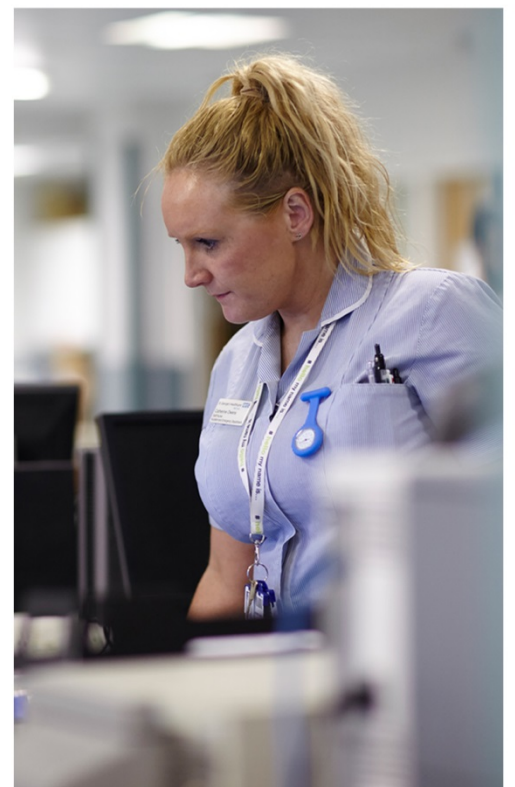
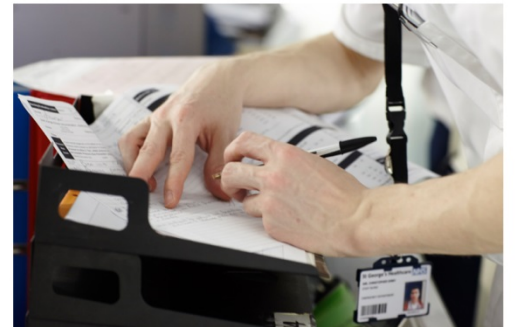


Annual Plan 2019/20

Outstanding Care, Every Time.



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Section 1 – Executive Summary

St George's University Hospitals NHS Foundation Trust ('St George's' or 'the Trust') has experienced a number of years of financial, operational, quality and leadership challenges. The trust remains in Financial and Quality Special Measures (FSM and QSM), and is forecast to deliver a deficit of £51.6m in 2018/19. However, whilst challenges remain, the Trust has seen a number of areas of improvement during 2018/19 and has an ambition to build on these, taking our workforce with us, to continue our improvement journey during 2019/20 and beyond.

The Trust has achieved an improved CQC rating following a full inspection in 2018 and the Quality Improvement Plan sets out our ambition to achieve a rating of 'good' and on to 'outstanding'. The Trust's Quality Improvement Academy, set up in the summer of 2018, will play a key role in ensuring the Trust creates the right conditions for long term success.

In the 2018/19 annual plan, the Trust set out its intention to return to RTT reporting and in March 2019 published RTT performance for the first time since June 2016. This represents a major milestone in how the Trust has addressed issues identified in the Patient Tracking List systems and reduced the backlog, and will continue to consolidate this position through 2019/20.

During 2018/19 the Trust has developed a new 5- year strategy, due to be launched in April 2019, which will set out the future direction for St George's.

Working collaboratively will be vital to delivering our plan for 2019/20, including being an active partner in the South West London Health and Care Partnership and Acute Provider Collaborative, to deliver the agreed priorities; and maximising our relationship with St George's, University of London in developing research and innovative treatments, and supporting the education and development of the next generation of health workers.

The year ahead will be a challenging but exciting one for St George's as we continue to improve the quality and experience of care for our patients, launch a new clinical strategy and continue our commitment to being an employer of choice offering an excellent working environment with staff dedicated to providing outstanding care, every time.

Section 2 – St George’s Priorities for 2019-20

The organisational priorities for 2019-20 are focussed on improving the quality of our services to patients, ensuring that our services are financially sustainable, and that the organisation is a place where staff wish to work and can be developed. St George’s is committed to being an employer of choice offering an excellent working environment with staff dedicated to providing outstanding patient care.

The priorities have been developed in line with the emerging SWL Health and Care Partnership (HCP) priorities, as well as being linked to the six strategic objectives of the organisation, and reflect what needs to be delivered in Year 1 of the new Trust strategy:

Strategic Objective	2019/20 Organisational Priority
Treat the patient, treat the person	Reduce harm to patients: <ul style="list-style-type: none"> • Non elective patients will have treatment escalation plans • Patients who lack mental capacity will have proper protection and care • Inpatients who deteriorate will be recognised and treated promptly
Right care, right place, right time	<ul style="list-style-type: none"> • Patients will not wait long for treatment • Our IT is easier to use and supports our staff to provide the best care for patients
Balance the books, invest in the future	<ul style="list-style-type: none"> • We are in financial balance • Our cost structures are understood and defined • Investment requirements and potential sources of funding are defined • Effective management of commercial relationships
Build a better St George’s	<ul style="list-style-type: none"> • We have a clear estates strategy • Our environment is safe for our patients and our staff
Champion Team St George’s	Deliver a significant shift in the St George’s culture through: <ul style="list-style-type: none"> • Listening, responding to and engaging our staff • Developing outstanding leaders and effective teams • A zero tolerance approach to bullying and harassment • Working to deliver our Diversity and Inclusion Strategy • Empowering our staff to make real change • Living our values
Develop tomorrow’s treatments today	<ul style="list-style-type: none"> • Produce a new education strategy aligned to the new clinical strategy that articulates the vision and strategic aims • Produce a new research strategy aligned to the new clinical strategy that articulates the vision and strategic aims

The Corporate Objectives for 2019-20 should link to and demonstrate how the Trust is seeking to address the strategic risks detailed in the Board Assurance Framework (BAF). Initial triangulation has been undertaken which confirms that the proposed corporate objectives are aligned to the current strategic risks on the BAF. The Board is undertaking a full review of the strategic risks included in the BAF, and once this work has been completed there will be a further check that there is correlation between the two.

South West London Health and Care Partnership (SWL HCP)

The SWL HCP has been in existence since 2016, and during 2018 a decision was made to focus priorities and delivery plans at borough system level. For St. George's this means close involvement for the HCP plans being developed for Wandsworth and Merton. As of February 2019 there are proposed priorities for both boroughs which are out to public consultation. St. George's is an active member of both Borough Transformation Boards, and as the borough –level priorities are confirmed the relevant ones will be included within the St. George's priorities for the year.

