

# Operational Plan 2017-19

## 1.0 Our approach to Activity Planning

### 1.1 Assessment of activity in 2017/18 and 2018/19

In the spring of 2016, as part of the 5 Year Integrated Business Plan (IBP), the Trust undertook a comprehensive bottom up demand and capacity exercise to review all elective and non-elective demand and capacity across the divisions. This was aligned with clinician job plans, outpatient templates and contractual activity (demand) against each speciality. Variances in the demand and capacity modelling are being proactively managed internally through comprehensive job planning, the development of Business Cases to support an agreed service model, and externally with our Commissioners and partners through system wide joint working; we are also jointly undertaking deep dives into services where there are specific performance challenges.

Looking at the future demographic profile of Swindon, which includes the impact of major new housing developments leading to an expected population growth of in excess of 2% per year, (faster than the national average with the most significant rise expected in 2017/18), the Trust is working with our Commissioners on demand management schemes and pathway developments to ensure the appropriateness of patients seen and admitted.

The Trust is a joint venture partner in Wiltshire Health & Care, which provides community services to Wiltshire patients, and we have been providing a caretaking role for Swindon Community Health Services since 1<sup>st</sup> October (due diligence is underway in preparation for a three year contract from May 2017). Securing both services allows us to develop our integrated, planned and preventative pathways with local partners, including the voluntary sector, commissioners and clinical networks, which are vital in delivering quality services to NHS Constitutional standards.

Through our plans for 2017/18 and 2018/19, the Trust is committed to achieving the NHS Standards for Cancer including that 85% of patients will commence treatment within 62 days, and for Diagnostics, for which a 1% tolerance to performance thresholds has been agreed.

Achievement of the 4 Hour ED 95% standard is ultimately our aim but it is not realistically achievable in the short term given the current circumstances with a growing population, challenges in social care delivery and the time required for GWH to turn around performance in Community services. Our aim is therefore to deliver 90% in Q1 and Q2; 88% in Q3 and 85% in Q4 in both 2017/18 and 2018/19.

### 1.2 ED & Non-Elective Demand

Management of ED and Non-Elective activity remains the most significant operational challenge as demand for these services continues to exceed plan. The ED trajectory has been calculated on the basis of demographic and morbidity factors, previous years' seasonal performance, the resilience of the local health and social care systems, and the trend of increasing inpatient admission.

Swindon is a very challenged health system that has experienced significant and ongoing year on year increases in acute admissions. In months 1-6 of the 2015/16 year acute admissions rose on average by 4% when compared to the same period in 2014/15 and is projected to see that increase rise by between 7.5% and 11% in Q4.

The Trust has therefore taken the view that to secure significant improvement of the 2017/18

trajectory in 2018/19 would be ambitious, given that demographic and out of hospital service provision is unlikely to improve significantly, given the long term and structural nature of the system's issues. The Trust will refresh both its elective and non-elective capacity assessments in January and February of 2017, and will discuss with commissioners if any required alterations to 2017/18's activity plans may be required.

Although the Trust has introduced, and will continue to introduce, a wide range of improvements to process and behavioural culture within the hospital, we believe this will mitigate the continuing challenge of rising acute admissions, and the impact of a rising and increasingly elderly and sick population, rather than resolving it. Naturally, however, the trajectory will be kept under regular review with our commissioners and should this landscape alter in a positive direction, then the agreement of a more optimistic trajectory for 2018/19 may be possible. The actions the health and social care system are taking in support of the required mitigation include:

- The establishment of an integrated Home To Assess service jointly between GWH, Swindon Community Health Services (SCHS) and Swindon Borough Council, seeking to achieve five patient discharges per day and to reduce the number of patients progressing to DTOC status
- The development of a similar scheme within Wiltshire
- The relocation of the Ambulatory Care Unit from the main body of the Adult Medical Assessment Unit (AMU) to within the Urgent Care Centre, and so enable the unit to be protected from inpatient admissions, and secure the target of 30% of the take being routed through the unit and reducing hospital admissions
- For winter 2017, the generation of 23 additional beds arising from the relocation of Ambulatory Care, the procurement for a 3 month period of 8 beds from the Trust's Private Patient Unit, and the re-commissioning of four closed beds within the Swindon Intermediate Care Centre (SWICC)
- The reorganisation of the acute medical take, strengthening physician management of patients scheduled for admission, including the GP directly admitted stream, with a view to preventing unnecessary admissions and speeding up the transfer of patients from the ED to the AMU
- Through significantly improved patient specific ward data through use of F codes, effectively seeking to run Green and Red Days as business as usual
- A number of ward based initiatives, following successful pilots, to improve the management of ward rounds and improve the timeliness of TTA production
- For winter 2017, strengthening operational management resilience by introducing a Performance Improvement Team to hospital Urgent Care, led by the Deputy COO, with a view to reducing hospital led avoidable breaches of the 4 hour standard
- Recurrent resourcing of the Therapy at the Front Door Service
- The establishment of an Integrated Discharge Service between the GWH and SCHS clinical and non clinical personnel

