

2018/19 operating plan



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Introduction

This is the public version of our operating plan for 2018/19. The document has been refreshed and updated from the two-year plan that was published in March 2017 covering the period 2017/18 and 2018/19.

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Activity planning for 2018/19

2.1 Managing demand and capacity

We have adopted a robust approach to planning, involving our clinical staff, to ensure that we are realistic about the demand for our services and our capacity to deliver. We have agreed these plans with local commissioners and with NHS England and have contracts in place to support them.

More information on key areas is provided below:

2.1.1 Planned treatment and surgery

We have modelled demand and capacity for all inpatient specialties, identifying the theatre, outpatient and diagnostic capacity we need to deliver the activity commissioners have contracted us to provide.

2.1.2 Cancer

The NHS expects a 7% increase in the need for cancer tests (diagnostic activity) each year between now and 2020/21. Detailed planning and reviews with our commissioners and South East London Cancer Network will give us a comprehensive understanding of the diagnostic needs over the next five to 10 years. We expect that our Trust will need greater capacity to meet the diagnostic needs especially for CT and MRI scans and endoscopies. When the reviews are complete we will develop longer term plans with partners to meet the diagnostic needs across South East London.

2.1.3 Winter resilience

The Trust's winter resilience plans build on the planned improvements outlined in section 2.3.1 below. These have been developed with the health and care system as a whole to ensure there is sufficient community capacity to enable patients with complex care needs to be discharged when they no longer need hospital care.

The majority of flexible bed capacity is in the community, not in our hospitals. We are having discussions with commissioners about demand and capacity planning for 2018/19.

We plan to move "community beds" from Sapphire Ward at University Hospital Lewisham (UHL) to an out-of-hospital setting to give us more hospital bed capacity. Oxleas NHS Foundation Trust will take over the "Hospital at Home" service at Queen Elizabeth Hospital (QEH) this summer to support some patients to be treated at home. We are currently building a new clinical facility at QEH, which will give us additional flexible bed capacity over winter 2018/19.

2.1.4 Managing unplanned changes in demand

We have introduced a new twice-weekly clinically-led review of patients from our three local boroughs – Lewisham, Greenwich and Bexley – who are ready for discharge or whose transfer has been delayed.

Every day we review actual activity against what was planned, and monitor the impact on the flow of patients through our hospitals. We use robust clinically-led procedures to manage the flow of patients, so we can respond to surges in demand.

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.

2.2 Delivering operational standards

We will continue to work to improve and sustain performance against NHS standards, including the Accident and Emergency (A&E) four-hour waiting times, the referral to treatment times (RTT), cancer treatment times, ambulance response times and access to mental health services. In 2018/19 we are continuing with this approach outlined in the sections below:

2.2.1 Emergency pathway

The national standard is to provide treatment for at least 95% of patients within four hours. We recognise that this area is challenging for the whole of the health system. Meeting the standard depends on actions both within and outside the Trust, so we will continue to work with partners to make improvements across the whole health and care system. Work includes:

- **Urgent care and “GP streaming”** – We introduced GP streaming at both our hospitals in November 2017 – with GPs reviewing patients’ needs and ensuring that they are seen by the right healthcare professional, including pharmacy, GP and ambulatory care services. This ensures we get the right flow of patients through our emergency departments.
- **Improvement and transformation** – We have developed clinically-led Hospital Improvement Teams (HIT) for each site. In 2018/19 these teams will focus on improving A&E flow, assessment of patients and treatment of frail patients. They will also work with Commissioners through the Transfer of Care Collaborative (TOCC) to focus on reducing the number of patients in both hospitals who no longer need hospital care but whose discharge is being delayed.
- Our focus for 2018/19 will be on developing integrated community pathways so that patients can be cared for in the best place. We will set up an admission avoidance hub at UHL, and enable more patients to be discharged earlier and receive ongoing care and assessment for longer-term needs out of hospital.

We are working with commissioners to help patients leave hospital sooner, freeing up beds and improving the patient experience. The development of the new clinical facility at QEH will be a key part of this, enabling us to work with partners to make a range of improvements.

Our plan for 2018/19 is based on schemes within our hospitals, with the aim of treating 95% of emergency patients within four hours by the end of March 2019. This will be challenging due to a significant reduction in community capacity, nursing homes and primary care services across all three boroughs. The Trust’s hospital focus will be on the following areas:

- **Emergency Department** – Introducing more rapid assessment and treatment of patients who don’t need to be admitted to hospital, so that 99% of these patients are treated within 4 hours.
- **Acute pathway** – Ensure consultant review of patients within four hours, in line with best practice guidelines. We are changing our rotas to enable specialty doctors to respond to requests made by colleagues in acute and elderly medicine within 60 minutes. We will also work towards making our ambulatory care services and admission avoidance hub available seven days a week and review our staffing requirements to deliver this.
- **Improved services for patients who are frail or elderly** - In 2017/18 we worked with system partners to develop a frailty assessment hub (Clinical Assessment Unit) and inpatient facility at Eltham Community Hospital. We also enhanced our services for older patients at QEH, with early support from specialist healthcare professionals. In 2018/19 we will build on this work, introducing assessment chairs on our dedicated frailty unit on Hawthorn Ward at UHL. Early diagnosis and support for these patients can reduce the need for hospital treatment. We also have more consultant geriatricians at both hospitals to support improved care for older and frail patients.
- **Extending our “ambulatory care” services** - Ambulatory care is shown to improve patient experience and reduce the need for hospital beds. We now have ambulatory care units open five days per week at both hospitals. Led by consultants both units help patients avoid hospital admission and also support early discharge from the wards. In 2018/19 we plan to extend the UHL service into a fully integrated admission avoidance hub, and to extend the opening hours at both hospitals to 14 hours per day, seven days per week.
- **Improving hospital discharge** – Freeing up hospital beds by enabling patients who do not need to be in hospital to leave sooner. Building on last year’s work, we will enable nursing staff and therapists to lead on discharges for patients who do not have complex needs. We will aim for 30% of these “simple” discharges to happen before 12 midday, as well as increasing our use of discharge lounges to free beds up earlier for new patients.

We are also working to improve discharges for patients with more complex needs. A range of initiatives are being introduced to make sure that patients who do not require specialist hospital care are transferred to the right setting, outside of hospital, to get the right care.

2.2.2 Referral to treatment (RTT)

During 2017/18 we worked to reduce the number of patients waiting over 18 weeks for planned care. However a national directive to stop non-urgent elective operations during January 2018 due to winter pressures has inevitably affected our backlog of patients waiting for treatment.

We have agreed with local commissioners a target to recover the RTT position by April 2019. We monitor our patient lists closely for every specialty and are confident that we will meet the national requirements to have fewer patients waiting more than 18 weeks in March 2019 than in March 2018. We also expect to maintain our current position of no patients waiting more than 52 weeks for treatment.

We are increasing our theatre capacity through reallocation and increased productivity to meet the demands for each specialty. In 2017/18 we recommissioned a day case theatre at QEH and plan to increase orthopaedic capacity in 2018/19 at UHL. We are developing plans to increase our theatre capacity overall to meet demand.

2.2.3 Cancer and diagnostic waiting times

Our delivery of the national cancer waiting times continued to be variable during 2017/18. While we met our target for patients attending their first appointment within two weeks, we struggled to meet our target for patients starting treatment within 62 days of urgent referral.

To enable us to deliver all cancer standards, we have developed joint plans with Guy's and St Thomas' Hospital and King's College Hospital and the South East London Cancer Network.

Many of our patients start their pathway at our Trust and then have treatment at specialist centres such as Guy's and St Thomas' or King's College Hospital. We have worked hard in the past six months to make sure that we can get our shared patients to specialist centres before 38 days on the cancer pathway, which is our local target.

Our key objectives for 2018/19 include:

- Making sure we transfer patients to specialist centres within 38 days
- Enabling GPs to make electronic referrals for all 2 week wait cancer referrals and making sure that these patients get the diagnostic tests they need
- Enabling referrals straight to test for suspected lower gastrointestinal and lung cancer
- Improved tracking of cancer patients including those with shared care
- Ensure we have a workforce to support the wider cancer infrastructure
- Ensure all 2 week wait cancer patients have timely access to diagnostics
- Developing a cancer strategy for the next five years
- Improving the support available to cancer patients and survivors
- Working with partners to achieve a joined up approach to access to cancer treatment for patients across south east London
- Peer review of clinical services
- Enhanced operational management across the cancer network to support more flexible use of resources to deliver the 62 day standard.

Enabling people to have improved lives after cancer remains a priority for the Trust. We have worked with Macmillan Cancer Support to fund a survivorship programme. Macmillan has also supported a psychological support service across both hospital sites. We will work with commissioners to ensure the service is fully funded at the end of the Macmillan Grant which is due to end in January 2019.

In response to patient feedback, we are making it easier for patients to contact our cancer nursing specialist teams. Funded by MacMillan, we are introducing a single point of contact and patient support phone service, so patients can receive emotional and practical support and can be booked into daily cancer nurse led cancer clinics.

We work closely with partners through the South East London Cancer Network. The network has provided funding for more diagnostic capacity at Lewisham and Greenwich NHS Trust, including mobile CT and MRI scanners.

The Network aims to standardise process for monitoring and analysing patient information across the three south east London Trusts. Moving forward, we hope to progress joint radiology posts to support the diagnostic agenda and to address the workforce shortages across the sector.

2.3 Adult and children's community services

The Trust is working with other health and social care organisations in Lewisham in a new strategic partnership called Lewisham Health and Care Partners (LHCP). Further information about LHCP is in section 6.2 but the key aims are to:

- Achieve a sustainable single health and care system that's easy to access for all
- Deliver integrated care in Lewisham, with coordination of care services for patients
- Introduce multi-disciplinary patient-focused teams in the community
- Make better use of land and building used by local health and care organisations
- Use state-of-the-art information systems to provide health and care that matches the needs of the local population.

We are working to transform adult community services in 2019/20. The aims are to strengthen community services so that fewer people will need to be admitted to acute hospitals, and more people will be able to be supported and treated in the community, including those who have long term conditions. With stronger community health and social care services more people will be able to leave hospital sooner, confident that they will be well supported.