	Wandsworth Health & Care Plan (emergent priorities)	Merton Health & Care Plans (emergent priorities)
Key priorities	Start well <ul style="list-style-type: none"> Childhood obesity Risky behaviours Mental health (CAMHS) 	Start well <ul style="list-style-type: none"> CAMHS Children's community Pathways to adulthood
	Live well <ul style="list-style-type: none"> Integrating physical and mental health resources Major chronic disease - diabetes 	Live well <ul style="list-style-type: none"> East Merton health and wellbeing model Diabetes / long term conditions / prevention Primary mental health (IAPT) Primary care at scale
	Age well <ul style="list-style-type: none"> Isolation Dementia Health & social care integration 	Age well <ul style="list-style-type: none"> Dementia-friendly Merton Integrated locality teams Intermediate care & rapid response Support to care homes

Acute Provider Collaborative

The Acute Provider Collaborative (ACP) exists as part of the SWL HCP and involves the four acute provider organisations in SWL: St. George's, Kingston, Croydon and Epsom St. Helier. The purpose of the SWL APC is to support the acute Trusts' collaborative delivery of clinical services, and clinical and corporate support functions where this yields benefits (clinical, operational and / or financial) over and above the benefits gained from individual Trusts acting on their own or with other partners.

At the heart of this ambition are three concepts:

1. **Simpler** – reduce unwarranted variation in clinical, clinical support and corporate functions to improve patient outcomes and experience
2. **Smarter** – make use of technology and automation wherever possible to make it easier for clinical teams to do the right thing for the patient first time
3. **Sustainable** – meet growing volume and complexity and need within constrained resources (workforce and financial)

The confirmed 2019/20 objectives for the APC are:

- **Standardise the first 4-6 clinical pathways; including 2 elective specialities (specialties currently being finalised)**
- **Complete 50% single acute medicines formulary (8 chapters of British National Formulary)**
- **Implement standardised IM&T:** single LIMS, PACS, Inventory Management System; co-design Digital Pathology and Patient Flow Decision Support Tool

- **Extend collaborative staff bank** to Allied Health Professionals; **standardised recruitment processes**
- **Implement 4-Partner Pathology Network (SWL Pathology)**
- Extend **Joint Referral Unit** to drive **elective “right-sizing”** in SWL
- Develop **APC Estates Supplier Frameworks**
- **Single collaborative procurement Hub** - drive standardisation through national supply chain, clinical pathway standardisation & Inventory Management System
- **Finance functions standardisation**

NHS Long Term Plan

The long term plan sets out a vision for “a new service model for the 21st century”: integrated local care systems, with local providers and commissioners collaborating to take responsibility for the health of (and health spending on) local populations; stronger primary/community care to prevent/manage more conditions in the community; a range of measures to reduce pressure on A&E; and transformation of outpatient services, significantly reducing the number of hospital appointments. The plan also identifies the key clinical priorities for the NSH over the next decade.

The Trusts’ response to delivering on these priorities will be set out in the new 5 year strategy and through the priorities agreed as part of the SWL HCP.

Section 3 – Our Approach to Quality Delivery

The Trust wants to deliver sustainable change, and quality improvement is a key enabler for this: training, support and investment in staff are central to this ambition.

Executive Leadership of the Quality Improvement Plan (QIP) is through the Chief Nurse and the Chief Medical Officer, with a Director of Quality who is responsible for the programme of work and reports to the Chief Nurse. The Quality Improvement Plan (QIP) has an executive sponsor and a Senior Responsible Owner accountable for delivery, with a set of objectives and metrics that are reported in the Trust Integrated Performance Report.

Moving to Good: Quality Improvement Plan

The Trust has undertaken a gap analysis to identify where the key areas of focus need to be, drawing on intelligence from a number of sources including:

- The Board quality report
- The Board Assurance Framework
- The 2016 and 2018 CQC core inspections and targeted CQC inspection of cardiac surgery
- Thematic reviews of serious incidents (SIs), deaths and complaints presented to Quality and Safety Committee
- Key external surveys (e.g. national patient and staff surveys)
- Findings from the Trusts 'ward accreditation' peer review process

The gap analysis has identified that the biggest gap to achieving a CQC rating of "good" is compliance with the Safe and Well Led domains. Compliance on application of the Mental Capacity Act and Deprivation of Liberty standards and appraisal rates are the main gaps in 'Effective' and performance against the four hour standard the biggest risk in 'Responsive'.

The QIP for 2019-20 will be refocussed in line with the key issues identified:

- Changing culture and focussing on leadership and engagement will be positioned as the most critical drivers of success. Cardiac surgery has highlighted the impact that the wrong culture coupled with weak governance can have on a service. Improvement review of clinical governance will be a key QIP and corporate priority for 2019/20.
- Focus on managing complexity: e.g. dementia, patients with mental health needs looked after in an acute setting, management of pain, Mental Capacity and Deprivation Of Liberty and Safety (DOLS), and safety and quality aspects of emergency flow (particularly for older people who are vulnerable)
- Focus on getting the basics of safety right: statutory and mandatory training compliance, safe staffing (one of the top 3 BAF risks), infection prevention and control, prevention of in hospital falls and hospital acquired pressure ulcers, safe and secure handling of medicines, identification and management of sepsis and deterioration
- Continued priority on the work to improve the Estate and IM&T infrastructure (two of the top 3 strategic risks)

Quality Improvement Governance and Assurance

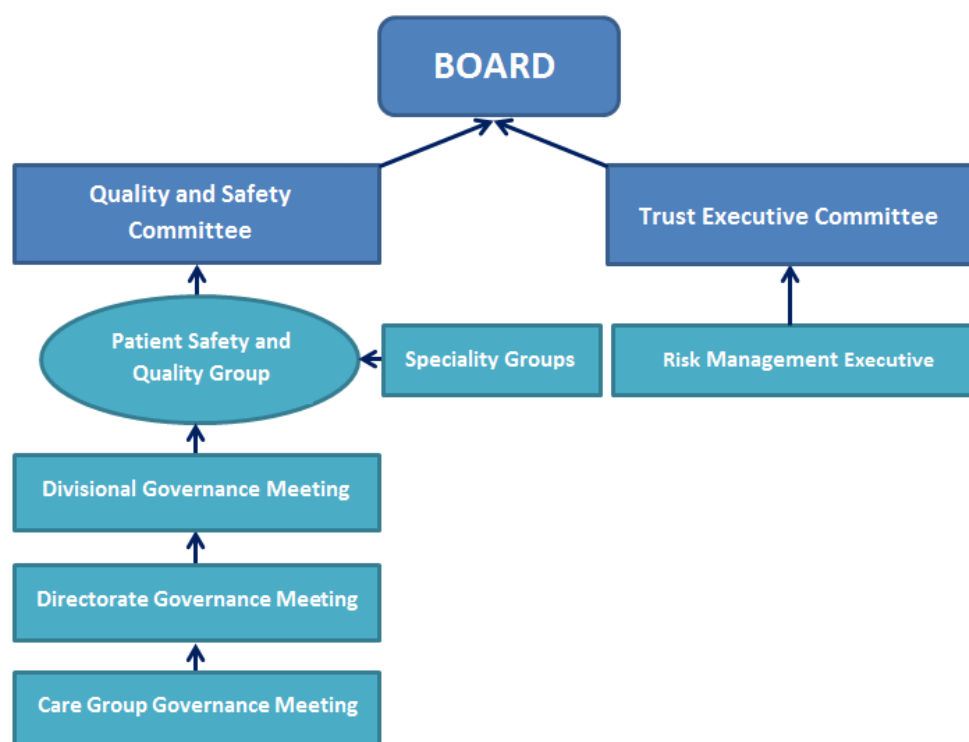
The Trust has a system of oversight based on four components:

- *Formal reporting of quality and safety* metrics from ward to Board level. Real time quality data is available for every clinical area and includes planned v actual staffing levels, pressure ulcer incidence and hand hygiene compliance. This provides assurance from ward to Board on compliance with quality standards within the NHS Constitution and the fundamental standards of care. The information from ward level is reported through Care Group into

Directorate and Divisional Governance Boards (DGB) and on to the Trust's Patient Safety and Quality Meeting and the Quality and Safety Board Sub-Committee as set out in the diagram below.

- *Internally led peer review and accreditation processes* which test what is being reported against what is observed. This includes a monthly matron- led 'clinical observatory' to collect routine feedback; Board members undertaking formal and informal quality walkabouts and providing direct feedback at the beginning of each Board meeting on observations from their walkabout and feedback from patients and staff.
- *Independent, external review and benchmarking* e.g. participation in national clinical audits, use of feedback from individual patients through the Friends and Family Test, and localised patient surveys to identify areas for improvement. The Trust works with Patient Partners through the Patient Partnership and Experience Group to involve patients in quality improvement initiatives.
- *Sector programmes designed to highlight and reduce variation* e.g. the Acute Care Collaborative work on pathways

An annual Quality Improvement Week is used to share learning from all areas of the Trust



Governance framework for monitoring and reporting on quality

Measuring the impact of the Quality Improvement Plan

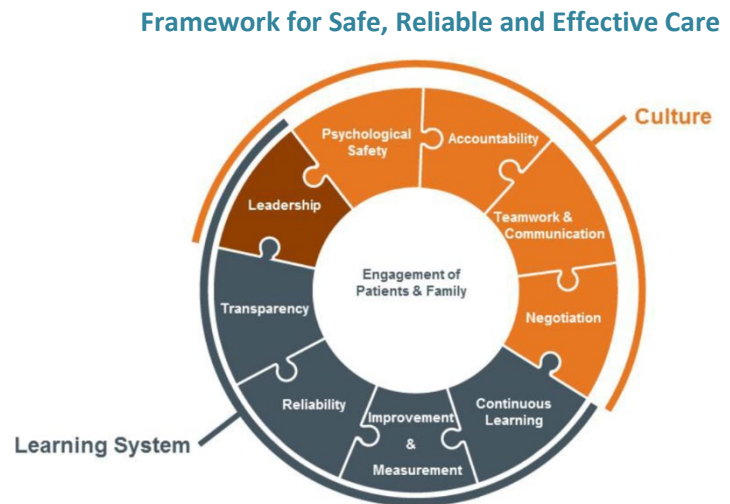
The Board receives a monthly performance pack which includes quality and safety, workforce, performance and financial data, setting out performance over the last 12 months against target. This includes coverage of all constitutional standards. In the light of the refresh of the QIP a comprehensive, revised set of metrics has been proposed and will be incorporated within the integrated performance report from April 2019.

Delivering sustainable change – the Quality Improvement Academy

The Quality Improvement Academy (QIA) is the key enabler to driving and implementing sustainable change. It is through the QIA that the Trust is building quality improvement capacity and capability

throughout the organisation to create the right conditions for sustainable success. A 'High Performing Teams' programme has been put in place in support of this.

The core of the QIA improvement methodology is drawn from the IHI Model for Improvement and Framework for Safe, Reliable and Effective Care and is described as 'The St George's Way'.



Quality Priorities for 2019/20

The key priorities for quality improvement have been highlighted through analysis of serious incidents, incidents and feedback from national and local surveys, and Healthwatch Enter and View visits. These are set out under the key headings of quality below.

The patient safety priorities are inter-linked and with the establishment of a critical care outreach service will have a significant impact on supporting our staff to manage deteriorating patients promptly and effectively.

Improving patient safety

- Ensure that non elective inpatients have a treatment escalation plan (TEP) in place within 24 hours of admission.
- Ensure patients who lack mental capacity are identified promptly, and have proper protection and care.
- Ensure inpatients that deteriorate are recognised and treated promptly; consistently identifying the deteriorating patient so that we can intervene promptly and improve outcomes for patients.

Improving patient experience

- Provide a responsive, high quality complaints service.
- Build a sustainable patient partnership structure to enable patients to be involved in improvement work from the earliest stage.
- Improve immediate feedback from patients through the FFT by increasing response rates for both inpatient, outpatient services and the emergency department.

Improving effectiveness and outcomes

- Improve services for people with mental health needs who are in an acute hospital setting.

- Improve the effectiveness of our discharge process to ensure patients are equipped with the information they need to manage their health and that they know how to access appropriate support.

Specific Quality Improvements

In addition to the Trust-focussed priorities, the Trust will maintain a focus on the national quality standards:

Standards for Seven Day Service

The Trust is compliant with standards 5, 6 and 8 for seven day services and has improved compliance with standard 2 (all emergency admissions must be seen by a consultant within 14 hours of admission) from 70% to 82% in the past two years. To be fully compliant with standard 2 would require a significant increase in staffing resources in certain specialities and therefore opportunities for pathway redesign and alternative ways of delivering a consultant review within 14 hours are being explored.

Learning from Deaths

Members of the Trust Mortality Monitoring Committee (MMC) carry out independent reviews of deaths, using a locally developed online screening tool and structured review tool, both based on the Royal College of Physicians tool. There is a target of reviewing 70% of deaths each quarter and this target has been exceeded to date with 84% of deaths reviewed in 2018/19. All child deaths continue to be reviewed by local teams and by the Wandsworth Child Death Overview Panel. The Trust will continue to escalate to the risk team any death that the MMC review suggests may be avoidable for investigation to be considered. Any significant problem of care, whether or not it affected outcome, is highlighted to the clinical team for discussion and local learning.

