

Operational plan 2016/17

Delivering our promise: Better health, for life

Our 2016/17 operational plan describes the next steps we are taking to:

1. Maintain the highest levels of patient safety and quality of care
2. Make purposeful steps towards implementing our clinical strategy and developing the north west London sustainability and transformation plan
3. Deliver our promise of *Better health, for life*

CONTEXT This plan has been prepared in the context of considerable financial challenge, under-achievement of a deficit plan during 2015/16 and the need for large-scale productivity improvement and transformational redesign to achieve a sustainable position.

Addressing the financial position is essential, as well as maintaining the highest levels of patient safety and building on progress against our Care Quality Commission (CQC) action plan. In addition we must:

- support major strategic change planned across north west London (NWL), including the forthcoming Sustainability and Transformation Plan (STP).
- coordinate a range of large-scale initiatives working across the Trust, including those related to quality improvement, clinical strategy implementation, estates and capital, health informatics and workforce.
- tackle long-standing pressures meeting targets such as A&E and referral to treatment times (RTT), related to issues around demand, capacity and patient flow, both inside and outside the Trust.
- address substantial and increasing risk associated with backlog maintenance and equipment replacement costs and timescales.

CLINICAL STRATEGY Our clinical strategy and estates programme aim to:

Create more local and integrated services to improve access, helping keep people healthy and out of hospital

Concentrate specialist services where necessary, to increase quality and safety

Ensure better organised care, to improve patient care and clinical outcomes

Develop more personalised medicine, capitalising on advances in genetics and molecular medicine

The clinical strategy will be supported by reconfiguration of services across our three main sites as well as in local health centres, in line with *Shaping a healthier future* and the anticipated NWL STP.

DELIVERING OUR PROMISE: BETTER HEALTH, FOR LIFE

Our estates proposals support wider delivery of place-based care and enable our hospitals to make their own distinctive, but interdependent offers:

- **Charing Cross** evolving to become a local hospital with planned, integrated and rehabilitation care
- **Hammersmith and Queen Charlotte’s & Chelsea** extending their role as specialist hospitals
- **St Mary’s**, with a co-located **Western Eye Hospital**, as the major acute hospital for the area
- Plus a growing range of **services provided in community** settings, alone and in **partnership**.

Our operational plan describes next steps for delivering our promise, which will be achieved through delivering our core and supporting strategies and progressing our key initiatives for 2016/17:



Key initiatives for 2016/17:

Organisational structure and ways of working review	Estates redevelopment programme	Clinical strategy implementation programme (including four existing work streams and a new project on 'flow')	Quality improvement programme (including partnering with CSIP on 'flow' project)
Outpatient improvement programme / patient service centre	Patient and public involvement strategy implementation	Accountable care strategy development	Digital strategy development (including care information exchange)
Compliance and improvement framework (including preparation for likely CQC inspection)	Safety improvement programme	West London Genomic Medicine Centre	North West London Pathology

Approach to activity planning

Activity modelling

Activity plans have been developed using an open book approach with commissioners, ensuring a shared understanding of the opening 2016/17 baseline. We have included adjustments for:

- full year effects from 2015/16 growth
- demographic and non-demographic growth
- anticipated service changes shared with commissioners.

Care has been taken to ensure consistency across activity, performance, revenue, capital and workforce plans.

Operational performance

The impact of activity assumptions on performance trajectories has been shared and discussed with commissioners and discussed in detail at the Audit, Risk & Governance Committee. In summary, the Trust:

- will continue work with CCGs and the system resilience group and regulators to improve on current **A&E 4 hour wait performance** aiming to achieve the standard Trust-wide by March 2017. This is **dependent on** a number of projects including emergency department expansions and performance of St Mary's new urgent care centre (UCC).
- will continue to meet **quarterly cancer performance standards**. This is **dependent on** the growth in context of new GP referral guidelines, yet to be modelled and activity increases following re-commissioning of some pathways.
- will meet **RTT performance standards** from September 2016 (excluding gender reassignment). This is **dependent on** a number of things including any impact of any further industrial action, planned improvements to theatres at Charing Cross Hospital and further outsourcing, as well as additional imaging capacity
- fully support NHS England's decision to prioritise additional investment for patients on **gender reassignment pathways**. In 2015, we agreed with NHS England it would take 2-3 years to clear the backlog of patients waiting for this specialist surgery, to this end we are working with a national taskforce. During 2015/16, we recruited an experienced urological surgeon who has now been trained in this highly specialised subspecialty increasing capacity.

Approach to quality planning

Our new [Quality strategy 2015-18](#) sets out our definition of quality under the CQC domains of safe, caring, effective, responsive and well-led, and describes our vision and direction, with quality as our number-one priority. The strategy is designed to ensure we are providing safe, high-quality care and can achieve a 'good' rating in our next CQC inspection, while striving for outstanding.

We work closely with our commissioners throughout the year to monitor our performance against the strategy, and develop the quality account and priorities for the next year through the clinical quality group and quality steering group.

A compliance and improvement framework was implemented in April 2015, to ensure we are compliant with regulatory requirements, and to drive improvements to help services deliver 'good' or 'outstanding' care. Key components of the framework and activities undertaken include: delivery of the CQC inspection action plan, developed following the Trust's inspection in September 2014. The framework will be re-developed for 2016/17 to reflect lessons learned and evaluations of 2015/16, and in response to the CQC's new regulatory strategy, which is currently under consultation and will take effect from April 2016.

Approach to quality improvement

The Trust's quality strategy will be delivered through the following quality goals:

<p>Safe</p> <p>To eliminate avoidable harm to patients in our care, showing a reduction in the number of incidents causing severe and extreme harm</p>	<p>Effective</p> <p>To be in the top quartile for all national clinical audit outcomes</p>	<p>Caring</p> <p>To provide our patients with the best possible experience by increasing the % of inpatients (to 95%) and A&E patients (to 85%) who would recommend our Trust to friends and family if they needed similar care or treatment</p>	<p>Responsive</p> <p>To consistently meet all national access standards through responsive patient pathways</p>	<p>Well-led</p> <p>To increase the percentage of our people who would recommend this Trust to friends and family as a place to work or a place for treatment on a year-by-year basis</p>
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These goals are supported by specific annual targets and associated improvement programmes. The targets are reviewed annually and are described in our Quality account. Alongside the quality goals and targets, we have developed structured improvement projects to drive change in our priority areas.

These projects include:

- **Safety improvement programme:** reinforcing our commitment to patient safety.
- **Mortality review programme:** an online module developed throughout 2015-16 to enable a standardised mortality review; launched on 1 February 2016.
- **Outpatient improvement programme:** a coordinated overarching programme aligned to issues identified by the CQC and subsequent must-do compliance actions.
- **Quality improvement (QI) programme:** Provides staff with the necessary skills and tools to enable and empower them to lead QI projects in their work areas. Read more about QI at the Trust on [our website](#).

Risks to quality of care are managed through the Trust's risk register. The corporate risk register is reported to the executive committee and then to the Board. Each risk is reviewed on a monthly basis, with an action plan in place for mitigation.

Quality governance and indicators

The governance arrangements for clinical quality and safety in the organisation are led by the medical director.

An integrated operational and quality performance scorecard is reported to the executive operational committee and the Board on a monthly basis alongside a finance report, which includes information on income and expenditure and the cost improvement plan.

A process to ‘triangulate’ or bring together, quality, workforce and financial indicators on at least a six-monthly basis as required by NHS Improvement, is currently under review.

Key indicators reported on include:

- **Safe:** Serious incidents, safe staffing levels, infection prevention and control
- **Effectiveness:** Mortality data (SHMI and HSMR), and readmissions
- **Caring:** Friends and Family Test, mixed-sex accommodation, complaints;
- **Responsive:** National access standards, RTT
- **Well-led:** Staff engagement, vacancy rates, statutory and mandatory training.

