

2018/19 Operating Plan Summary

Trust Board Meeting – Part 1	Item: 14
Date: 11th July 2018	Enclosure: J
Purpose of the Report: <p>To provide the Board with the summary version of the Trust's 2018/19 Operating Plan for publication.</p> <p>NHS Improvement guidance requests providers to prepare a summary of the final Operating Plan suitable for external communication that can then be published online.</p> <p>The Board approved the final version of the 2018/19 Operating Plan prior to submission to NHS Improvement in June 2018. The plan was also discussed with the Council of Governors in March 2018.</p>	
For: Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	N/A
Legal / Regulatory / Reputation Implications:	
Link to Relevant CQC Domain: Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	All
Document Previously Considered By:	
Recommendations: <p>The Board is asked to:</p> <p>a) Note the summary version of the Operating Plan 2018-19 for publication.</p>	

2 Year Operating Plan 2017 – 2019

Summary of the 2018-19 Refresh



June 2018

Living our values *everyday*



CARING



SAFE



RESPONSIBLE



VALUE EACH OTHER

Introduction

This document presents a summary of Kingston Hospital NHS Foundation Trust's 2 year Operating Plan for 2017/19, which has been refreshed to reflect updated plans for 2018/19.

Section 1 outlines the Trust's activity plans for 2018/19 and the impact on capacity requirements and the delivery of key access targets. Section 2 presents the Trust's approach to quality governance, including quality priorities, quality improvement plans and the approach to completing quality and equality impact assessments. Section 3 focuses on workforce planning including the underpinning strategy. Section 4 summarises the Trust's financial plans. Section 5 summarises the SW London Strategic Transformation Partnership (STP) plan and the link with Trust plans.

1. Activity Planning

Activity

Activity levels have been agreed with commissioners as part of the 2018/19 contract process. Assumptions reflect Office of National Statistics population projections and have been agreed by the SW London Commissioning Support Unit on behalf of SW London Clinical Commissioning Groups (CCG). Surrey CCGs have provided separate activity forecasts, developed from demographic growth projections. Growth rates are approximately 1.5% per annum in aggregate.

A further increase in elective admissions has been assumed reflecting plans to undertake activity on behalf of other providers seeking waiting list support.

The Trust has received commissioners' Quality, Innovation, Productivity and Prevention (QIPP) schemes which have been reflected in activity plans to the level that the Trust is assured of delivery. The main impact of QIPP is expected to be on outpatients and A&E activity.

The elective and emergency activity profile has been adjusted to take account of the anticipated impact of winter pressures in 2018/19.

Capacity

It is anticipated that the Trust will have sufficient capacity to meet A&E activity requirements in 2018/19, following the opening of a new Urgent Treatment Centre and the expansion of majors and resus areas within the A&E department during 2017/18.

The increase in emergency admissions currently forecast for 2018/19 will require an additional 5 beds based on current length of stay and occupancy levels. It is planned to offset this increased requirement through a reduction in length of stay as a result of internal efficiencies and work with partners to improve discharge. Enhancing patient flow through the hospital is one of the Trust's transformation initiatives for 2018/19 and a programme of work has been established internally to support this, alongside work-streams with partners which are being progressed through the A&E Delivery Board.

The small increase in beds required to deliver forecast elective admissions can be accommodated. A key plank of the Trust's transformation programme focuses on improving theatre productivity, and detailed analysis suggests that improvements in session utilisation, alongside some changes to care setting, will enable planned increases in activity.

No significant increases in outpatient activity are anticipated and current capacity is expected to be sufficient. High level modelling using the NHS IMAS IST Advanced Flow Capacity and Demand tool suggests up to 30% of acute outpatient attendances could be avoided or seen elsewhere. The Trust is exploring this through the third plank of its transformation programme which is reviewing options to improve the delivery of outpatient services in conjunction with partners.

Operational standards

A&E

The four hour waiting time standard has not been delivered consistently during 2017/18. This is largely due to system wide challenges relating to delayed transfers of care, higher numbers of ambulance attendances than predicted and a national shortage of middle grade doctors. Further improvements are also required to discharge planning over 7 days. In addition Q3 and Q4 of 2017/18 were very challenging due to winter pressures and flu.