A lot of preparation to design and develop adult community services will take place in 2018/19, ready for the big changes in 2019/20. Having the right staff in place will continue to be a significant challenge.

Children's services across Lewisham, Greenwich and Bexley are now more able to work closer together, sharing patient information when needed through a system called Connect Care. Building on this, we are currently developing a new population health management system to give health and social care teams and their patients better information about risks, disease, and track health issues over time.

2.4 End of life care

Disappointingly, in 2017 Care Quality Commission (CQC) inspectors rated the Trust's end of life care services at Queen Elizabeth Hospital as 'inadequate' and at University Hospital Lewisham as 'requires improvement'. Since then we have started an improvement programme, working with NHS Improvement and Hospice UK. We have focused on improving the quality of care for patients who may be in their last three months of life and who attend, or are admitted to hospital, in an emergency. During 2018/19, we will be implementing a treatment escalation plan, which will improve the documentation of the patient's care plan and how the plan is communicated between clinicians, patients and families.

3

Quality planning

3.1 Clinical strategy

The development of our clinical strategy is a key priority for the Trust in 2018/19. It will set out how we will deliver safe effective patient care and ensure that our organisation is both clinically and financially sustainable going forward. Our clinical strategy will address concerns raised by the Care Quality Commission inspectors in 2017 and support how we are moving towards financial stability. The strategy will also influence how we develop our estates redevelopment programme, while remaining consistent with the south east London Sustainability and Transformation Plan (STP).

3.2 Governance

Our vision and values are driven by quality and safety. We have a well-established governance framework and committee structure to raise potential risks to the quality and safety of our services. This is overseen by the Trust Board and has quality, safety and patient experience at the core.

This work is led by the Integrated Governance Committee, and supported by the Chief Nurse, who is the Board Executive for Quality and Safety.

The Trust, together with the three local CCGs, sets annual quality and safety priorities, which are published in our Quality Account. These include priorities arising from all external reviews (CQC, peer reviews) and internal learning. Every month the Board reviews top risks and issues.

In March 2017 the CQC inspected all core services across the Trust including community services and sexual health. The overall rating was "requires improvement". Our adult and child community services achieved 'outstanding' and end of life care at QEH was rated 'inadequate'.

After a risk summit in April 2017 the Trust, in partnership with the three CCGs, developed a system-wide improvement plan, in response to the CQC report. The improvement plan has achieved many of the core objectives set for the Trust and we continue to work with our external partners. We continue to meet each month with local CQC partners to address any issues as soon as they arise and will review the improvement plan early in 2018/19 to consider how to take the improvements forward as part of our day to day work.

By the start of 2018/19 changes to our Board will have included a new chief executive and chief nurse, a vacancy for a finance director and some new non-executive directors. We will undertake a self-assessment against the national Well Led Framework, which will provide the basis for a Board Development Programme.

3.3 Quality review and assurance

Our clinical teams use a range of tools to continuously monitor the quality of our services. All quality reviews are reported centrally and our processes make sure that action is taken where improvements are needed. This is overseen by the Trust's compliance and regulation team, and divisions report to our quality and safety committee so that we can address and learn from any key issues found.

We are making greater use of the Getting it Right First Time (GiRFT) and "Model Hospital" programmes to improve our services.

3.4 Quality and performance monitoring

We use a scorecard to monitor the quality of our services and our operational and financial performance. The Board, the executive team and clinical leaders review performance reports each month. The data helps us to deliver a range of quality improvement initiatives including the 'Sign up to Safety' campaign. For example we monitor:

- Quality and safety indicators – hospital acquired infections, incidents, harm, mortality, readmissions, length of stay
- Patient experience – Friends and Family tests, complaints and compliments
- Efficiency and productivity – admitted care, theatres and outpatients
- Accessing our services - waiting times for surgery, cancer services and accident and emergency
- Maternity
- Workforce - staff vacancy rate, agency spend, nurse to bed ratio, appraisal rates.
- Nursing – measuring ward quality

The Board also monitors special reports that are carried out to ensure continued learning.

We share our quality and safety data with local CCGs and produce clear information on our wards to show how we are performing in key areas. We plan to display posters in outpatient and community areas too, to encourage staff to see how data can drive quality improvements at a very local level.

3.5 Quality improvement plan

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

- The Trust's Annual Quality Account
- National CQUIN initiatives
- National Sign Up to Safety programme
- National service reviews
- Local service development programmes
- Locally agreed quality and safety improvement initiatives
- Using GiRFT benchmarking data for quality improvement
- Working with clinical commissioners to improve the clinical pathways.

A priority for 2018/19 is to develop a Trust approach to continuous quality improvements that links to our organisational development plans. Having identified partners to support us with quality improvement work in 2017/18, we will focus in 2018/19 on improving the emergency pathway, model hospital productivity priorities and population health. Our aim is to build skills and a workforce culture of continuous improvement to support the Trust's priorities.

A key priority will be to continue our work with local partners to improve local health and care services, and particularly ways for people who are frail and elderly to get the early support they need from community and social care teams to look after their health and maximise their independence. We are working with partners in Greenwich and Bexley through the Transfer of Care Collaborative (TOCC) to reduce the numbers of patients whose discharge from QEH is delayed by a shortage of community based support. We will then review this work with our partners in Lewisham.

