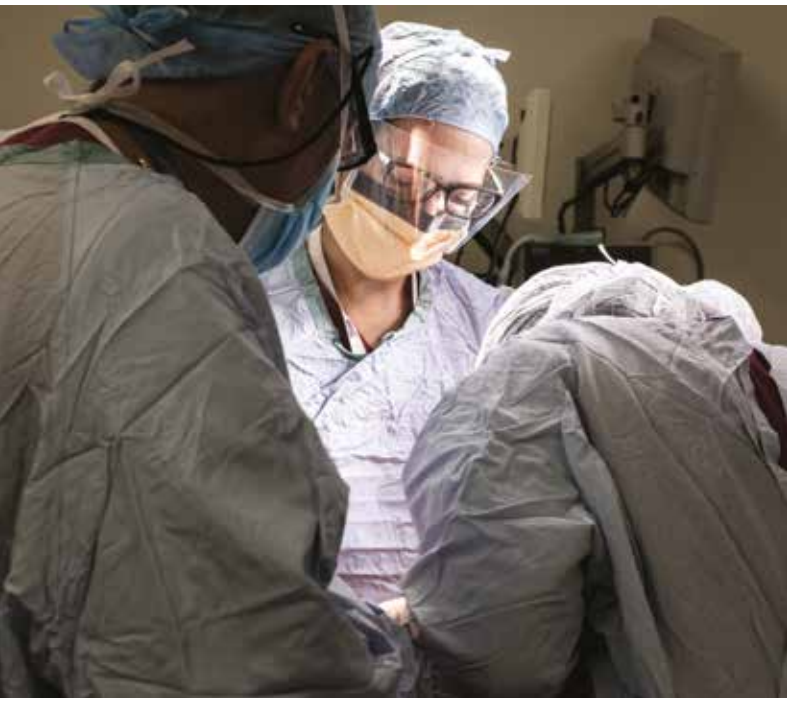
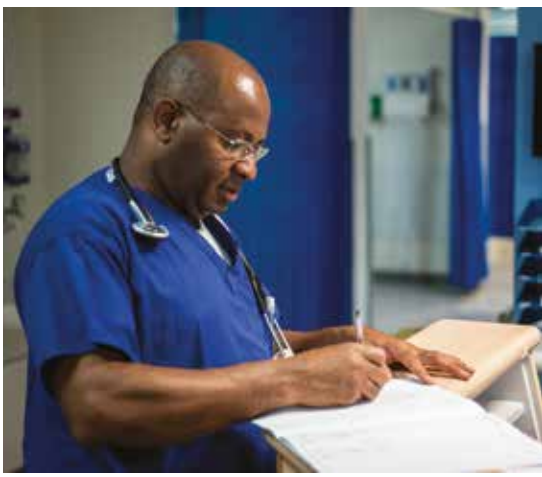
One Trust - serving our local communities

NHS
Lewisham and Greenwich
NHS Trust

Summary two year operating plan | 2017/18 & 2018/19





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Summary two year operating plan: 2017/18 and 2018/19

1. Introduction

This summary of our Operating Plan for 2017/18 and 2018/19 sets out our approach to planning and our priorities over the next two years. A copy of the full operating plan is available upon request.

2. Activity Planning for 2017/18 and 2018/19

2.1 Our approach to planning

We have adopted a robust approach to planning to ensure that we are realistic about the demand for our services and our capacity to deliver.

In principle, the Trust has agreed its financial target for 2017/18 – which is to deliver a deficit position of no more than £22.76m. Delivery of this financial target is dependent on the Trust receiving Sustainability and Transformation Funding (STF), and the acknowledgement that the control total cannot be achieved without significant transformational change in the local health economy as identified in the South East London Sustainability and Transformation Plan (STP).

2.2 Managing demand and capacity

Clinical and operational staff have been fully involved in the contracting process – assessing our capacity to meet the demand for services over the next two years. More information on key areas is below:

2.2.1 Planned treatment /surgery (Elective)

We have modelled demand and capacity for all admitted specialties, which identifies the theatre, outpatient and diagnostic capacity needed to deliver the activity commissioners have contracted with us.

2.2.2 Cancer

The NHS as a whole is expecting to see a 7% increase in the need for cancer tests (diagnostic activity) each year between now and 2020/21. The national agenda sets out to ensure that appropriate diagnostic capacity is provided. Through detailed planning with our commissioners and the NHS Transforming Cancer Team we have demonstrated the need for increased capacity in our radiology services and in endoscopy. Improvements in these services are reflected in our plan.

2.2.3 Winter resilience

The Trust is working with partners to make a range of improvements across the health and social care system as a whole. In order to ensure there is sufficient capacity to manage additional patients during the busy winter period, the Trust has identified 24 additional beds at University Hospital Lewisham (UHL) in 2017/18; these beds are in a ward which was recently vacated by another NHS organisation. However, no additional hospital beds are available at Queen Elizabeth Hospital (QEH) and, as in 2016/17, the majority of other flexible bed capacity is situated outside the hospitals and in the community. Work will need to be ongoing with all partners to provide sufficient capacity in the next two years.

2.2.4 Managing unplanned changes in demand

We have established robust and clinically led management procedures to monitor and manage the flow of patients through our hospitals, so we can respond to surges in demand. We have also introduced additional processes to work with our partners across Lewisham, Greenwich and Bexley to improve the discharge process for patients, identifying those who are ready for discharge, reducing delays in transferring care in order to free up hospital beds. However, the high demand for our services remains a key risk, with over 97% of our beds used each day. The recent reduction in out-of-hospital services adds to the demand for hospital services.