A quarterly report is provided to the Patient Safety and Quality Group, Quality and Safety Committee and Trust Board on the outcomes from the MMC, focussing on information and learning identified through independent case record review of deaths and the delivery of requirements of the Learning from Deaths framework. Dissemination is through the Divisional teams, supported by the Associate Medical Director for Mortality. The report is also shared with the CCG Clinical Quality Review Group.

The Trust continues to be active nationally and regionally in the Learning from Deaths agenda. We have continued working with peers and are members of the London Learning from Deaths Network.

Infection Prevention and Control:

- **Gram-negative bloodstream infections:** The Trust plans to achieve 50% reduction in gram-negative bloodstream infections by 2021. This includes working with the SWL HCP to achieve a 50% reduction across the health economy; within the Trust we will be introducing national catheter guidelines and best practice such as catheter passports.
- **C. difficile threshold:** The Trust has reviewed the root cause analysis process for *C. difficile* and the Trust objectives for 2019/20 are now based on these two categories:
 - Hospital onset healthcare associated: cases that are detected in the hospital three or more days after admission
 - Community onset healthcare associated: cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks.

The annual threshold for these categories is no more than **48** cases for 2019-20 and we continue to focus on maintaining hand hygiene standards and antimicrobial stewardship.

- **MRSA threshold:** the Trust continues with a zero threshold for MRSA bacteraemia. The Trust is moving from universal screening to targeted screening in line with latest guidance during 2019/20.

National Early Warning Score 2 (NEWS2)

The NEWS2 tool is in use across the Trust, in 2019/20 having the tool fully embedded is one of the top priorities from the Quality Improvement Plan: to ensure we recognise the deteriorating patient and intervene promptly.

Triangulation of quality with workforce and finance

The triangulation of quality with workforce and finance is undertaken at a number of levels within the organisation. Divisional governance meetings review indicators and their interdependencies in relation to performance, finance, quality, workforce, and risk, and key items for escalation are addressed.

At the executive- led divisional performance reviews, areas of underperformance are reviewed in terms of delivery against national/internal standards, financial implications, impact on quality and patient care and experience, and workforce implications associated with it. In addition to this the impact of potential workforce issues are discussed and their impact on respective areas, both short and long term with remedial actions.

The Finance and Investment Committee, Quality and Safety Committee, Workforce and Education Committee provide monthly reports to the Trust Board; key indicators from all domains are reported in the monthly Trust Board Integrated Performance and Quality Report.

Assessment of Quality Impact of Service Developments or CIPs Plans

All service developments and cost improvement schemes are managed within a governance framework. This is illustrated in the CIP Lifecycle graphic below, which includes a quality impact assessment as a key go/ no go decision.

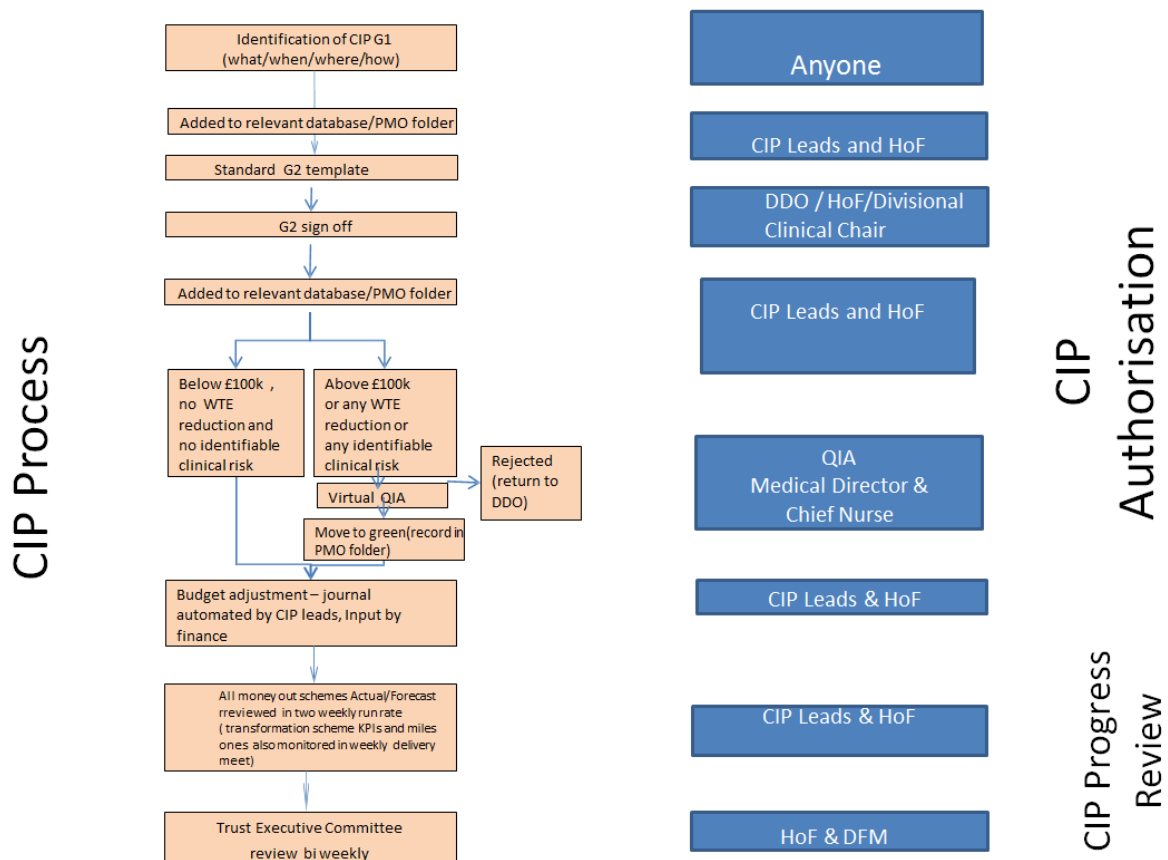
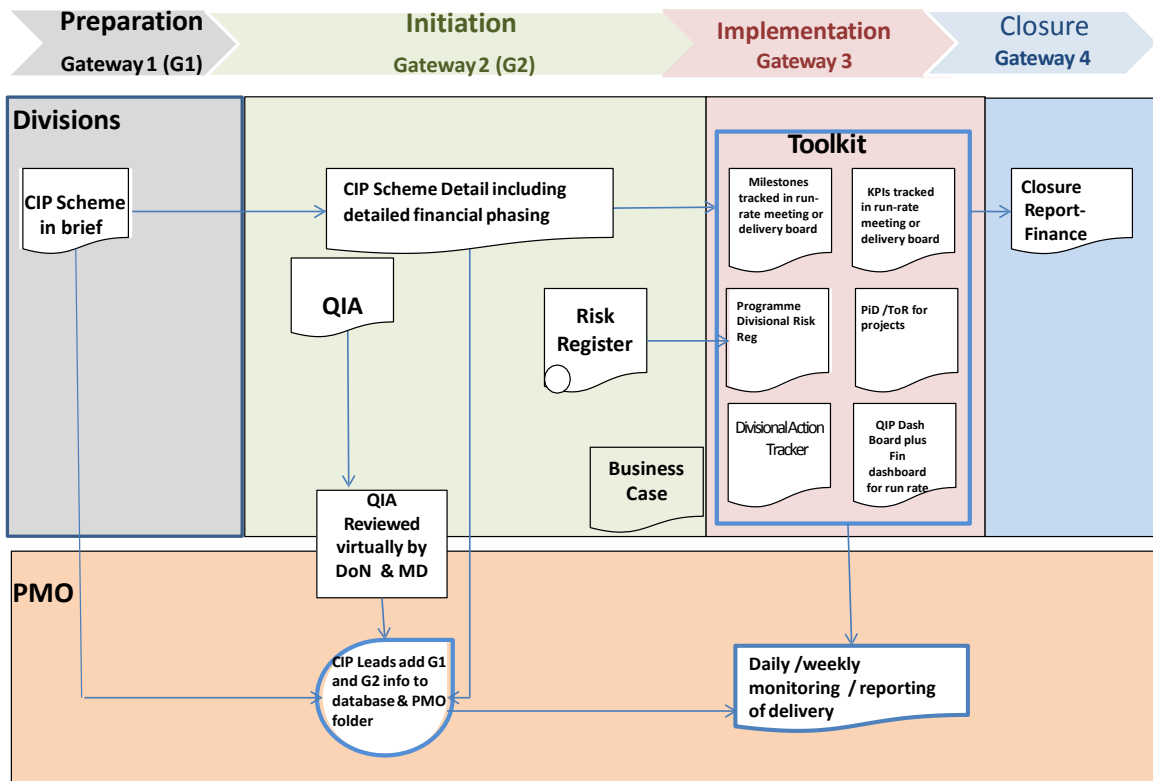
At Gateway 1 the multi professional team at service level identifies potential CIPs and considers risk against the three quality domains: patient safety, patient experience and clinical effectiveness. At Gateway 2 the CIP is reviewed by the Divisional Management Board led by the Divisional Chair and Divisional Director of Nursing and Governance. At this stage any CIP that meets the Quality Impact Assessment Criteria must be approved by the Chief Medical Officer and/or the Chief Nurse or it cannot progress further.