At UHL we will focus in 2018/19 on a more integrated approach to caring for people who have diabetes and people who are frail.

During 2017/18 we were commended by the NHSI Executive Director of Nursing (National Director for Infection, Prevention and Control) on our excellent contribution in reducing the acquired infection known as Escherichia coli (E.coli). We continue our focus on infection control basic practice to minimise the risk of patients acquiring hospital onset of infections.

3.6 Trust Quality Account

We aim to improve hospital and community services for our local communities. Our priorities will be outlined in the Trust's Quality Account.

Our priorities are drawn from a review of our 2017/18 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, with high-performing outcomes whilst also being efficient and cost effective.
- **Caring and responsive:** Working with our local partners to identify patients approaching the end of their lives to ensure they receive appropriate care and services in the setting of their choice. Meeting our patient's emotional as well as physical needs.

3.6.1 Safety

We have a range of initiatives over the next year:

- **Mortality and avoidable deaths** – We will improve the quality of our how we monitor and review hospital deaths. We have a particular focus on reduction in avoidable deaths as part 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 for 2018/19 is to continue to learn from and improve the way we investigate, take action and continue with 'Sharing the Learning' events. We will also be expanding the training for staff who are involved with or lead investigations.
- **Sign Up to Safety** – The Trust has made much progress since joining the national Sign Up to Safety (SUTS) programme in 2014. The three-year programme is complete, but we will continue work to improve the assessment and rapid treatment of deteriorating patients and preventing patient falls.
- **Infection prevention and control** - Work is in progress to ensure we consistently maintain good hand hygiene compliance and we have a well-developed system to monitor this. Our clinical divisions each have plans to respond to issues identified by CQC inspectors, and doctors' hand hygiene is a top priority. We are also reducing the total consumption of antibiotics and will continue to work on this in 2018/19.

3.6.2 Clinical effectiveness

- **Getting it Right First Time (GiRFT) for orthopaedics** – During 2017/18 we made further improvements to the quality of orthopaedic care, and continued to implement the recommendations from the national GiRFT report. We will continue this work in 2018/19, and will benchmark our performance against other providers so we can review and improve services.
- **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 six work streams have joint consultant and midwifery leads from both UHL and QEH hospitals. The workstreams are:
 - **Personalised care:** centred on the needs and decisions of the woman, her baby and her family
 - **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**
 - **Multi-professional working:** breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies
 - **Working across boundaries:** to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.

In 2017/18 the South East London Maternity Network submitted an expression of interest to become an early adopter of the NHS England Maternity Transformation Programme. Although as a Trust we were not selected for the programme, we continue to work with local maternity partners and share the learning from the early adopter sites.

All NHS Trusts with maternity services make annual payments to the Clinical Negligence Scheme for Trusts. Over 2018/19, we are working to reduce our payments by 10% by making a range of safety and quality improvements.

- **National clinical audits** – Every year we take part in all the national clinical audits that apply to our services. 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. The Trust also publishes its participation rates each year within its annual Trust Quality Account.

3.6.3 Caring and responsive

- **Quality safety objectives** – Each year the Trust has a focus on particular aspects of improvement. For 2017/18 these continued to be:
 - Improving the pathways and management of patients who are frail or elderly including patients who have dementia
 - We reviewed and updated our dementia strategy in 2017
 - We developed new services for frail and elderly patients, including a new frailty assessment unit
 - Improving end of life care pathways – we developed a strategy with engagement from patient groups. A review of all areas and the full patient pathway, from admission to community care, is being undertaken to help guide the action plan. During 2018/19, work will include supporting the documentation of the patient's plan of care, and aiding communication of the plan between clinicians, patients and families.
 - Improving patient experience – including how we manage complaints and make changes in response to feedback. Our aim is to ensure “people are truly respected and valued as individuals and are empowered as partners in their care” (CQC Provider handbook).
- **National CQUINs** – We develop programmes of work to meet the national Commissioning for Quality and Innovation (CQUIN) priority areas. In 2017/18, this focused on:
 - NHS staff health and wellbeing
 - Sepsis
 - Antimicrobial resistance
 - Improving services for people with mental health needs who present to A&E
 - Offering guidance and advice to reduce the need for outpatient referrals
 - Electronic referrals
 - Supporting proactive and safe discharge
 - Preventing ill health by risk behaviours, alcohol and smoking
 - Improving the assessment of wounds.
- **Seven day working and delivering priority clinical standards** – We aim to meet the national standards for seven day working. We review and audit our progress regularly and recent audit results show significant improvement across all areas.

Our draft quality and safety priorities in 2018/19 reflect work we need to carry out to ensure that improvements since the CQC 2017 report are sustained. They also reflect new national initiatives supported by CQUIN plans for 2018/19.

3.7 Governance around the Trust's financial recovery plan

Our Trust has to make savings and spend less to address our financial deficit and move towards financial stability. In November 2017 the Board appointed a recovery director to assist management with this significant challenge. Following this, the Board has reviewed governance arrangements for delivery of the financial plan.