2.3 Delivering operational standards

Following guidance issued by NHS Improvement (NHSI) called the Single Oversight Framework, the Trust has developed a new approach to improving and sustaining our performance against NHS standards, including the Accident and Emergency (A&E) 4-hour waiting times, the referral to treatment times (RTT), cancer treatment times, ambulance response times and access to mental health services. This approach is described below:

2.3.1 Emergency pathway

We recognise this is an area that has provided significant challenge across the whole of the health and social care system. Fulfilling our commitment to deliver the A&E waiting time standard will depend on actions both within and outside the Trust and we will continue to work with partners to make the whole system improvement in 2017/18 across all areas of the emergency care pathway.

We are continuing to develop our improvement plan by building on recent developments and working with all our partners, whilst at Queen Elizabeth Hospital (QEH), Greenwich commissioners are working to address issues with the Urgent Care Centre (UCC), which is co-located with the emergency department but not run by the Trust. Our improvement work is supported by the Emergency Care Improvement Programme (ECIP) – the national NHS team which provides external expertise in improving emergency services. This programme has built upon the recommendations from a comprehensive piece of work undertaken in 2015 (known as "The One Version of the Truth") and other external reviews. Through work led by clinicians, significant improvements have been made in all elements of the pathway. Delivery of performance in 2017/18 relies on the continuation of this work and the delivery of whole system change in avoiding unnecessary admission to hospital and in complex supported discharge. There are a number of early recommendations emerging from the ECIP review that are informing the improvement programme going forward. For the Trust, these recommendations include the development of the Surgical Assessment Unit and, for the wider health and care system, implementing robust step down models of care in the community.

In 2017/18, we have agreed an overall target of providing treatment for 89% of emergency patients within four hours across our hospitals. This will be challenging to achieve as we are facing shortfalls in capacity in out of hospital service, following significant reductions during 2016/17 in community capacity, nursing homes and primary care services across Lewisham, Greenwich and Bexley, which places increasing pressure on hospital services.

Our focus will be on:

- **Providing more timely treatment for patients who do not require hospital treatment.** We are introducing a range of initiatives – including expanding our Rapid Assessment and Treatment (RAT) services at both hospitals – to try and ensure that we treat 99% of all patients who do not need to be admitted with four hours.
- **Ensuring patients are reviewed by consultants within 14 hour of attendance.** This is in line with NHS Standards for London (known as the London Quality Standards).
- **Continuing to improve services for patients who are frail and elderly.** In 2016/17, we launched specialist services at QEH and UHL to ensure older patients receive early treatment which helps recovery. In 2017/18, we will continue to develop these services by recruiting more permanent staff and working with partners.
- **Continuing to develop "ambulatory care" services.** Ambulatory care is shown to improve patient experience and to help reduce the need for hospital beds. In December 2016 we opened an ambulatory care centre at UHL – where patients can receive tests which are reviewed by consultants in an outpatient setting - and by summer 2017 we have plans to expand the existing ambulatory care centre at QEH.
- **Improving the discharge process** and freeing up hospital beds by enabling patients who do not need to be in hospital to return home sooner. We have appointed care navigators to manage discharges for patients with a range of health and social care needs, so we can speed up the process. Our partners are also working across the system to improve the process for discharges.

2.3.2 Referral to Treatment (RTT)

In 2016/17 we focused on reducing the number of patients waiting over 18 weeks from referral to treatment (RTT). Although achieving the RTT Standard for some specialties remains a challenge due to a shortfall in capacity to meet demand, we have an agreed plan in place to achieve the RTT standard across the Trust by March 2017.

We plan to maintain delivery of the 18 week RTT standard throughout 2017/18 and 2018/19. We have plans in place to increase our theatre capacity, including an additional orthopaedic theatre at University Hospital Lewisham and a day case theatre at QEH during 2017.

2.3.3 Cancer and diagnostic waiting times

Reducing the time that patients are waiting for cancer diagnosis and treatment, in line with national standards, has continued to be a challenge during 2016/17. We have developed a Cancer Improvement Plan to enable us to deliver all cancer standards and we are working with Trust clinicians, NHS England, specialist cancer centres, commissioners and GPs to make sustainable improvements. Our plan includes:

- Reducing the average wait to fewer than seven days for first appointments for urgent suspected cancer (called 2 week wait appointments)
- Increasing our capacity for diagnostic tests, including:
  - offering tests earlier so that results are available for first appointments;
  - one-stop-appointments where patients can have several tests done in one go ; and
  - new investment in both imaging and endoscopy
- Working with GPs to improve the referral process
- Making sure we transfer patients who need more specialist care to other Trusts within 38 days of referral.

Support for cancer survivors is a priority for the Trust. We are working with Macmillan Cancer Support to fund a Survivorship Programme Manager, described in the *London Living With and Beyond Cancer (Survivorship)*, to ensure we have good systems in place to support cancer survivors. In addition, we are expanding our psychological support service which will be offered by Macmillan at both QEH and UHL.

We have successfully secured funding to support our plans to increase our capacity for diagnostic tests, to enable us to carry out training for additional key staff, including radiographers and endoscopists.

South East London organisations have formed the South East London Accountable Cancer Network (SEL ACN), which we are part of, and we will be working with the new accountable cancer network across the STP footprint to drive improvement in cancer services and outcomes and deliver the national cancer strategy across SE London. The objectives of the ACN are:

- A sector wide approach to prioritise and implement service design and improvements to address priorities of the local health economy – the priority is to improve performance against cancer waiting times standard;
- Development of a unified vision for cancer services in SE London aligned with the work of *Our Healthier South East London* and the STP;
- Establish consistency of standards for pathway management, clinical protocols and provision of cancer treatments;
- Better management of diagnostic capacity to improve cancer waiting times; and
- Potential to reduce costs by reducing duplication.