The impact of the above will continue to be managed through the executive led *Right Patient Right Bed* Programme and its agreed metrics.

In the longer term, exploiting the integration of Swindon Community Health Services with that of acute hospital services to establish a full frailty pathway, including comprehensive geriatric assessment, between the AMU, the elderly care wards and SwICC; pursuing integrated long term condition pathways in Diabetes, Respiratory Medicine and Heart Disease, and physically integrating the location and pathways of Acute Stroke and Stroke Rehabilitation Services, facilitated by commissioners. It has also been agreed to fully refresh the system's Urgent Care Strategy, with a particular emphasis on out of hospital and admission avoidance initiatives and services, with commissioners.

The service is working at pace both internally and with its partners to secure robust patient pathways and ensure timely flow from the hospital. These programmes of work which include Right Patient Right Bed, Integrated Front Door and Discharge to Assess are being monitored and reviewed

through the local ED Delivery Groups.

### 1.3 Elective Care

In 2016/17 the Trust recovered the 92% RTT Standard at an aggregate level. Some remodelling of services has occurred in order to support the elective care pathways of patients, including skill mix reviews, the provision of Hot Clinics and the review of theatre capacity. The sustainability of this performance is monitored through regular Steering Group Meetings with Commissioners. Sustainability solutions include outsourcing to the private sector, working with Commissioners on outsourcing at source and review of demand management schemes to ensure appropriateness of referral. The Trust is committed to achieving the national RTT standard of 92% in the next two years for incomplete pathways, with no breaches of 52 weeks.

Due to the increase pressure around non-elective work a cohort of elective cases have been outsourced via the trust to other private providers, as well as a significant increase in weekend elective provision. Work at the referral point by Wiltshire CCG has seen low-risk hernia and podiatry cases referred directly to private providers as well as some ophthalmology work within the Swindon area being directed at source to BMI. The assumption moving forward is that this type of work will continue to be moved to alternative providers and may well expand to other services.

### 1.4 Cancer Services

The Trust has consistently maintained all key national cancer standards over the past four years despite delivering a major RTT recovery programme during the past year. With the exception of the two week wait standard which the Trust failed to achieve in August and September, this performance continues to be maintained.

Cancer Services are working to the priorities as outlined in the national cancer strategy: 'Achieving World-Class Cancer Outcomes'. A demand and capacity model has been developed which assesses the likely requirement on services over a 10 year time horizon. Over that period, incidences of cancer in the catchment population are likely to increase by 2%, and Chemotherapy annual growth is currently averaging 8.8%.

The Trust is actively engaged with our Commissioners in the development of Cancer Services. The CCG consider it as one of their six key priority areas. As part of their plan to improve cancer services Swindon CCG actively supported the development of local Radiotherapy services at GWH. This collaboration is evident in the resilience plans that we jointly worked up and funded for the winter period. As providers and Commissioners we are all constrained, however, by ever increasing demand and the finite resources with which to provide our services.

## 2.0 Our Approach to Quality Planning

### 2.1 Our approach to Quality Governance



Our priorities are now grouped into eight areas of focus:

- Delivering safe, effective care; delivering excellence
- Leading the best patient experience
- Releasing time to care
- Visible, inspirational leadership
- Culture of innovation and embracing of continuous quality improvement
- Measurement of essential quality standards, providing assurance of patient safety and clinical effectiveness
- Staff will understand their contribution to the whole organisation
- Quality services across systems

Over the past year services being delivered by GWH NHS FT have undergone fundamental changes; community services across Wiltshire are now provided by Wiltshire Health & Care, and we are working towards agreeing a substantive contract for Swindon Community Health Services from May 2017. Across the wider health and social care economy the evolution of ‘sustainability and transformation plans’ is impacting on all NHS organisations, GWH included. With these factors in mind the Trust’s Quality Improvement Strategy has been refreshed, to ensure that the context within which we work is reflected in our ambitions for the future and our objectives for the next two years and beyond.