The Trust has agreed a performance trajectory with commissioners, culminating in the achievement of 95% of patients seen within four hours in March 2019. To support delivery of the agreed trajectory a whole system solution is required to address the delayed transfers of care including an appropriate and timely community response. Work has commenced on building the community capacity model, including multi-agency discharge events (MADE), that support the acute demand for discharge using the principles of home first, to build a model that represents same day response from community and local authority partners. This multi-agency approach will be particularly important during the anticipated period of winter pressures in 2018/19.

In addition, the Trust plans to develop and implement an alternative manpower model and move towards an integrated approach to discharge with joint assessment and discharge teams.

The Trust's Emergency Care Programme Board will continue to drive improvement with a renewed focus on the first 72 hours of care and the creation of a frailty unit to be managed in partnership with local GPs. The Trust now has a fully functioning registered Urgent Treatment Centre that sees 35% of attendances in opening hours.

Key assumptions underpinning delivery of the trajectory are that growth is broadly in line with the activity predictions in this plan, sufficient activity is contracted for by commissioners and external delays to discharge are reduced through delivery of the partnership projects which are overseen by the A&E Delivery Board.

18 Weeks Referral to Treatment

The Trust has continued to consistently achieve the 18 Week Referral to Treatment standard during 2017/18 and it is forecast that this position will be maintained throughout 2018/19.

Key assumptions underpinning forecast delivery of the standard are that growth is broadly in line with the activity predictions in this plan, that sufficient activity is contracted for by commissioners and that no extra steps are added to the pathway in relation to external approvals.

Cancer

The Trust has maintained good performance against all cancer targets during 2017/18. The cancer reporting process is due to change from the 1st April 2018 and the new system is likely to adversely affect the reported performance of diagnostic Trusts. This is expected to impact the Trust's 62 day performance and the Trust has implemented a number of measures to mitigate this risk. The Trust expects to maintain its good performance against all other cancer targets in 2018/19. However, there will always be factors which are outside of the Trust's control including patient fitness and those parts of the pathway which take place in tertiary centres.

2. Quality planning

Quality Priorities

The Trust has an agreed quality strategy and structures in place to support patient safety and quality governance. The Trust has placed quality as its primary strategic objective and this is reflected in individual staff objectives. The Trust has defined quality goals within the three domains of quality; safety, experience and effectiveness which reflect national and local priorities. These are to prevent harm (patient safety); improve clinical outcomes (effectiveness); and listen and respond to patients' concerns (patient experience). Each year specific measures of success for delivery of the quality goals are developed with stakeholders and are described in the Quality Report and the Commissioning for Quality and Innovation (CQUIN) scheme.

The Trust's current quality account priorities are:

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|-------------------------------|---|
| Patient Safety | <ul style="list-style-type: none">• Avoid delays for inpatient care on wards• Develop and implement a corporate process to ensure that we spread learning from adverse incidents complaints and all patient feedback through the Trust |
| Clinical Effectiveness | <ul style="list-style-type: none">• Increase in the number of patients having day-case surgery whenever it is safe and appropriate to do so• Increase staff engagement in quality improvement activities in the Trust |
| Patient Experience | <ul style="list-style-type: none">• Improve our patient administration and communication processes in outpatients• Increase in the response rate for Friends and Family Test. |

The process for updating the quality report priorities commenced in December 2017 with the development of a long list of priorities followed by formal consultation with a wide range of stakeholders prior to sign off by the Trust Board in February 2018.

CQC

The Trust was inspected by the CQC in January 2016, and was rated 'Requires Improvement' overall. For caring the Trust was rated as 'Good' with End of Life Care rated as 'Outstanding'. Five of the eight services inspected received an overall rating of 'Good'. The CQC identified actions the Trust must take to improve quality and action plans are in place to address the 'must do' and 'should do' actions. These are monitored at a monthly CQC Programme Board. A process of self-assessment commenced from January 2017 to provide assurance that actions are embedded and services are compliant with standards. The Trust was inspected in May 2018 and is awaiting the inspection report which is expected in late summer 2018.