The SEL Cancer Improvement Plan highlights work already underway to unlock improved cancer performance within SEL. The ACN have already invested in a number of areas of additional support for the system.

3. Quality planning

3.1 Governance

Quality and safety underpins all our work, our vision, values and objectives. We have a well-established governance framework and committee structure which has quality, safety and patient experience at the core. Led by the Integrated Governance Committee and supported by the Board Executive for Quality and Safety, the Director of Nursing and Clinical Quality, the Trust sets annual quality and safety priorities, together with the three local CCGs, which are published through its Quality Account and also include priorities resulting from all external reviews (CQC, peer reviews) and internal learning.

Through the Board Assurance Framework and Corporate Risk Register the Board is aware of the potential risks to the quality and safety of its services. The governance and assurance framework established within the Trust is one which is overseen through joint partnerships with our three local CCGs, NHSI and NHSE, through the Clinical Quality Review Group. The framework is structured from Board to Ward and is supported by the Trust Board through the establishment of Integrated Governance, Quality and Safety, Patient Experience, Transformation, Divisional Governance and Directorate level Governance Committees, Groups and Panels.

In June 2016 the Care Quality Commission (CQC) carried out an unannounced inspection of the emergency and medical services based at Queen Elizabeth Hospital. The ratings for these services were 'Requires Improvement'. We have developed an action plan in response to this and will continue to work with partners to make improvements and address areas highlighted by the CQC.

In alignment with the introduction of the NHSI Single Oversight Framework, the Trust has reviewed and developed a new approach to working towards achieving a 'good' or 'outstanding' CQC rating. A significant work programme is underway to address findings within the 2016 CQC report and a new approach to quality and safety assessment, monitoring, reporting and action planning has been introduced.

3.2 Quality review and assurance programme

Our clinical leads use a range of tools to monitor the quality of our services on a continuous basis. All quality reviews are reported centrally and we have processes to ensure that action plans are identified and undertaken where improvements are needed. This is overseen by the Trust's Quality and Safety Committee.

3.3 Quality and performance monitoring

Trust-wide performance reports are regularly reviewed by the Board, each division and the executive team and we share performance data with our commissioners. The reports detail how we are doing in a range of areas, including delivery against a range of quality programmes and projects, the "Sign up to Safety" campaign, and other indicators relating to quality and safety, patient experience, waiting times and staffing levels.

The Board also receives reports from internally commissioned 'deep dives' and thematic reviews, undertaken as part of the programme for quality and safety, and the learning from reviews of the quality indicators and metrics.

Relevant leads in the Trust also monitor performance by each ward, looking each month at detailed information on staffing, quality and patient experience. This enables us to share best practice and develop local improvement plans where needed.

To share information more widely, we have introduced "How Are We Doing?" boards in inpatient areas, showing at a glance how we are doing in areas such as patient safety, infection control and patient experience. We will be introducing "How are We Doing?" boards in outpatient

and community areas as well in 2017/18. As well as improving our level of communication with our patients and public, a key aim of this approach is to involve staff in how data can be used to measure and drive improvements in quality at a very local level.

3.4 Quality Improvement Plan

Each year we set priorities for quality improvement through a series of local and national programmes that include:

- The Trust Annual Quality Account;
- National CQUIN initiatives;
- National Sign Up to Safety Programme;
- National Service Reviews;
- Local Service Development Programmes; and
- Locally agreed quality and safety improvement initiatives.

Going forward, a key priority will be to continue our work with local partners to improve pathways for people who are frail and elderly – as effective early treatments can make a huge difference in promoting good health and independence. We will also continue to focus on meeting all the quality and performance standards and to build on recent progress. Of course, we do not work in isolation and work closely with our partners to deliver improvements across the health and social care system as a whole.

3.5 Quality priorities

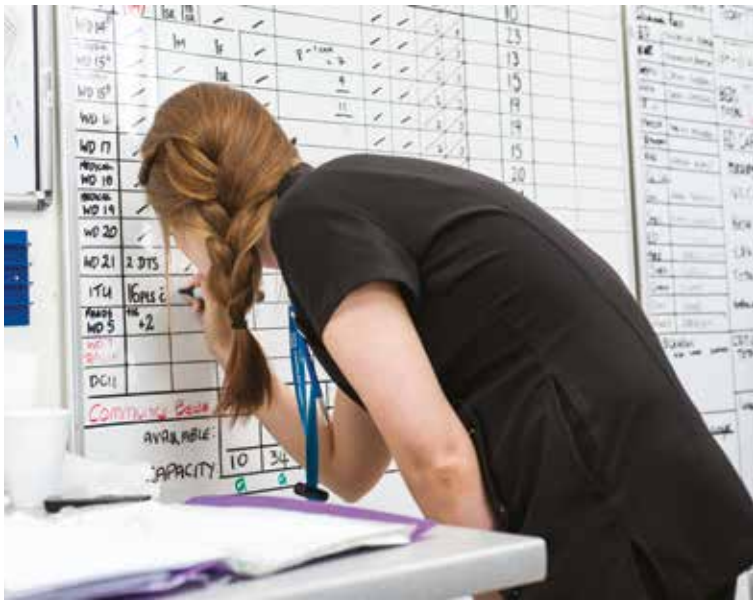
Our priorities are drawn from a review of our 2016/17 work and on areas, which still require ongoing improvements. Our focus is on:

- **Safety:** Having the right systems and staff in place to minimise risk of harm to our patients and, if things go wrong, to be open and learn from our mistakes.
- **Clinical effectiveness:** Providing the highest quality care whilst also being efficient and cost effective.
- **Caring and responsive:** Meeting our patients' emotional as well as physical needs, and providing effective services seven days a week.