For each priority area we have set out clear improvement plans for the next two years in order to continue raising standards across the organisation. Led by our Chief Nurse, Hilary Walker, we are establishing a culture of quality where all members of staff play a key role in the delivery of high quality care, and in consistently striving to improve patient outcomes. We have set an ambition to save an extra 500 lives over five years through improving the quality of care.

### 2.2 Our Governance Processes

Following our routine CQC inspection in 2015, we made a commitment to strengthen our quality governance processes and ensure these are embedded across all areas of the organisation. With the support of our Quality Governance Facilitators, and having undertaken a detailed review of the reporting culture across our Divisions, we have implemented a robust framework for quality assurance across the Trust that has established standardised departmental reporting against agreed quality metrics and a trust-wide Quality Governance Dashboard; this is used to inform our monthly Divisional Performance meetings. The quality processes and governance for all services are monitored by our Patient Quality Committee (PQC), which provides information and assurance on quality performance and improvement to the Trust’s Governance and Executive Committees and to the Trust’s Board, thus ensuring clear reporting from ‘Ward to Board.’

Within Swindon Community Health Services, it is clear that there were a number of significant quality challenges under the previous provider. Part of our role as caretaker in this period has been to assess and strengthen systems, governance and processes within the service, starting to build a stronger foundation upon which quality improvements can be made; we have established a Quality Oversight Group, chaired by the Chief Nurse, to guide and monitor quality improvements within the service.

### 2.3 Implementing CQC recommendations

Our focus in 2016 has been the implementation of quality improvement plans to swiftly address the findings from our CQC review, and to ensure there are organisation-wide systems in place for monitoring progress against actions, and for learning from themes identified to support the developing culture of continuous self-assessment and improvement.

Our Quality Improvement Committee along with the PQC will continue to monitor progress against our required actions and will provide assurance on progress and implementation to our Executive Committee, CQC and NHS Improvement.

The CQC re-inspected our Emergency Department on two separate occasions during 2016 and lifted a warning notice in October 2016. The Trust is scheduled for re-inspection by CQC in March 2017, and we are optimistic that the strengthened quality management and assurance processes that we have embedded across the system will support achievement of an improved rating from ‘requires improvement’ to ‘good’ or even ‘outstanding’ in some areas.

### 2.4 How we will maintain Quality Improvement (QI)

Whilst we have made improvements in response to the CQC inspection our ambition remains much broader. Our QI Strategy provides our staff and patients with assurance that a continued focus on quality is pivotal to our organisational vision and strategic priorities. The QI Team will continue to develop the organisational capability to deliver quality improvement through:

- Supporting and promoting a trust-wide shift in the maturing of the safety culture from a reactive approach where action is taken following a safety incident, to a proactive approach where we are always on the alert for risks before they emerge;
- Increasing opportunities for collaboration and learning from regional stakeholders, including patient groups, to support reductions in harm and mortality;
- The development and embedding of QI processes within the organisation, including the establishment of QI methodology to address actions arising from audit, risk management and safety reporting systems;
- Supporting teams to move from action planning to a QI approach as ‘business as usual’ in support of continuous improvement.

### 2.5 Quality Measurement

Key trust-wide projects employing QI methodology include our 500 Lives initiative, which has been designed with the aim of saving 500 extra lives over five years (by 2020/21) through the provision of safe, high-quality care and treatment. The Trust is fully committed to the Sign up to Safety campaign, with key workstreams and milestones including:

QI Workstream	QI Milestones
Sepsis	Reduction in mortality at 30 days following an admission with severe sepsis to 23% by April 2018.
Acute Kidney Injury (AKI)	Reduction in all-cause mortality from AKI to 16% per annum by April 2018

Rescue of deteriorating patients	Reduction in avoidable in-hospital cardiac arrests by 10% each year to March 2018 and reduction in the number of avoidable unplanned admissions to ITU from inpatient adult wards. Establishment of an electronic observations system across the hospital site.
Falls prevention	Reduction in the rate of falls and avoidable harm due to falls by 20% by April 2018
Pressure ulcer prevention	Reduce avoidable pressure ulcers (Cat 2 , 3 and 4 ) for acute inpatients to less than five per month by April 2018

**Sign up to SAFETY**

- Put Safety First
- Continually Learn
- Honesty
- Collaborate
- Support

**We've embraced our 5 Sign up to Safety pledges**

A Sign up to Safety Steering Group has been set up to provide direction and monitor progress of each of the workstreams.