The recovery programme board oversees work in this area, including delivery of our £25m cost improvement programme.

We recently revised our Quality Impact Assessment (QIA) process. This is to ensure that every saving scheme has been fully evaluated to assess any risks to patient safety, clinical outcomes, patient experience and staff experience. The QIA assessments are reviewed for approval at the Trust's QIA panel, which is chaired by the chief nurse and attended by the medical director and chief operating officer. Delivery of CIPs is then monitored by a programme board chaired by the chief executive.

3.8 Balancing quality with staffing and finance

The Trust uses a score card to monitor quality, operational and financial performance. This is reviewed by the Board.

- **Safe staffing** - All inpatient areas manage their teams by using an electronic roster system. For 2017/18 there is a rollout plan to additional areas as well as the embedding of regular roster reviews against key compliance areas outlined in the best practice for e-roster as recommended by the Carter report. The 'Red to Green' process provides a way of ensuring any staffing shortages are flagged up, so they can be addressed.
- **Effective management of staff to meet patients' needs** – We are using systems to review our patients' needs against the allocated hours of nursing staff on a shift by shift basis. This allows for effective management of teams.
- **Maternity** staffing needs will be reviewed in 2018/19 by undertaking a review in line with national guidelines (the national Better Births review).

We carried out a full review of safe staffing following new guidance published by NHS Improvement between November 2017 and January 2018. Full safe staffing reviews for all areas will happen each year and for district nursing and maternity every six months.

4

Workforce planning

4.1 Our approach

A key objective for the Trust is to attract and retain the right staff, reduce our use of agency staff, while improving patient experience and care.

Our workforce plans in 2018/19 include:

- Responding to the national NHS workforce strategy, due to be published in July 2018;
- Improving our vacancy and staff turnover rates to reduce our reliance on agency staff;
- Analysing and optimising our workforce needs to improve productivity and efficiency against Model Hospital data;
- Reducing our reliance on agency staff, so that we do not exceed the limits set nationally for expenditure in this area;
- Improvement schemes, such as introducing the new role of nursing associates, transforming outpatient services and increasing the efficiency of our operating theatre work; and
- Working with partners across south east London to review workforce priorities and needs as part of the work being undertaken locally, as part of the south east London Sustainability and Transformation Plan.

4.2 Reducing what we spend on agency staff

In 2017/18 we continued to reduce agency spend but further reduction is needed. Our high vacancy rates for nurses and the cost of medical locums makes this challenging. Implementing London local rates for agency medical workers in October 2017 has helped and we expect to see significant savings in 2018/19. Using bank staff rather than agency staff to fill gaps is also helping us to reduce what we spend. An adjustment to bank pay rates from April 2018, in line with London-wide work, will also have a positive impact.

Our plan assumes only a minimal reduction in agency spend in nursing due to our vacancy rates and overall shortage of nurses. All nursing agency use, however, is within NHS approved capped rates.

We continue to work with King's College Hospital and Guy's and St Thomas' Hospitals to tackle temporary staffing issues in south east London.

In 2018/19 we are exploring how we can extend our use of rostering software to help us reduce our reliance on agency staff.

4.3 Recruitment and retention

The Trust recruitment plan aims to reduce vacancy rates by 2% with improvements to recruitment processes, more direct contact with applicants, and focused recruitment campaigns.

We are using local and international recruitment campaigns to fill vacancies, with a particular focus on nurses and healthcare assistants. We expect to reduce our vacancy rates and are tracking recruitment rates closely.

We have reviewed consultant vacancies, and this will inform recruitment plans through the year.

We launched a retention plan in November 2017, with the aim of reducing our staff turnover to less than 15% by November 2018.

In December 2017, our chief executive launched an initiative to improve the experience of black and minority ethnic staff and address concerns raised by our staff.

We will also review our staff health and wellbeing programmes in 2018/19.

Work has also started to set up a skills academy within the Trust to retain staff and attract people to new roles to fill skills gaps. We expect to continue this development work during 2018 and use apprenticeship opportunities to recruit healthcare assistants.

4.4 Leadership development

In late 2017, the Trust started three major clinical leadership programmes for senior clinical leaders, clinical directors and new consultants. These are progressing well and will continue through 2018.

We plan to address both current and future leadership needs through succession planning for critical posts such as clinical leadership, executive and senior management roles and by ensuring that development opportunities are in place for staff with the potential to fill these posts. This work will link closely into our leadership development and diversity initiatives. We will also explore opportunities to support succession planning with partners in south east London.

4.5 Quality improvement

In the last quarter of 2017/18 we identified partners to support the Trust to introduce sustainable quality improvements. A range of initiatives will follow in 2018/19, which aims to build skills and a culture of continuous improvement.

4.6 Workforce profile

In March 2018, we had an established staff of 6,767 people and over 1,000 vacancies.

We have set up a workforce recovery group, chaired by the director of workforce and education, and with members including our medical director and chief nurse. The group oversees all plans to change our staffing profile – ensuring that we can make productivity and efficiency gains without compromising patient safety and the quality of our services.