3.5.1 Safety

We have a range of initiatives over the next two years:

- **Mortality and avoidable deaths** – We will improve the quality of our well-established Mortality Surveillance programme. Through detailed analysis of mortality data, we will review when deaths could have been prevented to ensure that any opportunities for learning are identified and shared across the organisation.
- **Serious Incident Investigation and learning** – Our focus is on continuing to improve the way we learn from incidents and we will continue to run 'Sharing the Learning' events for staff. We will expand our training programme staff who carry out investigations of incidents.
- **Sign up to Safety** - The Trust has made a range of improvements since joining the 'Sign Up to Safety' programme in 2014. In 2017/18 we will focus on:
  - Early detection of sepsis (blood poisoning following infection) so we can take early action;
  - Continuing to reduce the serious patient falls; and
  - Reducing the number of pressure ulcers attributable to the Trust.
- **Infection prevention and control** – We are working to maintain consistently good levels of hand hygiene and we have a well-developed system for monitoring performance. We are also working to reduce unnecessary use of antibiotics and to improve the assessment of wounds, which fail to heal after four weeks, both for patients in hospital and in the community.



3.5.2 Clinical effectiveness

- **Getting it Right First Time (GiRFT)** - During 2017/18 the Trust will focus on further improving the quality of our orthopaedic care by working with partners and continuing to implement the recommendations from the national GiRFT report.
- **National Maternity Review** – After a successful launch in June 2016 our maternity service has developed a "Better Births" action plan with seven workstreams. The first 6 works streams have joint consultant and midwifery leads from both UHL and QEH sites. The workstreams are:
  - **Personalised care:** centred on the woman her baby and her family based around their needs and their decisions;
  - **Continuity of carer:** to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions;
  - **Safer care:** with professionals working together across boundaries to ensure rapid referral, and access to the right care, in the right place and learning when things go wrong;
  - **Better postnatal and perinatal mental health care:** to address the historic underfunding and provision in these two vital areas;
  - **Multi-professional working:** breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies; and
  - **Working across boundaries:** to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.

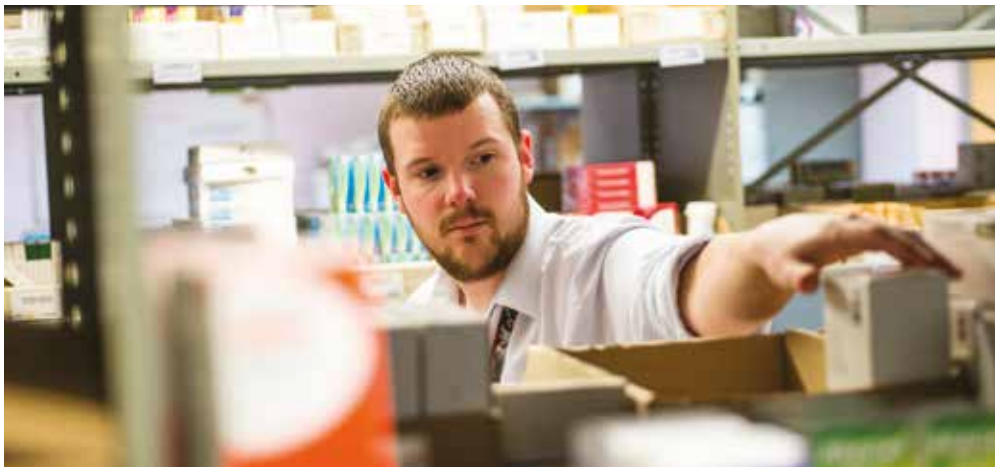
Separate to this the South East London Maternity Network has submitted an expression of interest to become an early adopter of the NHSE Maternity Transformation Programme. The programme of work will assess potential models of care and develop outline business cases for the SEL system to consider. It includes a proposal to conduct a feasibility study and outline business case for significantly increasing consultant cover on labour wards although this will only be taken forward if:

- NHSE are able to match fund SEL provider investment to test the effectiveness of a significant increase in consultant cover; and
- The outline business case indicates that provider investment in additional consultants is sustainable.

Every year the Trust participates in all the national clinical audits that apply to the services we provide. When published, the Trust makes sure that all relevant services review the findings of clinical audits and develop action plans to implement the relevant recommendations.

3.5.3 Caring and Responsive

- **Corporate Objectives** - Each year the Trust focuses on particular aspects of improvement. For 2017/18 these continue to be:
  - Improving the pathways and management of patients who are frail and elderly including those who have dementia;
  - Improving end of life care pathways; and
  - Improving patient experience.
- **Meeting national quality and innovation targets** - We participates in all applicable national CQUINs and has developed programmes of work for each of the national CQUINs. CQUINs for 2017/18 will focus on;
  - NHS Staff Health and Well Being;
  - Sepsis;
  - Antimicrobial Resistance;
  - Improving services for people with mental health needs who present to A&E;
  - Offering guidance and Advice to reduce requirement for Outpatient referrals;
  - E-Referrals;
  - Supporting proactive and safe discharge;
  - Preventing ill health by risk behaviours, alcohol and tobacco; and
  - Improving the assessment of wounds.
- **Delivering seven day working and delivering the 4 priority clinical standards** - We have signed up to be a part of the NHS England led phase 2 delivery programme for the four priority clinical standards requiring full compliance by March 2018:
  - Ensuring patients are reviewed by a consultant within 14 hours of arrival;
  - Improving access to diagnostic tests;
  - Improving access to consultant-directed interventions; and
  - Ensuring ongoing review of patients.