The QIA process is invoked in any one of the following instances:

- any scheme valued at over £100k;
- any scheme where the staffing will be reduced
- any scheme where a risk has been identified to patient safety, patient experience or clinical effectiveness.

Any schemes that are rejected are returned to the division for reconsideration. Once a scheme is approved, the CMO and Chief Nurse will seek assurance that the scheme has not had any unintended impact on quality through regular reporting, so that interventions can be made if necessary during the implementation (gateway 3) phase. Cumulative impacts of CIPs on overall patient care, outcomes or experience are identified through Trust wide performance monitoring. Route cause analysis is undertaken where necessary to identify issues which should identify if CIPs are a contributory factor.

CIP Life Cycle



Section 4 – What our plan means for our patients

The business plan sets out how St George's will deliver Outstanding Care, Every Time and this section describes how our objectives will improve care and experience for patients.

Strategy and Transformation

The Trust will set a clear direction for the organisation over the next 5 years and describe the transformation programmes which will deliver this in 2019-20. The transformation plans will be designed around sustainably meeting the needs of patients and SWL HCP partners: reducing health inequalities, improving outcomes and modernising how patients are assessed and treated.

Culture, Leadership and Engagement

The Trust will ensure that its values are practised by staff at all levels and all staff ultimately have the skills and confidence to apply quality improvement approaches to their area of work. The Trust will continue to invest in developing good leaders at all levels, from the Board down to clinical and corporate teams so that staff and patients benefit from inspiring and compassionate leadership.

Safe and Effective

The Trust will continue its focus on getting the basics right – to ensure that risks to patients using the facilities are minimised through good training, risk assessment and care planning. The Trust will renew efforts to ensure that people with complex needs get consistently good care – frail older people, people with dementia and/or reduced mental capacity, people with mental health needs looked after in a general acute setting.

IT and Estates

The Trust will make best use of resources to make sure that estate, equipment and IT are fit for the future; and where it is unable to undertake works, to ensure robust assessments of risk and effective mitigations have been put in place.

Flow and Patient Experience

The Trust will place greater emphasis on patient safety and patient experience aspects of emergency flow through its sites, with particular attention to how we care for older people. The Trust will strengthen the pact with its patients and carers and develop an 'Always Events' approach to care where there is agreement on what every patient should expect from their contacts with St George's.

Quality and Risk

The Trust will ensure that it has robust, standardised quality governance systems from ward to Board and intelligence from data, patient, staff and partner feedback is used to highlight improvement and areas of concern promptly and effectively. The Trust will challenge itself to demonstrate that its arrangements for mitigating risks and learning when things go wrong are effective.

The priorities on Page 4 of the document outline the key areas of focus in 2019-20.

Section 5 - What our plan means for our people

St George's is committed to being an employer of choice, offering an excellent working environment, with staff dedicated to providing outstanding care every time, and recognises that the key quality and financial objectives can only be achieved through the contribution of a well-led, engaged and efficient workforce.

What makes St. George's a good place to work?

The Trust is dedicated to providing opportunities for staff to engage, learn new skills, and to receive 1-2-1 support and guidance such as coaching, mentoring and employee assistant programmes. It strives to provide opportunities for staff to learn more about quality improvement through our Quality Improvement Academy. There is a range of health and well-being initiatives that are made available to staff across all our sites, and online health and wellbeing resources that can be accessed at any time.

The Trust invests in continuous professional and personal development for all staff by offering in-house and externally commissioned development programmes. The Trust will continue to work closely with Health Education England, and Higher and Further Education Institutions to explore new ways of supporting staff development. A number of initiatives are already in place and new ones are due to be rolled out in 2019/20 to support the development of a competent, capable and caring current and future workforce:

Staff Engagement

The Trust has a comprehensive Staff Engagement Plan with objectives that champion Team St. George's and aim to improve the working lives of the 9,000+ staff. An in-depth analysis of staff feedback about what it is like to work at St. George's, including feedback from the National Staff Survey, quarterly Staff Friends and Family Survey, and Listening into Action events, has helped drive staff engagement plans for 2019/20. To deliver on the ambition to provide Outstanding Care Every Time, St. George's wants all staff to be proud to live the Trust values.