The table below shows how we are performing against a range of workforce indicators:

Workforce KPIs	Actual (January 2018)	Target
Vacancy rates	15.8%	12%
Sickness absence	4.0%	3.5%
Turnover	14.3%	12%
Appraisal	72%	90%
Mandatory training	81%	85%

4.7 New workforce initiatives

Our plans for new workforce initiatives include:

- Recruiting and training 40 nursing associates
- Transforming how we use our theatres
- Specialist cancer training for radiographers and endoscopists
- Recruiting more cancer tracking administrators
- Changing the skill mix in acute and emergency medicine to support the greater specialisms needed to treat patients with higher levels of need in our acute and community services
- Extending the working hours of our therapists over seven days a week to support patients who come in as an emergency
- Introducing nurse specialists to support the establishment of a frailty assessment service
- Recruiting consultants in hard to fill areas such as radiology, emergency department and urology and increasing the number of anaesthetists
- Using mobile technology to give community based staff time more time to deliver quality care.

5

Financial planning

5.1 Sustainability and Transformation Funding (STF) and control totals

We have agreed to deliver a deficit of £53.1m in 2018/19, which could be reduced to £35.5m if we are supported by £17.6m of Provider Sustainability Funding (PSF). PSF is national funding which will be allocated if we meet our key financial and performance targets. To achieve this agreed deficit position, we will need to deliver cost improvement plans of £25m.

5.2 Financial planning assumptions

We have taken a more robust approach to financial planning for 2018/19 based on an analysis of monthly spend in 2017/18, rather than rolling over budgets from the year. We ended 2017/18 with a deficit of £57.6m.

5.2.1 Key assumptions

We have agreed our contracts with commissioners for 2018/19. Commissioners have agreed in principle to fund activity needed to meet the national standards and to recognise population growth.

5.2.2 Quality, Innovation, Productivity and Prevention (QIPP) funding

We have yet to receive details of QIPP funding from commissioners. However, we have worked with commissioners to develop a QIPP plan worth £3.5m for increasing the use of ambulatory emergency care facilities, running virtual clinics, offering advice and guidance and sticking more closely to treatment access policies.

5.2.3 CQUIN funding

The plan assumes that the Trust will receive 100% of available CQUIN funding in 2018/19 and that no more than 2% of the overall CQUIN funding will be spent on delivering them. If commissioners choose to reduce, withhold or withdraw CQUIN funding or if the costs associated with implementing CQUIN schemes prove to be higher, the Trust will not achieve its financial target for 2018/19.

5.2.4 Identified pressures

During the planning process, we have identified additional cost pressures. The need to pay these costs has been factored into our plans and the budget setting process.

5.3 Agreeing tariffs

In 2017/18 we started to expand our offer of specialist advice and guidance, mainly using CQUIN funding. We are now in the process of agreeing tariffs for advice and guidance and have factored the impact of this into our financial plans. The tariffs agreed in 2016/17 for ambulatory care are still applicable in 2018/19.

5.4 Efficiency savings for 2018/19

The Trust has an ambitious cost improvement programme which assumes we can deliver £25m recurrent savings this year. Following our appointment of a recovery director in November 2017, we have put measures in place to ensure that we maximise the delivery of savings in 2018/19 and subsequent years; respond to the efficiency recommendations made by Lord Carter; and address our underlying deficit.

Our cost improvement plans include:

- Transforming our pharmacy services including the introduction of electronic prescribing and improved management of medicines
- Efficient use of our revised pathology and imaging services
- Maximising the benefits of shared procurement
- Managing our temporary staffing costs
- Working more consistently to deliver productivity savings
- Tighter control of all expenditure in the Trust.

5.5 Capital planning

Our five year capital plan, which fits in with priorities for the NHS across south east London, will be refreshed in the first quarter of 2018/19 to include schemes to invest in our buildings and facilities, information technology, imaging and increasing capacity for theatres and diagnostic tests. A key priority is redeveloping our estate to deliver our clinical strategy.

5.5.1 Backlog maintenance

Every year our capital plan allocates funding to address the backlog of maintenance issues in our properties based on a risk-assessed prioritisation. Priorities are determined based on key criteria: quality and safety; compliance with standards; service history and resilience whilst taking account of proposed site development plans.

5.5.2 Priority externally funded developments

Our most urgent development projects are:

- Improving the infrastructure at QEH to provide a quality safe environment for patients and staff. This is about fixing the problems you can't see, such as with the water supply and electrics. Work on a new clinical facility at QEH commenced in January 2018. The new facility will be finished by winter 2018/19 and will help us to start our improvement programme.
- Redeveloping the emergency department. We are exploring a self-funded new main hospital entrance at QEH, which would help provide some space to progress improvement plans and enable the redevelopment of the emergency department. Redesign work will progress in 2018/19 and a business case will then be developed for funding.
- Planning the expansion of critical care facilities at QEH, as demand will soon exceed capacity. We will commence the design of the critical care capacity in 2018/19.
- Merging our clinical information systems at QEH and UHL in July 2018.
- Expanding endoscopy capacity to give patients better access to diagnostic tests, including the timeliness of tests on the cancer pathway.