Seven day services

Responsibility for the delivery of appropriate seven day services at the Trust sits with the deputy medical director.

An action plan is being developed with CCGs to explore how the Trust can further implement seven day services, subject to affordability. This includes consultation processes with staff to review the possibility of providing diagnostic services seven days a week.

In addition to existing seven day services, the areas prioritised for 2016/17 are discharge improvement, radiology and diagnostics, interventions and the inpatient model of care. This implementation of full seven day services at the Trust is supported by the newly-established Clinical strategy implementation programme (CSIP).

CSIP focuses on sustainable improvement in specific pathways or service areas, contributing to achieving our clinical vision and delivery of high quality services, seven days a week. Phase one of the programme began in September 2015 and focused on:

- a review of vascular surgery services
- developing the ambulatory care strategy
- streamlining the pathway for patients with chest pain
- a review of acute medical services on all three sites.

In February 2016, phase two of CSIP was approved and will focus on improving how our patients flow through and experience our care pathways.

Approach to workforce planning

The draft 2016/17 workforce plan is a representation of our agreed investment programme showing a decrease in staffing of 130 WTE (working time equivalent):

- bank temporary staffing, decrease of 192 WTE
- agency temporary staffing, decrease of 330 WTE
- substantive staffing, increase of 392 WTE.

The main contributors to the staffing changes can be themed as:

- cost improvement schemes
- transfer of staff out due to contracting out of Hard FM services and loss of the UCC contract
- additional staffing to support planned income, growth and expansion of services
- reducing our vacancy rate for ward based band 2 – 6 staffing to 10 per cent.

The Trust has established a workforce transformation committee to identify the workforce requirements of the Trust in five years' time, to meet the growing need for people to work in integrated care settings. The output of this group will be a clear direction of travel in terms of the types and number of people we need to attract in the future and the development opportunities we provide our employees. The Trust has also developed a strategy to promote health and wellbeing of its people.

Approach to financial planning

2015/16 context

The Trust's financial goal when submitting its 2015/16 plan was to allow a one year of deficit of £18.5 million (largely driven by the removal of the subsidy for complex specialist care) before returning to surplus and long-term financial sustainability. During the year it became clear that the financial position of the trust had deteriorated further – analysis suggesting an underlying deficit in the region of £54 million.

Following a period of intensive work during November to January, a re-organisation proposal was taken to our Board as the first step of turnaround. The 2016/17 plan therefore represents year one of a recovery plan for the Trust, towards its goal of a return to surplus and financial sustainability, and should be viewed in this light.

National and local pressures

There are a number of further financial challenges in 2016/17 that add to the underlying deficit of £54 million from 2015/16. These include nationally driven pressures, such as a 2 per cent efficiency target (£16 million) and a reduction in education and training income (£4 million). They also include local issues, such as the loss of income due to the transfer of the St Mary's Hospital Urgent Care Centre to another provider.

Against these challenges, the Trust has a cost improvement programme aiming to deliver £54.1m of savings in the year. Taking the challenges and savings together, the 2016/17 plan has been set at a £52m deficit.

Efficiency savings for 2016/17

Approach to productivity planning

The Trust continuously works to identify opportunities to improve productivity and, over the 2015 summer, developed an updated outline five-year programme following a review undertaken by the medical director and deputy chief executive.

This work, which also resulted in the new *Clinical strategy implementation programme*, was informed by analysis covering national productivity benchmarking, as well as detailed information on costing and profitability drawn from the Trust's service line reporting and patient level costing systems. The programme was also informed by benchmarking and identification of best practice from sector-wide work related to the *Shaping a healthier future* programme.

The Trust is part of a patient cost benchmarking group made of 72 NHS trusts, which enables us to compare admitted patient costs with a selected peer or the peer average.