The Trust will introduce 'Go Engage' to its staff engagement initiatives for 2019/20. The Go Engage framework will provide an evidence-based, validated structure to explore employee engagement more deeply and the tools to respond in a tailored way to staff engagement needs. This will help the Trust to better meet the needs of its multi-professional workforce and provide tangible/measurable outcomes.

The response rate to the 2018 National Staff Survey was significantly higher than the average for an acute Trust, but the target areas for improvement in the Trust's ways of working together remain to:

- Improve overall staff engagement
- Address bullying and harassment
- Improve support for equality, diversity and inclusion

The Staff Engagement Group also considered that the following key behaviours and principles need to be embedded throughout the organisation:

- Regular active listening and action taken on what staff are telling us where the Trust can improve
- Consistency and stability in leadership and engagement
- Empowering and enabling staff at every possible level in the Trust
- Leading by example

- The Trust has recruited staff engagement champions from across the organisation who will support and monitor the delivery of the staff engagement plan and ensure that real changes are happening on the ground. In addition, training of in-house workplace mediators will be provided to empower staff in being able to facilitate local resolutions to minor conflicts.

The Freedom to Speak up Guardian meets all new staff at Trust Induction and there are other roles dedicated to supporting the rights and well-being of staff include the Guardian of Safe Working for Junior Doctors contracted working hours and the Champion of Supported Return to Work for Junior Doctors.

Leadership Development

The Trust's Leadership Strategy is being implemented and the Leadership Academy's suite of development opportunities focuses on the following four critical capabilities:

- Compassionate, inclusive leadership skills
- Improvement skills
- Talent Management systems
- Systems leadership skills

The Trust offers leadership development opportunities for current and future leaders at all stages of their leadership journey. In the coming year the Trust will be targeting first time leaders as well as very senior leaders to build on the significant investment and up-take of leadership skills development.

Quality improvement is an essential element to all leadership programmes. Understanding of quality improvement is a vital component of being an effective leader to achieve high levels of operational performance, staff satisfaction and quality outcomes. This will enhance the employment experience of current and future staff who will have a role in delivering the organisational priorities.

The Trust's approach to leadership development is about creating a positive culture that supports all staff at all levels in the organisation and makes leadership everyone's responsibility, not just those holding formal leadership positions. St George's has developed a coaching and mentoring strategy which aims to create a coaching climate to support developing leaders of the future. Coaching and mentoring each come with their own benefits; used together they will support staff to reach their full potential.

As part of the plan St George's will build a network of internal and external qualified coaches available for all staff and to provide managers with training. This builds on the bespoke training support already offered, and forms part of the new Coaching and Mentoring Strategy and action plan. The Trust will also build coaching style conversations into the Appraisal and Personal Development discussions and supervision sessions. This strategy has been developed to give everyone an opportunity to gain coaching and mentoring skills to support their personal and professional development.

Section 6 – What our plan means for our infrastructure

The Trust has been notified that the application for capital loans to address the highest priority estate and information technology needs has been approved. This will enable significant progress to be made in 2019/20 in addressing material risks in infrastructure (water, electricity and ventilation) and Information Technology (replacement and resilience of core infrastructure and roll out of Cerner to Queen Marys). This will partly address the historic underinvestment in core infrastructure which was observed within the Trust's CQC report.

The priority for this investment is about getting basic infrastructure and systems fit for purposes to enable the Trust to then progress to optimising working practices, work in more productive ways and provide a safe environment for patients, visitors and staff.

Section 7 – How we will deliver our business plan

7.1 Finance and Investment Plan

The Trust is forecasting to end 2018/19 with a deficit of £51.6m. This is higher than the deficit target set by NHSI, but represents a reduction on the deficit of £53.0m reported in 2017/18. The Trust will deliver £50m of CIPs in 2018/19 and has worked to stabilise the run rate expenditure position. The Trust has experienced a number of additional challenges in 2018/19 in reducing the deficit; these include the loss of contribution from Cardiac Surgery when the service was halted in summer 2018 due to safety concerns, and a delay in achieving the ramp up in elective activity volumes forecast. The Trust will be £22.6m adverse to the plan set for the year.

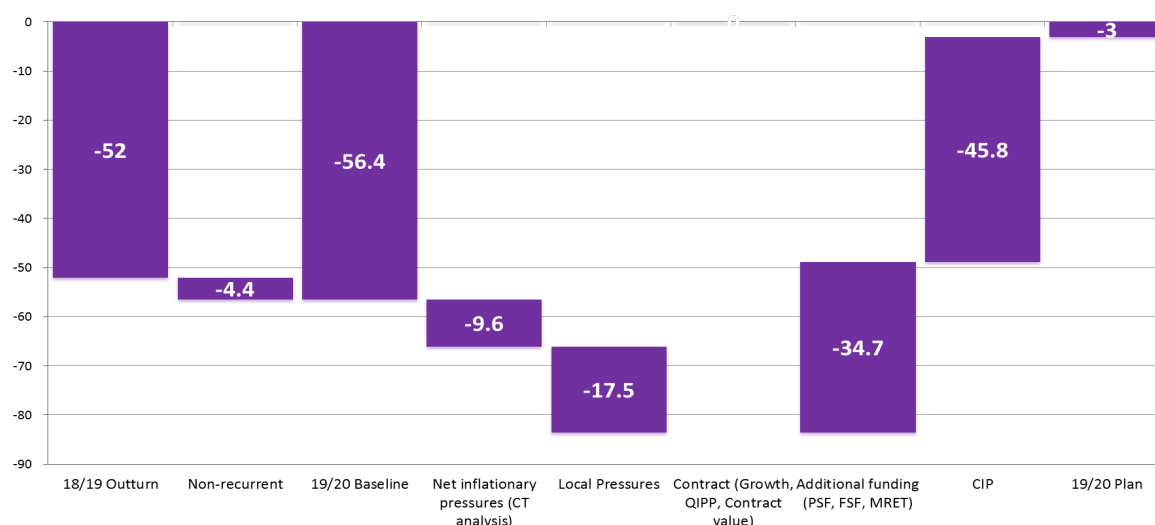
The Trust has been set a deficit control total target of (£3m) for 2019/20. The Trust has agreed contracts with its principle commissioners South West London CCGs and NHS England London Specialised Commissioning. The contract form has been modified to align incentives between provider and commissioner to reduce the overall costs to the health economy.