3.6 Quality impact assessment process

We review all our Cost Improvement Programmes (CIPs) through an effective Quality Impact assessment to ensure that every schemes has clinical approval and only progressed if they do not have an adverse effect on services. All schemes need to be approved by the Director of Nursing and Clinical Quality and the Medical Director.

Delivery of CIPs is then monitored by a Programme Board which is chaired by the Chief Executive.

3.7 Matching quality with workforce and finance to provide quality services

The Trust Board monitors data on workforce, quality, finance and activity on a regular basis.

3.7.1 Safe staffing

All inpatient areas use an electronic roster system to manage their teams. In 2017/18 this system will be extended to additional areas and regular roster reviews will be introduced.

We collect data for all adult inpatient areas each day to match the needs of the patients against the allocated hours of nursing staff for each shift. All adult areas currently collect this data once a day; we plan in early 2017/18 to collect data twice daily and to put in place additional processes to flag and address any shortfalls across the Trust. The children's service will also be collecting data and is awaiting further national guidance from NHSI on recommended staffing levels. Maternity and community areas are ready to adopt the data collection tool once guidance is received from NHSI on staffing levels for these areas.

We have reviewed our approach to managing the needs of patients who require enhanced one-to-one care.We will be implementing changes across the Trust with full impact from 2017/18.

We are also collecting data on care contact hours for each clinical area and using the New Model Hospital Toolkit to see how our figures compare to those of similar hospitals. Care contact hours will be used in the safe-care system described above to match staff levels to meet patient need.

We carry out safe staffing reviews for all inpatient areas every six months. These involve corporate leads from nursing, finance and workforce as well as involving nursing leaders for each area. District nursing were included in the last safe staffing reviews and in 2017/18 both District Nursing and the Emergency Department teams will also be part of this review process. For 2017/18 we will run additional quarterly mini reviews.

4. Workforce planning

4.1 Our approach and key drivers

We aim to improve the experience of our workforce so we can attract and retain the right staff, reduce our use of agency staff and improve patient experience and care.

Building on the well-led framework, we have an approach that ensures strong clinical engagement. There is a Board sub-committee in place to lead on workforce and education matters, chaired by a non-executive director, and supported by a number of sub groups. Workforce plans are developed locally within clinical teams alongside the development of clinical operational plans. These are reviewed through management board meetings, chaired by the Divisional Director, and with clinical directors, nursing and service leads in attendance.

We also take into account a range of issues, such as:

- The South East London Sustainability and Transformation Plan (STP) Programme priorities;
- The recommendations of the national Carter review to optimise productivity and efficiency;
- The need to reduce reliance on and cost of agency staff, through recruiting and retaining permanent staff;
- Our own internal improvement and transformation plans; and
- National policy changes for apprenticeships, bursaries and training programmes.

4.2 Reducing agency spend

In 2016/17, we ensured that expenditure on nursing agency staff was in line with national guidelines and we did not breach the limit which had been set. In 2017/18 we will continue to focus on reducing spend on agency staff with a range of ongoing initiatives. These include stopping use of agency staff for administrative or managerial posts in all but exceptional circumstances, and running campaigns to encourage agency workers to join the Trust Bank or to move into permanent roles.

4.3 Recruitment and Retention

During the past year, there has been a continued focus on recruiting to vacant posts and streamlining recruitment processes. Our "time-to-hire" rates are amongst the best in London and, as a result, in 2016/17, the service was a finalist for a Health People Management Award CIPD for excellence in capability.

We have had nearly 1,200 new starters over 2016/17 due a range of successful projects, including a recruitment programme for armed forces veterans. We will build on this work in 2017/18 with a range of workstreams, including running an apprenticeship scheme and an employee loyalty programme.

We also have ongoing plans to recruit overseas for some specialty roles where there are shortages in the UK.

Our programme to improve staff experience and staff retention includes values based recruitment, a comprehensive health and wellbeing programme and a staff benefits programme.

4.4 Education and development plans

We work closely with Health Education South London (HESL) to develop plans to address areas where are there are shortages of qualified staff. We are also working with partners in South East London through the SE London STP. Gaps still do exist in the supply of qualified roles, for example: in the numbers of available nurses, where the ongoing need to recruit overseas remains; in Allied Health Professional (AHP) areas, where high levels of agency workers have been needed; and in some junior doctor roles and consultant specialities. An action plan is in place to maximise opportunities from the implementation of the Apprenticeship Levy for future years.