2016/17 Cost improvement plans

A CIP programme of £54.1m has so far been built into divisional and directorate plans for 2016/17 with £39.0m relating to new schemes for the coming year, £8.1m comprising full-year effect from schemes started towards the end of 2015/16, and £7.1m relating to further opportunities for which specific schemes will be worked up during 2016/17. In summary the programme includes:

- **£1.1m related to pathway management**, including streamlining theatre lists
- **£12.0m related to cost management**, including procurement savings
- **£26.0m of income schemes**, including community tender schemes awarded to the Trust and growth in private work
- **£6.4m of corporate and clinical back-office reconfiguration**, including savings from reduced agency usage
- **£1.3m from workforce productivity**, including imaging, maternity and community services
- **£0.2m from asset productivity**, largely related to rental income.
- **£7.1m of further opportunities**, for which specific schemes will be worked up during 2016/17.

Non-pay and Lord Carter's report

We are fully-committed to learning from and implementing the recommendations of Lord Carter's report on productivity and efficiency. The Trust is actively involved in piloting many of the recommendations, and is exploring more detailed benchmarking against product price indices and performance in similar Trusts.

Procurement

We will continue to be represented at and work with the original Carter cohort of 32 trusts to support and drive through national initiatives aimed at delivering greater value and optimising collaboration. As part of this, the Trust:

- is committed to report to NHS Improvement on spend and other defined data for performance metrics, to assist with the development and implementation of a new national reporting and price benchmarking system.
- has agreed to be a pilot site with Lord Carter's team to assess the best way to collect data on NHS top 100 items, and be pathfinder on data collection.
- will assist in creating tactics or strategies to reduce unit price to best in market from the data received (as analysis is received from NHS Improvement).
- will work with Shelford trusts to assess a common catalogue and E-Procurement system, a "Carter Pathway" project already underway and supported by the Carter team.

Capital planning

The proposed 2016/17 capital programme comes to £51million (including £12 million Imperial College Healthcare Charity-funded schemes, and £1m in interest free government loan funding for energy efficiency schemes). Further prioritisation is required in some areas, but our provisional allocations at this stage include:

- Patient services centre and outpatient redevelopment
- St Mary's A&E refurbishment and expansion
- Riverside theatres refurbishment
- Diagnostic equipment schemes
- Rolling theatre programme and other schemes such as tri-borough neuro-rehabilitation developments
- Backlog maintenance, medical equipment replacement and enabling
- ICT infrastructure essential schemes
- Site redevelopment
- Investment in transformational projects.

Sustainability and transformation plan (STP)

In north west London (NWL) we are proud of our history of joint working and collaboration, which has delivered better outcomes, care and services for people in NWL and committed to working in a more integrated way across NHS and local government to tackle our shared challenges across the whole system. We are using the STP process to strengthen and broaden collaborations, to work better together for the benefit of local residents, a population of 2 million.

Leadership at all levels across the whole system is important to galvanise aspiration, hold commitment to change and set the right culture for successful delivery and quality. Our collaboration is across eight boroughs at different levels of 'place'. There is a NWL Strategic Planning Group (SPG) comprising of place based representatives from the CCGs and local authorities, and key partners such as providers and patient representatives. The Trust chief executive is the STP provider lead.

The NWL STP vision is consistent with the Trust's plans, with its commitment to delivering support, care and health services that are:

- Personalised enabling people to manage their own care;

- Localised allowing for a wider variety of services closer to home;
- Integrated covering all aspects of a person's wellbeing, health and needs;
- Specialised for those with conditions that require specific services.

The emerging priorities which were included in the April first submission to NHS England included:

- tackling inequalities;
- planning and delivering services for population health gains;
- how can service development/improvement impact on life expectancy;
- better alignment of physical and mental health;
- promoting/enhancing self-care;
- reviewing our estates on a partnership basis and delivering reconfiguration.