Figure 1 – 2019/20 High level financial plan

Element	SLA Income £m	Other Income £m	Total Income £m	Pay £m	Non Pay £m	Other £m	Total Spend £m	Net I&E £m
18/19 Forecast Outturn	655.9	155.2	811.0	-516.9	-312.5	-33.7	-863.1	-52.0
Baseline Adjustments	4.9	-1.0	3.9	-0.8	-6.7	-0.8	-8.3	-4.4
18/19 Baseline	660.8	154.2	815.0	-517.6	-319.2	-34.5	-871.4	-56.4
Community and Genetics Adj.	-12.7	-0.8	-13.5	7.7	3.9	0.0	11.6	-1.9
18/19 Recurrent Baseline	648.1	153.4	801.4	-510.0	-315.3	-34.5	-859.7	-58.3
SLA Income Risk / Pressures	-2.4	0.0	-2.4	0.0	0.0	0.0	0.0	-2.4
Overseas visitor benefit	0.0	0.4	0.4	0.0	0.0	0.0	0.0	0.4
Education income reduction	0.0	-0.8	-0.8	0.0	0.0	0.0	0.0	-0.8
Local CP's and SD's	0.0	-1.5	-1.5	-7.8	-1.2	0.0	-9.0	-10.5
Depreciation / Interest pressure	0.0	0.0	0.0	0.0	0.0	-1.6	-1.6	-1.6
Contingency	0.0	0.0	0.0	-3.0	-0.5	0.0	-3.5	-3.5
Inflation	23.1	-2.5	20.6	-19.2	-5.8	-0.6	-26.4	-5.8
Tariff changes	-4.4	-0.6	-5.0	0.0	4.0	0.0	4.0	-1.1
Service Developments	4.0	0.0	4.0	-3.0	-1.0	0.0	-4.0	0.0
CIP	0.0	9.4	9.4	23.4	12.4	0.6	36.4	45.8
Pre PSF/MRET/FSF Plan	668.3	157.7	826.1	-519.5	-307.4	-36.1	-863.8	-37.7
MRET	0.0	6.6	6.6	0.0	0.0	0.0	0.0	6.6
PSF	0.0	13.3	13.3	0.0	0.0	0.0	0.0	13.3
FRF	0.0	14.8	14.8	0.0	0.0	0.0	0.0	14.8
Control Total	668.3	192.5	860.8	-519.5	-307.4	-36.1	-863.8	-3.0

Delivering a deficit of £3m will represent a continued improvement in the financial performance of the Trust, within the context of the continued need for investment and modernisation particularly in respect of IT and estate.

Bridge of 2018/19 Outturn to 2019/20 Plan



The Trust will agree its control total for 2019/20. This means PSF, MRET and FSF have been included within the plan. The Trust will need to make a CIP of £45.8m (£50m in 2018/19) in order to deliver the plan. There are a number of non-activity related cost pressures which the Trust needs to make additional CIP to cover, including cessation of Vanguard and third party funding of posts, additional interest payments on historic loans, funding of capacity to meet emergency demand and safer staffing levels.

Income and Activity

The Trust has developed activity plans with clinical divisions which will deliver an improvement in RTT performance, and lead to significantly more patients being treated in 2019/20 than in 2018/19. The contracts secured reflect these activity volumes, which have also been used to develop the performance trajectory for RTT and capacity modelling for theatres, beds and outpatients. These capacity models have been used to inform both the financial and workforce plans. The capacity models for theatres and outpatients have been independently validate and show that with reasonable productivity gains the Trust has sufficient capacity to deliver the planned volumes of activity.

The Trust has worked with SWL CCGs on a modified contract form, which will operate as a block contract for emergency and outpatients, and cost and volume for elective and critical care. There is a joint commitment to delivery of QIPP with a benefit share for over delivery of QIPP. Both parties are working to realign transformation and QIPP delivery resource behind key projects.

The Trust has agreed a block contract with NHSE Specialised Commissioning which will secure some additional income to cover RTT activity and provide certainty on income.

Capital

The Trust has received confirmation that capital loans have been secured for 2019/20 which will enable a number of significant risks on infrastructure, IT and medical equipment to be addressed. Priority will be given to addressing key risks with the water, electrical and ventilation infrastructure.

Prioritised IT schemes include the roll out of Cerner and to standardise access to the system across both Queen Mary's and Tooting sites as well as renewal of basic network infrastructure. The

delivery of a standardised modern electronic patient record is important for a number of efficiency improvements and transformation of the way outpatient services are delivered.

The Trust will be looking at options to begin a programme of renewal for medical equipment, including Cardiac Catheter Labs and MRIs potentially utilising a managed equipment service.

Interest and Borrowing

The Trust is planning for a £1m cost pressure as historic loans with rates of <2% mature and are anticipated to roll-over at 3.5%. However, this has yet to be confirmed. The Trust continues to pay 6% interest on a number of loans, and this is a further pressure of >£1m to the Trust bottom line.

7.2 People Plan

People Plan

Staff costs currently account for 60% of St George's overall operating expenditure. The Trust is part way through a process of alignment with both financial and service activity plans to ensure the proposed workforce levels are affordable and sufficient to deliver efficient and safe care to patients. To support the Cost Improvement Programme (CIP) a key workforce aim for the Trust is to ensure that the organisation is able to meet its activity and service requirements from within available resources and where appropriate to reduce headcount. Baseline activities are underway to identify whether unfilled vacancies can be released as CIPs. These savings could be generated by actual headcount reduction, alongside a reduction in usage of bank and agency staff.

2019/20 Staff Plan – WTE

Staff Categories	WTE as at 31/03/20
Total Substantive Non-Medical -Clinical Staff – all scientific, therapeutic and technical staff, support staff, nurses (Registered Nursing, Midwifery and Health visiting staff = 2,557.9 WTE – a subset of the WTE shown)	4,917.79
Total Substantive Medical and Dental Staff – career/staff grades, trainee grades and Consultants	1,853.34
Total Substantive Non-Medical- Non-Clinical Staff – admin and clerical, infrastructure support	1,882.08
Substantive WTE	8,653.21
Bank	610.04
Agency staff (including, Agency, Contract and Locum)	184.81
Total WTE	9,448.06

The Trust has reduced its vacancy rate from 13% in December 2017 to 9.4% in December 2018 which has contributed to significantly lower rates of spending on temporary staff (agency expenditure reduced from £43m in 2017/18 to £17m in 2018/19).

The Trust uses Safe Care to help with planning the nursing workforce based on acuity requirements for each work area.

The wider workforce plan is a result of working with managers to determine requirements based on projected clinical activity. More work is being undertaken on Consultant Job Planning to match activity to job plans, and work has started to introduce e-rostering for Medical and Dental Staff which will bring it in line with e-rostering for all other staff groups in the Trust.