Quality improvement plan

The Trust's quality improvement priorities for 2018/19 will focus on delivering the quality priorities as described above. The Trust will also continue the implementation of improvement plans initiated as a part of NHS England's Sign Up to Safety Campaign, including reducing harm from sepsis, reducing pressure ulcers and foetal monitoring.

The Trust will continue to deliver the 2 year programme of national CQUINs including:

- Reducing the impact of serious infections
- Supporting proactive and safe discharge
- Improving services for people attending A&E who have mental health needs
- Offering advice and guidance, and
- NHS Staff Health and Wellbeing

The Trust takes part in all applicable national clinical audits and, where results are below expected standards, improvement plans are put into place, progress against which is reported into the Quality Assurance Committee.

Improving the quality of mortality review is led through the established Mortality Committee. The Trusts process is consistent with the national process with key measures in place including:

- An approved policy on the Trusts website
- Structured Judgement Review process in place with several of the medical team having completed training
- Non-Executive Director lead in place
- Regular mortality information reported to the Board since November 2017
- Trust wide Mortality Review meetings in place

The Trust has met three of the four core standards for the delivery of 7 day services and will continue to implement plans to move towards the delivery of the remaining standard in 2018/19.

Quality impact assessment process

All service development and financial improvement programme (FIP) schemes are required to have a Quality and Equality Impact Assessment (QEIA) undertaken. Schemes are assessed and risk rated for impacts to:

- Patient Safety
- Effectiveness of Care
- Patient Experience, and
- Staff and Other departments

A scheme is only given the go ahead once a QEIA has been approved. If the scheme is deemed to have a high risk of negative impact in one or more of these areas, and no mitigating factors are identified, the scheme is removed from the plan. All schemes are reviewed and signed off by the Director of Nursing & Quality and the Medical Director. The QEIA process also includes monitoring of the cumulative effect of schemes that may impact on the quality of care. All quality KPIs monitored are reported to the Board, for specific schemes related quality measures are also tracked through operational and quality governance processes.

3. Workforce planning

The Trust developed a comprehensive workforce strategy for 2017/20, with an annual delivery plan. It consists of 7 “pillars”, with the areas of focus for 2018/19 summarised below:

Pillar 1: Workforce planning	<ul style="list-style-type: none"> • Right sizing the permanent workforce • Enhanced job planning for medical staff • Enhanced workforce metrics and analysis • Granular work with service lines.
Pillar 2: Resourcing	<ul style="list-style-type: none"> • Strategic recruitment using social media and “intelligent” recruitment methods • Employer branding • Designing new roles to maintain safe staffing in scarce skill areas and to support new care models and redesigned pathways • Package of retention interventions • Enhancing temporary staffing banks, both internal and across the SW London STP; reducing agency for all staff categories • Maximising the local market through apprenticeships.
Pillar 3: Pay and reward	<ul style="list-style-type: none"> • Innovative strategies to maximise recruitment and improve retention • Using Agenda for Change freedoms • Overtime via Bank • Flexible benefits, including agile working • Reviewing bandings and allowances including pension flexibility • Pay harmonisation including externally with SW London Bank • New approach to Clinical Excellence Awards
Pillar 4: Engagement	<ul style="list-style-type: none"> • Major focus on internal communications • Launch of new Trust intranet and better use of social media • Fully maximising staff survey and utilising “spot surveys” responses and outcomes • “Coffee and Conversations” - Board engagement tool • Review of partnership arrangements and partnership ‘celebration’ event • Maximising the use of appraisal
Pillar 5: Diversity	<ul style="list-style-type: none"> • Working with the Minority Ethnic Group for All, Lesbian Gay Bisexual and Transgender and Disability groups to deliver Board agreed strategy • Support for European Union staff to mitigate any harmful effects of Brexit • Improved data monitoring • Launch cultural competency toolkit and deliver associated training • Coaching and mentoring to break the glass ceiling • Leadership strategies to tackle over representation in disciplinary and bullying cases, with a focus on compassionate leadership
Pillar 6: Learning and Education/OD	<ul style="list-style-type: none"> • Creation of integrated Faculty of Education to maximise learning resource • Training and Education Committee in place to lead implementation of integrated learning and development strategy • Delivering a revised leadership and management development framework, including the Kingston Managers Toolkit Programme accredited to Institute of Leadership &