Work continues to develop the final submission in June, and to further engage staff and stakeholders in the process and in co-designing the implementation plan.

We welcome the opportunity to play a more active role in the development of the Tri-borough Health and Wellbeing Strategy for 2016 and in identifying how we can integrate early intervention and prevention initiatives into secondary care services so that every consultation counts as a learning opportunity. We look forward to building on work already begun, with some key developments and work streams for the coming year being led by the Trust briefly highlighted below.

HEALTH INFORMATICS

The Trust digital strategy, *Towards the Digital Health Community* for 2015/20 will be a critical enabler for more productive working both internally and across the local health system. The immediate internal priority is to move from paper records towards digital data capture and processing, and by the start of this operational planning period, the following supporting projects will have been completed:

- Digital workflows for patient administration
- Digital clinical notes in inpatient and outpatient settings
- Electronic prescribing and medication administration records
- Digital ordering and reporting of diagnostic tests and procedures.

More widely, the Trust is leading work in north west London to create a comprehensive, aggregated patient electronic record that will be accessible across health and social care providers and to patients and their carers to improve patient engagement and self-management.

INTEGRATED CARE

Based on a growing track record in design and delivery of integrated health and care services, we are gradually developing our reputation as a collaborative partner in system leadership through our role as lead health provider for the tri-borough community independence service in 2015/16 and other innovative and successful programmes such as [Connecting Care for Children](#).

In support of the *Five Year Forward View* and *Delivering the Forward View*, our plans prioritise building internal capacity and capability to work with local commissioners and lay

partners to progress the Integrated Care agenda in NWL.

In December 2015, the Trust and the Hammersmith & Fulham GP Federation signed a Memorandum of Understanding describing our shared commitment to develop a sustainable model of integrated care for the population, potentially through an Accountable care partnership and learning from experience in the UK and abroad.

PATIENT SERVICES CENTRE

Our patient services centre (PSC) improvement programme will create a single, streamlined, straightforward and centralised point of contact for patients in the elective pathway. Based at Charing Cross Hospital, the programme will deliver improved services and £6m in cost savings over the coming five-year period.

The PSC will significantly improve the quality and experience of administrative care for patients, external stakeholders, clinicians and staff. In January 2016 work began to improve the services provided, with a target for this improvement work to be completed prior to transfer to the new location, resulting in at least 97 per cent of calls being answered and 95 per cent of referrals booked within five days.

From October 2016 through to July 2017, there will be a phased transfer of services into the central PSC, with the aim that the PSC should have sufficient expertise to resolve the vast majority of patient queries directly; (the remaining more complex enquiries will be forwarded to the speciality area to resolve).

NORTH WEST LONDON PATHOLOGY

As outlined in the North West London Pathology full business case the objective is to set up a consolidated pathology service provider, providing a full range of services in a collaborative venture between the Trust, Chelsea and Westminster NHS Foundation Trust and The Hillingdon Hospitals NHS Foundation Trust.

The configuration will be a hub and spoke model, with a large centralised hub for most work, plus smaller 24-hour 'hot lab' spokes at each site for urgent work.

Significant savings are anticipated – in the order of £90m net, over a c.10 year period. However, there is some uncertainty around timing as further regulatory requirements are navigated and an alternative solution requiring no further capital spend is explored.

PATIENT AND PUBLIC INVOLVEMENT

The Trust Board agreed a new strategy in November 2015 to expand and enhance patient and public involvement (PPI) at all levels of the Trust. The four key areas for PPI development relate to a specific set of intended outcomes as shown.



We are developing a work plan to progress PPI in all four areas, using a semi-devolved approach, as we need to balance the need for a more systematic and co-ordinated approach led by an overarching central resource, with the need to ensure PPI is owned and championed throughout the organisation, and to reflect that there is already much good work taking place at a local level. A strategic lay forum meets regularly to grow and shape this work.