5.6 Estates

Making the best use of the Trust's land and buildings is a critically important part of managing our future finances. We need to ensure that we have the right estate, of the right quality and in the right place to match our needs while reducing our running costs. Redeveloping our estate is a priority in 2018/19. Our estate strategy will ensure that:

- Clinical services, education and estates needs are aligned
- Investment is focused on business priorities and unlocks financial benefits
- Space allocation is proportionate to need, productivity and income opportunities
- Plans are consistent with those of our partners in south east London
- 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.

An executive programme board chaired by the chief executive and including representation from NHS Improvement is overseeing this work.

Section 6.2 outlines the work we are doing with Lewisham Health and Care Partners (LHCP) towards achieving a vision of a viable and sustainable single health and care system. Through this collaborative work it has become clear that there would be benefits if the land and buildings used by public health and social care providers were jointly owned. We are reviewing this through the One Public Estate (OPE) programme.

The OPE plans include establishing new models for providing community based care. The Lewisham's OPE submission outlined three interdependent schemes:

- 1. Regeneration** – new homes, employment and fit-for-purpose facilities in four areas
- 2. Collaboration** – activity to support the expansion of community based care services, new models of care at home, primary care development and the integration of adult social care and health facilities.
- 3. Strategic estate planning** – maximising the use of existing facilities and co-location of services. These plans include optimising our use of the UHL site and developing a local care network hub.

We do not have land or building in the borough of Bexley but we are working with the CCG in the development of their integrated care programme.

5.7 Information Technology

As well as supporting our day to day work, our information and communication technology supports the development of services in line with national plans and the south east London plans – known as the Local Digital Roadmap (LDR). Priorities include streamlining referral, access to diagnostic services and the move to a paperless NHS by 2020.

Our information and technology programme will include:

- **Electronic patient records** – We are merging our clinical information systems at our two hospitals into a single system in July 2018. Later in 2018/19 we will introduce electronic prescribing and medicines administration in inpatient areas and in outpatient and ambulatory care settings by 2019/20.

We enhanced our paper medical record storage and retrieval systems in 2017/18 with the introduction of smart radio frequency tags, making it easy to track. We will extend this in 2018/19 to track other Trust property. The Trust will consider in 2018 the introduction of electronic document management.

- **Real time clinical portal** – Our clinical portal, Connect Care, and a similar system called Local Care Record, have been linked so that valuable clinical information from acute, community, primary and mental health providers can now be securely shared by health professionals across Lewisham, Greenwich, Bexley, Bromley, Southwark and Lambeth. In 2018/19 it will also incorporate social care information and support the development of 111 services across south east London.
- **Up-to-date “near time” management information** – We redeveloped our management information systems in 2017/18 so that our clinical and management teams in our emergency departments and theatres can see up-to-the-minute information they need to manage the flow of patients. We will extend the dashboards and performance data in 2018/19 to give operational teams direct access to key metrics.
- **Population health and local care networks** – With partners across south east London including GPs, councils, mental health and specialist providers, the Trust is implementing a population health management system. This will help us understand risks for different groups, keep disease registers and longitudinal health records (ie looking at health trends over a period of time), which will be accessible by health and social care teams and individual members of the public. The first set of data to be fed in will be complete in 2018/19 and will help us to transform care models and work out the most appropriate prevention and treatment programmes.

- **Electronic referrals** – We are replacing our paper referrals with electronic ones and continue to encourage GPs to make electronic referrals to our services. This will incorporate both the use of the national electronic referral system and referrals undertaken via referral management systems within the CCGs.

- **New ways of working** – In 2016/17 we started making it easier for community based staff to access information remotely, for example, when visiting a patient at home. We approved plans in 2017/18 for a cloud-based desktop service to support community mobile working.

We started to pilot virtual smartcards to give staff secure more flexible access to patient information in 2017/18. Depending upon the results of this pilot, virtual smartcards may be introduced as part of a mobile working programme.

The app for clinicians introduced in 2017/18 will be enhanced in 2018/19 to enable them to securely look up diagnostic results for their patients both on and off Trust premises.

- **Patient direct access** – In 2018/19, trials will start to enable patients to access their own hospital records directly and communicate digitally with the Trust. We will also do more work on developing virtual clinics throughout 2018/19. We are reviewing mobile self check-in services before relaunching them. The Trust is also introducing nationally compliant Wi-Fi services for patients and public.

6

Sustainability and Transformation Plan

6.1 Sustainability and Transformation Plan

The Trust is a member of the south east London Sustainability and Transformation Partnership (STP). The STP plan published in October 2016 sets out how the NHS organisations and local councils in south east London will work together over the next five years to establish sustainable services for the local population which are safe, affordable and of consistent high quality. The Trust's operating plan is consistent with the south east London STP.

The STP is focusing on the following objectives:

- Developing community-based and primary care services targeted at prevention
- Reducing variation across and improving the quality of both physical and mental health services
- Changing how we work together through a programme of transformation in the delivery of clinical services
- Developing sustainable specialised services
- Reducing cost and increasing productivity through provider productivity collaboration.

The STP acknowledges that south east London faces some significant challenges to deliver these objectives, meet national targets and secure new investment for services – our existing buildings impose constraints and there is unprecedented financial pressure and rising demand for services. So the STP and our partners have begun an ambitious programme to transform clinical services and improve productivity.