	<p>Management Level 5</p> <ul style="list-style-type: none"> • New branded corporate induction and improved mandatory training compliance using e-learning tools • Maximising Health Education England funding to deliver high quality multi-disciplinary training for all staff including Post Graduate Medical Education and Practice Development. • Relaunch of coaching and mentoring scheme • Revision and relaunch of appraisal policy with a focus on Trust values
Pillar 7: Health and Wellbeing	<ul style="list-style-type: none"> • Focus on mental well-being with Time to Change Pledge and champions and roll out of Mental Health first aid training • Delivering a proactive health and wellbeing service • Resilience building and training • High quality screening and referral processes.

Workforce modelling for 2018/19 underpinning this plan assumes a reduction in agency staff due to improvements in flow and discharge processes. For example the Trust has created a Joint Assessment and Discharge team with its local providers to speed up the discharge process which has in turn reduced reliance on bank and agency staffing. Temporary staffing usage reflects activity and seasonal fluctuations in staffing requirements as well as the migration from agency to bank with the implementation of the SWL Collaborative Bank.

4 Financial planning

The Trust is planning to deliver its control total for 2018/19 which has been set at a deficit of £6m. This translates to a surplus of £2.1m once £8.1m of Provider Sustainability Funding (PSF) formerly known as the Sustainability and Transformation Fund, is included. The plan is not without significant risk due to the scale of the financial challenge locally. In particular it is highlighted that:

- The achievement of the control total is dependent on the delivery of a number of significant financial improvements which are dependent on delivery by the wider system, and are therefore not entirely within the control of the Trust. These improvements include the freeing up of capacity associated with improved patient flow predicated on the consistent reduction of delayed transfers of care; the transfer of funded activity from other providers seeking waiting list support and the level of mental health support commissioned in the sector.
- Delivery of the plan is contingent on achievement of a £12m Financial Improvement Programme (FIP) linked to a number of themes split across pay, non-pay and income.
- 100% of CQUIN values (2.5%) are assumed to be received in 2018/19.
- The full Clinical Negligence Scheme for Trusts (CNST) incentive value (£0.9m) is assumed to be received.
- All Provider Sustainability Fund (PSF) monies are assumed to be received in full and in a timely manner.
- Pay inflation has not been adjusted to reflect any implications arising from the 2017 Autumn Budget.
- Payment by Results (PbR) remains the method of payment throughout this period.

The Trust signed contract agreements with local partners within national deadlines.

During 2017/18, the Lloyds Working Capital Facility was replaced with a Department of Health provided facility which continues to be utilised. The modelling for 2018/19 indicates that cash will continue to be constrained and accordingly requires the receipt of the 2018/19 PSF of £8.1m in full.

A capital programme is planned, representing the minimum spend considered essential for maintaining buildings and equipment to safe standards and for investing in essential IT infrastructure, as well as addressing the residual fire safety issues across the site.

5 Delivering the local Sustainability and Transformation Partnership (STP) plan

This plan sits within the context of the wider SW London Sustainability and Transformation Partnership (STP), delivery of which is overseen by the South West London Strategic Planning Group (Programme Board), of which the Chief Executive of Kingston Hospital is a member.

The refreshed South West London STP was published at the end of November 2017 with new narrative strengthening the focus on keeping people healthy. To achieve this focus on keeping people well, the SW London STP recognises that a local approach works best. Planning is to be based on people's health and care needs from local communities upwards, with key principles including best bed is own bed, care centred around the person, and focusing on prevention and keeping people well, which is likely to result in changes to services locally but not expected to mean the closure of any hospitals.

The second phase of the refresh commenced December 2017, involving the development of locally focused Health and Care Plans. Individual Place plans will be written so that borough level issues, priorities and plans are identified. The Trust will actively participate in the development of plans.

The Trust's key transformation priorities outlined in this plan, including improvements to patient flow and the delivery of outpatient services, are entirely consistent with the priorities of the STP.