4.5 Quality and Safety indicators

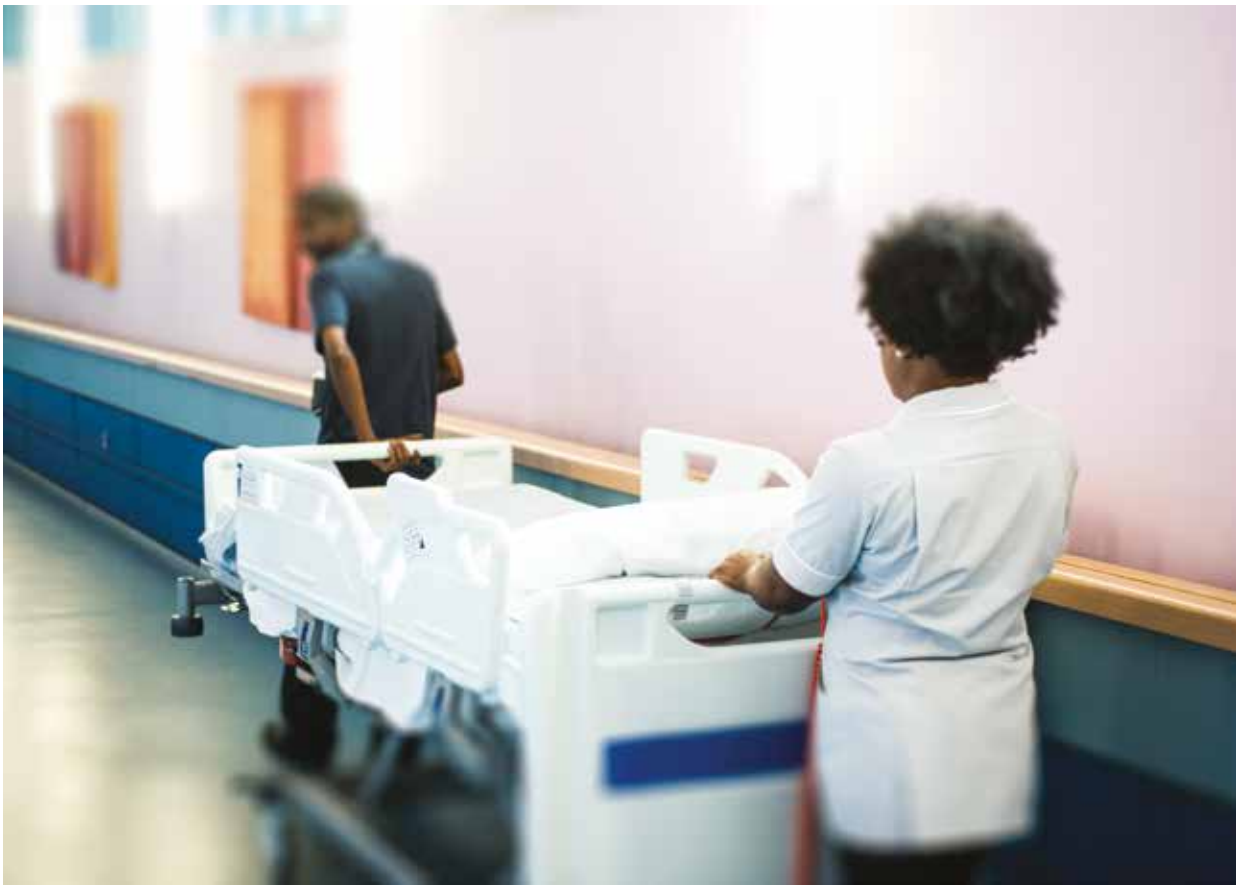
Our quality and safety indicators are consistent with the NHSI Single Oversight Framework for NHS providers. The Workforce indicators reflect part of our well-led performance and are reviewed alongside the quality and safety indicators. In 2017/18 we plan to maximise our use of technology to support effective people management and to enable managers to have easy access to business critical workforce data.

As at September 2016, the Trust had a workforce of 6,752 people, with 5,638 Full Time Equivalents (FTE).

4.6 New workforce initiatives

Plans for new workforce initiatives include:

- Developing Nurse associate roles, working in partnership with Greenwich University and local STP and South East partners. We aim to provide a two year training programme with individuals recruited and paid by the Trust for their period of training, making use of the apprenticeship levy
- Continuing our theatre transformation programme, which may result in changes to working patterns to ensure the workforce is aligned to deliver the capacity to meet the demand
- Through success in applying for additional funding we can support our plans to increase our capacity for diagnostic tests, to enable us to carry out training for additional key staff, including radiographers and endoscopists as part of our cancer improvement plan
- Continuing to develop new roles in acute and emergency medicine, including Advanced Clinical Practitioner and Nurse Specialist roles and increasing consultant cover to support the new ambulatory service on both sites
- Enabling mobile working and new ways of working for community staff to improve efficiency.



5. Financial Planning

5.1 Sustainability and Transformation Funding (STF) and Control Totals

In 2017/18, we have agreed, in principle, to deliver a control total of a £22.76m deficit. On the face of it, this looks similar to the control total of 2016/17 but, due to changes in the way PFI costs are accounted for, this places an additional challenge of £12m, whilst we also need to address new and existing cost pressures.

Delivery of the control total, of £22.76m deficit, is dependent on the Trust receiving Sustainability and Transformation funding (STF), but also on delivery of the transformational changes identified in the STP for South East London. The STP outlines that commissioners will introduce schemes which reduce the demand for hospital services, as well as identifying opportunities for financial savings through clinical transformation and through collaborative working.

5.2 Efficiency savings for 2017/18 to 2018/19

The Trust has an ambitious Cost Improvement Programme which incorporates £20m of our own efficiencies as well as £19m savings identified in the STP clinical transformation and collaborative productivity efficiency programmes.

We are working with our commissioners through a joint executive board to develop Quality, Innovation, Productivity and Prevention (QIPP) schemes and aim to increase the amount of realistic deliverable QIPP to be achieved during 2017/18 ensuring it aligns with the STP.