## 2.7 Link with Sustainability & Transformation Plans (STP)

The pace of transformation across the health and social care economies has escalated considerably in the last 12 months, reflecting the need to deliver significant efficiencies to return the NHS to financial stability. The Trust has taken a leading role in the development of the regional STP, to ensure the future sustainability of our services; Chief Executive and Executive representation in all key STP forums ensures consistency across STP and local organisation strategic and quality priorities.

## 2.8 Our Quality Impact Assessment (QIA) Process

The Trust has established a robust QIA system to ensure we consider the impact of our Cost Improvement Programmes (CIPs). Improvement initiatives are generated from a range of sources, including staff idea generation, and all schemes are assessed against the trust-wide QIA framework to ensure that our core quality and CQC domains are encompassed in scheme creation, along with any impacts on clinical outcomes, patient safety, patient experience and clinical engagement, with risk scoring matrices embedded in the assessment process.

## 2.9 Triangulating Quality with Workforce and Finance

The Trust trialled a monthly Integrated Performance Report earlier in the year but this reporting system has been refined following feedback from our Non-Executive Directors. We are now providing the Board with an Integrated Performance Dashboard that is circulated as part of our monthly Chief Executive Report. This Dashboard brings together key indicators across the following operational objectives:

- Quality
- Finance
- Performance
- Workforce (including Safer Staffing)

It is intended that the Dashboard will provide the Non-Executive Directors with an easily digestible summary of the key issues that month, derived from the detailed Finance, Quality, Workforce and Operational Performance reports which are submitted formally to the Board. The Board uses these reports for assurance on the Trust's performance and is able to use the information contained therein to inform decision-making to improve quality of care and support service improvements.



### 3.0 Our Approach to Workforce Planning

#### 3.1 Approach to Workforce Planning

Our strategic priority and greatest risk over the next two years is to ensure we have staff with the right skills, knowledge and experience to meet the rising demands from our patients, either in the acute part of our organisation or across our community services.

Gaps in capacity will be bridged by assessing need and utilising our bank and locum supply, through overtime and if necessary through use of agency staff at the April cap rates using our preferred framework supplier. In order to mitigate the risks of these gaps, we will:

- continue to review ward skill mix
- continue to build on our pro-active international recruitment campaigns
- think differently about how we utilise our medical staff over the next two years as we introduce the new junior doctor contract.

Having recently taken on the caretaking role for Swindon Community Health Services, base-lining the permanent and temporary workforce aligned to budgets and activity is our priority as part of our due diligence. If the Trust Board decides to sign the contract in February 2017, having a workforce with the skills and knowledge across Swindon's acute and community settings will drive transformation of our services and our health offer locally.

#### 4.0 Our Approach to Financial Planning

The financial year 2016/17 has been a period of stabilisation for the Trust, as the financial challenges addressed in 2015/16 have been met and improved Cost Improvement Plans (CIPs) and forecasting processes continued. This has been against a background of continued service pressures, which has seen significant increases in activity over previous years, and of continued change.

In 2016/17 a joint venture with Royal United Hospitals Bath NHS Foundation Trust, Salisbury NHS Foundation Trust and Great Western Hospitals NHS Foundation Trust (GWH) was set up, becoming operational on 1<sup>st</sup> July 2016. This resulted in a change of commissioning requirements as Wiltshire Clinical Commissioning Group (CCG) commissioned Adult Community care in Wiltshire through the joint venture. GWH continues to employ the majority of staff providing Adult Community services for Wiltshire.

On 1<sup>st</sup> October 2016 GWH took on the caretaker role for Swindon Community Health Services and although a formal contract decision will not be made until February 2017, the provision of this service over the next two years has been assumed in this plan.