6.1.1 The following provides an overview of STP clinical programmes:

- **Children and young people** – we contributed to a review of child and adolescent mental health services and an evaluation of short stay children's assessment units. Priorities for children's services will be looked at again from May 2018 and will include making asthma care more consistent, and a review of 23 acute care standards. Topics for leadership events include mental health crisis, services for children with special education needs, disability and complex health needs, frequent attenders at urgent care, young people with long term conditions and self-care.
- **Orthopaedics** – A new network brings together three providers of planned orthopaedic surgery. They will build on current pathways to develop shared consistent pathways for elective orthopaedics.
- **Maternity** – The STP's plan to implement recommendations of the national maternity review was well received by NHS England. It has three main objectives:
 - Digital enhancement for record sharing and hospital to community transfers
 - Continuity of care
 - Halving maternal and neonatal deaths.
- **Community-based care** – Across south east London patients now have more access to evening and weekend GP appointments. Priorities for 2018/19 are expected to include: improving the core GP offer, enhancing care in care homes and developing a south east London approach to end of life care.

- **Urgent and emergency care** – all the providers and commissioners have worked hard together over the last year to improve urgent and emergency care. Progress has been made in a number of priority areas, including NHS 111 Online, urgent treatment centres and ambulatory emergency care. The work plan for 2018/19 will focus on staffing, maximising patient flow and discharge, the mental health crisis pathway, better management of complex patients, digital and NHS 111, GP hubs, and service integration of urgent treatment centres.
- **Cancer** – The Cancer Alliance continues to work closely with regulators to improve cancer treatment performance across south east London. Priorities in 2018/19 will include: better access to and uptake of screening, supporting earlier diagnosis through direct access, and support for cancer patients and survivors, education and a renewed focus on targets in the NHS plan for the next five years.

6.1.2 The STP provider productivity programmes

Four key provider productivity schemes are in progress:

- Finance back office functions
- Pharmacy – rationalising production of aseptic drugs and procurement and distribution of medicines
- Pathology – a networked hub and spoke model
- Procurement – a shared procurement service.

In addition, there are a number of enabling strategies for the STP, which include estates - for example, securing value for any surplus public owned property; IT– for example, digitising and electronic sharing of records; and workforce – for example, collaborative work to reduce use of temporary staffing, especially through agencies, and retaining staff within south east London.

6.2 Lewisham devolution pilot – integrated care system

The Trust is working with other health and social care organisations in Lewisham in a strategic partnership called Lewisham Health and Care Partners (LHCP). Members of LHCP include Lewisham Council; the CCG, the local GP Federation; and South London and Maudsley NHS Foundation Trust (SLaM).

LHCP’s vision is to achieve a sustainable and accessible health and care system which:

- Better supports our local population to maintain and improve their physical and mental wellbeing, and to live independently
- Provides access to high quality care when people need it.

LHCP’s aim is to achieve a sustainable single health and care system which is preventative and proactive, accessible and co-ordinated. These wider transformation plans include:

- Changing how services are commissioned
- Setting up new ways of providing services in the community
- Focusing on the land, building and facilities needed to deliver health and care in Lewisham
- Developing new ways of working and the skills needed in our future workforce.

LHCP are committed to working in new ways to deliver real benefits for our population. The devolution pilot offers an opportunity to speed up some of our transformation plans and contribute to the delivery of our vision. Two strands of activity will contribute to the wider transformation work:

- **Estates** – Working in parallel with One Public Estate (OPE see 5.6), we are seeking to establish fit-for-purpose, accessible and fully utilised facilities for the delivery of community based care
- **Workforce** – Establishing combined health and care home visiting roles across home care, district nursing, social work, therapists and community mental health workers.

Specifically, as a devolution pilot, we want to:

- Remove unnecessary restrictions that apply to the use and disposal of our land or buildings. This will enable us to unlock the capital for re-investment within our own borough to provide fit-for-purpose premises, make services more accessible and develop new provision where needed
- Develop a more flexible workforce to work and support residents in their own homes. These roles need to be generic, bridge organisational differences and focus on outcomes
- Access transformation funding to test these aspects, which will inform the development of our future delivery model for health and care.

Good progress has been made in 2017/18:

- Governance structures have been developed to support integrated care
- Multidisciplinary team working pilots have started
- A review of partners' land, buildings and facilities in Lewisham has been completed
- IT functionality to support population health management has been bought.

Priorities for 2018/19 are:

- Further development of governance to enable new roles to be created and resources pooled
- Decisions on estates retention, development and disposal
- New approaches to service delivery for diabetes, frailty, transition [age 16-25] and mental health
- Setting up our first disease register through the population health management system (section 5.7) with a pilot going live in 2018/19.

6.3 Integrated care systems – Greenwich and Bexley Boroughs

The Trust has agreed to work with Bexley CCG and other partner organisations in Bexley to progress a more integrated health and social care system. An integrated care system also uses population health statistics to design targeted services that improve the health and wellbeing of the population.

Similar work has started within Greenwich with a multi-organisation workshop held in 2017 to develop the thinking. We will continue to work with our partners in Greenwich as the vision for integrated care develops.