We have established a multi-disciplinary group, led by the Chief Executive and Finance Director, that meets regularly to support and monitor implementation of the Lord Carter recommendations about working more efficiently within the Trust.

5.3 Capital planning

We have developed a robust five year Capital Plan to invest in a range of improvements. The Plan includes some larger investment schemes (over £5m) as well as a number of smaller schemes where investment will be allocated to the priorities identified from the Trust's capital allocation. Key areas of investment include: estates, information management and technology, imaging and increasing capacity for theatres and diagnostics, specifically endoscopy.

5.3.1 Priority Externally Funded Developments

- **QEH infrastructure** We have already secured significant national funding to address the longstanding infrastructure problems with the hospital buildings at QEH. This will tackle the areas such as electrics, ventilation, water systems and generator capacity.
- **Emergency Department at QEH** We are exploring opportunities to improve the quality of the emergency department and associated functions. Our plans will have to ensure that the very busy emergency department can continue to function during the significant construction periods that will be needed to make the necessary improvements. These improvement works will be helped by our PFI partner's proposals to provide a new main entrance at the hospital.
- **Merging our IT systems for electronic patient records** We have submitted a full business case to NHSI to merge our two systems of electronic patient records at UHL and QEH.
- **Improved access for cancer tests** We need to improve our endoscopy services to ensure compliant services and meet the shortfall in capacity due to the growing demand. We have identified capital funding from within our own plan to upgrade our endoscopy suite at QEH in 2017/18 and are applying for external funding from NHSI through development of a business case for a new endoscopy facility at UHL.

- **Toshiba** Currently we have a managed equipment service for our medical equipment at Queen Elizabeth Hospital, which is due to expire in September 2017. We will be developing the business case for the future options for managing our medical equipment across the Trust in 2017/18.

5.3.2 Estates

We are developing our estates strategy to get best use of NHS buildings and land. Our estates strategy will ensure that:

- Clinical service, education and estates needs are aligned;
- Investment is focused on business priorities and unlocks financial benefits for the Trust;
- Space allocation is proportionate to need, productivity and income opportunities;
- Plans are consistent with those of our partners within the health and social care economy in South East London, including commissioners; and
- Resources are targeted on projects that deliver better quality outcomes for our patients together with improved productivity.
- We maximise the opportunities for joint working with other providers including primary care.

Local partners in Lewisham are working together (through the Lewisham Devolution Pilot and One Public Estate project) for more local decision making and to make better use of resources across the public sector. Lewisham Health and Care Partners are working on the integration of adult care. All local partners agree that we should develop a "local care network hub" on the UHL site which would support primary care and community health teams.

In Greenwich, we are in discussions with our PFI partners and with the Royal Borough of Greenwich to develop our plans to make significant improvements at QEH.

We do not have estates interest in the borough of Bexley but we are working with the CCG in the development of their Locality Care Network programme.

5.3.3 Information Technology

The Local Digital Roadmap (LDR) outlines the SE London STP's ambition is to streamline referrals, improve access to diagnostic testing services and move to a paperless NHS by 2020.

As well as contributing to the delivery of the LDR, the Trust's IT programme includes:

- **Merging our two systems of electronic records** - subject to NHSI approval, and introducing Radio Frequency and Identification technology to improve how records are filed
- **Population Health and Local Care Networks** - the implementation of an ambitious population health management system, which will be accessible by both the health and social care teams and the individual client. This will enable the transformation of our current care models and a renewed focus on the most appropriate prevention and treatment programmes
- **Near time management information** – a data warehouse and reporting process to enable real time access to data for both clinical and management teams
- **Electronic Referrals** - Joint initiatives will be undertaken with commissioning CCGs to increase the level of electronic referrals between primary and acute care to the meet the October 2018 targets. This will incorporate both the discrete use of the national electronic referral system, and referrals undertaken via referral management systems within the CCGs
- **New Ways of Working - Mobile Working** - In 2016/17 we commenced initial work on introducing improvements to remote access to information and support for more flexible working especially for community based staff. This programme will progress in 2017/18.

6. Sustainability and Transformation Plan (STP)

The SEL STP identifies that south east London faces many of the challenges that are being experienced nationally. The three gaps identified in the Five Year Forward View are found in south east London and the STP seeks to address these. The financial challenge for south east London is significant with a forecast gap of £854m over the five year planning period. The drivers of the affordability gap are outlined in the STP, which identifies that the SEL footprint must focus on managing the increase in demand for services by changing the way we work, specifically so that we can work within our current infrastructure. The priority will be to provide alternative high quality, good value options that focus on outcomes for our population.

Our Operating Plan is aligned with the SEL STP but we recognise that the detailed plans underpinning the STP are still in development. As such, more work is needed to identify how the Trust will deliver savings which the STP has identified for 2017/18.

The STP has identified five priorities to make the SEL health and care system sustainable in the near, medium and long term. These priorities, outlined below, are reflected in our operating plan:

- **Developing consistent and high quality community based care (CBC), primary care development and prevention** - The Trust's plan include key areas of focus through our contribution to the development of the Locality Care Networks (LCN) across the three boroughs, in particular, in the development of the estates solution for one of the hub locations in Lewisham; and through our membership of both the LCN Transformation Group in Greenwich and the LCN Programme Board in Bexley.