During 2017 the Wiltshire Community Estate (which has been run by GWH since 1st June 2011 and owned by GWH since 1st April 2013) will be transferring from the Trust to NHS Property Services.



#### 4.1 Carter Review

The Trust is fully committed to the programme of work to review all corporate services that is being developed across the Bath, Swindon and Wiltshire STP. The STP plans are focusing initially on the back-office services in the three acute trusts, but other NHS organisations in the STP, including the three CCGs are involved where opportunities to extend the collaborative work are identified.

The Carter review assessed the three trusts in the STP to be in the lower quartile of costs for all Trusts. GWH was assessed to have back office costs as 6.8% of the value of the Trust's income, using 2014/15 data. The figure is marginally below the 7% target set for individual organisations, using more up to date financial date. The STP recognises the need to aim to deliver stretch efficiencies, including designing more efficient and economical collaborative service delivery models across the STP footprint.

Although the trusts in the STP expect to start to identify transformational savings from collaboration in 2017/18, GWH recognises that further efficiencies need to be identified locally, in order for the challenging financial control total to be met. Local opportunities are being investigated, including the potential for joint working on a smaller scale.

#### 4.2 PFI Contract

The PFI is a key driver of our financial position and current accounts for 10% of Trust income each year and will grow over time. As such an alternative arrangement for the PFI is being scoped as part of a Business Case due before Trust Board in April 2017. The Business Case will look at a range of alternative options for the PFI including renegotiation, restructure and termination with the aim of driving material financial savings to support our financial improvement and release funds to invest in patient care.

#### 4.3 Efficiency Savings for 2017/18 & 2018/19

The programme to ensure CIPs are fully developed ready to start delivery at the start of the financial year is managed through the Transformation Board that meets weekly, chaired by the Chief Executive. Workforce CIPs are progressing with financial assessments and PIDs in progress to date. Key focus areas for the coming year will be:

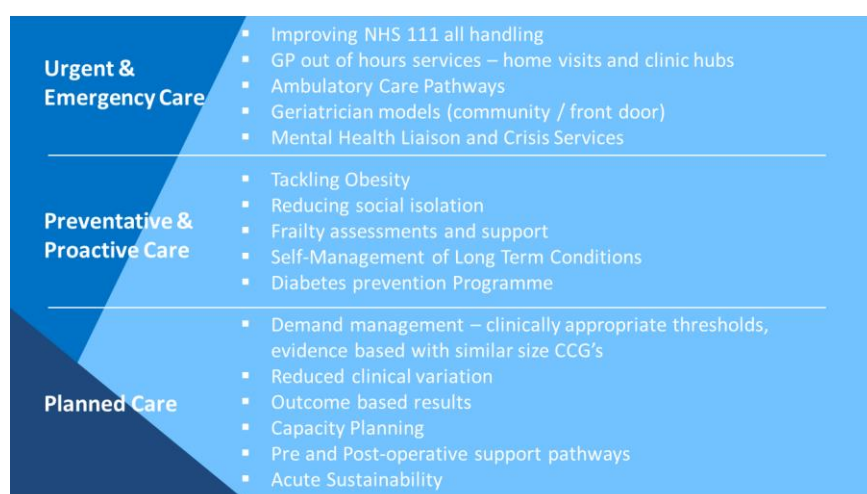
- E rostering with the move to a new system
- On Call cost review
- Output from Job Planning review
- Apprenticeship expansion
- Extension of unpaid leave programme

## 5.0 Link to Sustainability & Transformation Plan

### 5.1 STP Development and Submission

During 2016 the Trust has worked collaboratively with our STP partner organisations, including commissioners, public health and other providers, on the development of our STP. The STP's most recent submission to NHS Improvement was made in October 2016; this provided updates against the workstreams that have been established to support the five areas identified as priorities for transformation.

The STP's Leadership Group, which is comprised of the Chief Executives and/or Medical Directors for all partner organisations, has developed three major clinical work streams and a number of enabling work streams to support the planning, development and implementation of the five priorities.



Alongside these workstreams the STP has established enabling workstreams for Estates, Digital, Workforce and Finance, and these are designed to work across the STP organisations to support the development of the transformational projects.

The October STP submission set out the scope, method and benefits of the work that will be progressed over the next two years, with acknowledgement that further scoping is required to plan beyond 2019.