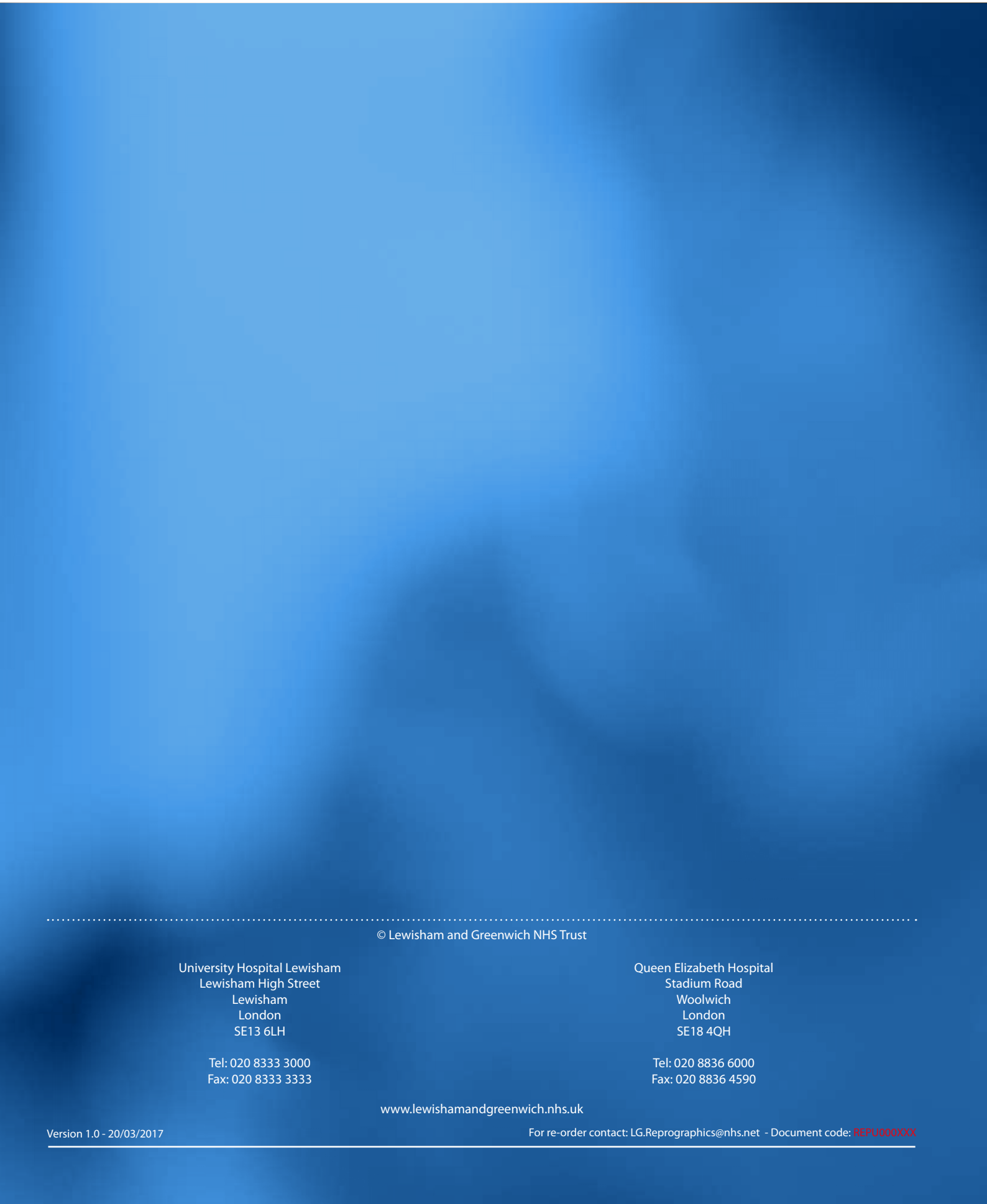
  In addition, our plan outlines our alignment with the STP Digital Roadmap and specifically our lead in driving the implementation of a population health management system in partnership with other key stakeholders including GP Federations, Local Authorities, Mental Health and specialist providers.

- **Improving quality and reducing variation across both physical and mental health** - Our plan sets out our approach to improving and sustaining performance against the NHS Constitution standards, including Accident and Emergency (A&E) waiting times, referral to treatment times (RTT), cancer treatment times, ambulance response times and access to mental health services. We have contributed to the STP process to consolidate planned orthopaedic care and have submitted a proposal to locate an Elective Orthopaedic Centre on the UHL site.

- **Reducing cost through provider collaboration** - The STP identifies five key priority areas where opportunities exist for reducing the cost of delivering care: clinical and non-clinical support services (such as pharmacy and pathology); workforce, procurement and estates. Ambitious savings plans have been identified and work is currently ongoing to evaluate the potential opportunities in HR back office, finance back office, procurement unit cost reduction, and the use of temporary staff. Detailed plans are being developed across these collaborative productivity workstreams and the STP leadership team has recently undertaken a review of the high level delivery plans. There is still the risk that these plans will double count savings assumed within the Trust's cost improvement plans.

- **Developing sustainable specialised services** - The STP outlines an ambition to develop world class and sustainable specialised services that meet the needs of patients both locally and across England. Whilst specialised services are not a significant proportion of the Trust's services, they are a significant part of the SEL health economy with a third of patients overall coming from outside SEL. The size of the service therefore has an impact on the sustainability of the south east London system, both in terms of financial sustainability and the quality of other services. The STP outlines the potential to explore consolidation of specialised services to support quality improvement and better value for money.

- **Changing how we work together to deliver the transformation required** - In order to deliver the STP, south east London partners must establish the right governance structure, review the level of resources required and secure appropriate funding as well address system incentives. The immediate priority is developing the appropriate infrastructure to deliver the plan and being clear about roles and responsibilities to do so.



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