The Trust expects to reduce established posts by circa **307 WTE** for 2019/20 as part of the CIP programme. The following table outlines the proposed phasing of these reductions. All CIP plans require a QIA to be undertaken (see section 5), and any planned reductions in staffing will go through this process to ensure safety and quality are protected.

Category	Total WTE
WTE expected 31/3/19	9,550.98
Baseline changes	104.08
Community & Genomics	(162.38)
Cost Pressures and Service Developments	156.72
Cost Improvement Plan	(306.78)
Growth	50.90
Contingency	54.53
WTE as at 31/0320	9,448.06

High Level Assumptions

The Trust recognises that whilst there will need to be reductions in the number of WTEs employed, the achievement of challenging financial targets will not come from a wholesale reduction in posts alone.

Working assumptions against a range of workforce productivity and efficiency targets are being developed which will quantify each of the following areas contributions to delivering the required reductions in WTE (or equivalent productivity improvements):

- Reduction in workforce WTE
- Reduction in agency costs
- Reduced vacancy rate
- Technology to support increased productivity
- New roles and extended responsibilities
- Increased workforce attendance
- Job planning
- SWL Acute Provider Collaborative review of back office functionality

The reduction in the workforce would need to take account of the minimum staffing levels to provide day-to-day safe services. It is expected that the reduction would have a greater impact on corporate back office posts. The Trust will use a methodology for ensuring that wherever possible turnover, temporary staffing spend and vacancies are used to remove costs.

Workforce KPIs

The following key performance indicators (data as at February 2019) are monitored and reported to the Trust Board and then to NHS Improvement via monthly in year monitoring returns.

Performance against workforce KPIs

	Mandatory Training	Vacancy	Sickness Absence	Non-Medical Appraisals	Medical Appraisals Job Plans	Gross Turnover
Actual	89.25%	9.28%	4.02%	71.32%	85.66%	17.12%

The Trust has worked hard to reduce vacancy rates and the aim is to keep the vacancy level below 11%. The Trust is committed to raising performance against each of the KPIs, which will continue to be a key focus in 2019/20. Plans include improving the online module for mandatory and statutory training (MAST) should improve completion rates for MAST training.

A Wellness Action Plan now forms part of the annual non-medical staff appraisal process, and helps provide an understanding of what is required to stay healthy and well in work and what line managers can do to better support individual staff members. It is anticipated that the benefits of early interventions for staff experiencing physical and/or mental health issues affecting work through sign-posting to Staff Support and/or Occupational Health and mediation services as appropriate will help minimise sickness absence.

Workforce Supply

The Trust is not alone with the increased demands on its services, but new workforce can only come from new graduates, returning practitioners or recruitment from elsewhere. The Trust has sought to access all these markets, starting with increased student numbers for both our nursing staff and junior doctors as well as actively recruiting overseas within Europe, India and the Philippines.

The Trust has also used a range of strategies to address these challenges from up-skilling existing staff, identifying the skills mix through labour market and improving our recruitment and retention strategies.

The Trust has worked across the SWL system on the South West London Collaborative Bank for nursing staff. This work will continue in 2019-20 with a view to expanding into other staff groups as appropriate. The cross-sector work also includes streamlining the Trusts' recruitment processes, and investigating whether there are more efficient ways of operating. The Trust will also continue working across the sector by reaching out into schools as a means of promoting the NHS as a place to work.

Recruitment and Retention Challenges

Description of workforce challenge	Impact on workforce	Initiatives in place
Shortage of nursing staff in Senior Health (at QMH site)	Higher than average reliance on bank and agency staff.	<ul style="list-style-type: none"> The South West London Collaborative bank has resulted in some staff from neighbouring Trusts working at Queen Mary Hospital (QMH). Continue with bespoke open days at QMH to attract applicants to work in that environment. Continue to offer internal moves for staff who wish to work in different areas of nursing, and we will encourage employees to think about QMH as an option.
Rota gaps in Acute Medicine and to a lesser degree the Emergency Department	Higher than average reliance on bank and agency staff.	<ul style="list-style-type: none"> Explore how to make posts more attractive (e.g. by including opportunity for research) in order to reduce reliance on overseas doctors. Introducing new e-Rostering to support better management of the existing workforce
High levels of staff turnover (17%)	Higher reliance on bank and agency staff.	<ul style="list-style-type: none"> Support of EU staff to apply for settlement status Development of new roles Increased Training and Development Officer support

		<ul style="list-style-type: none"> • Staff engagement initiatives • Follow up leavers and exit questionnaires
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Recruitment and Retention Risks

Description of workforce risk	Impact of risk (high medium, low)	Risk response strategy	Timescales and progress to date
Unable to develop new roles, change of skill mix etc. that will address the long-term workforce supply requirements of the Trust, which could result in care which is below standard.	Medium	Workforce plan with underpinning action plan which identifies development of new roles; continuation of recruitment strategy; development strategy to assist with closing the gap.	First cohort of Nursing Associates has qualified, and taken up post. Second cohort will qualify in 2019. The role of Advanced Clinical Practitioners has been established in a small number of key areas and we will expand the use of these posts in other specialties 2019/20.
The Trusts needs to establish a positive, supportive culture, where people are held to account.	Low	Leadership development for middle to senior managers; events to recognise and reward staff; staff engagement plan launched	2018 leadership development days continued into 2019; recognition events planned for summer; staff engagement plan is being rolled out and monitored through the Workforce Committee.

Long-term vacancies: The Trust appoints to most vacancies first time and does not have any specific issues relating to long- term vacancies. As such, it is not a significant challenge or risk for St George's and therefore is not covered as a specific focus in the plan.

New Roles

The Trust is a pilot site for the new nursing workforce nursing associate role and eight graduates from St. George's became eligible to register with the NMC in January 2019. The Trust has a further 24 nursing associate apprentices currently studying towards this qualification and will be recruiting further nursing associate apprentices in September 2019 and January 2020. The Trust as a leading site provides the mammography associate practitioner apprenticeship programme and will benefit from enrolling its mammography staff on future cohorts.

The Trust will continue to participate in the development of new roles, such as Health Education England specialist clinical fellows. The Trust plans to jointly appoint an Education and Leadership Fellow in 2019 to support clinical leadership development for junior doctors. The Trust has a small number of Advanced Clinical Practitioners (from both nurse and AHP backgrounds) who, along with Physician Associates, provide additional strength to the clinical team. A Steering Group is in place to oversee the development of the Advanced Clinical Practitioner roles to ensure their professional development enhances the service provision, especially against the background of national shortages in certain specialties amongst medical staff.

Apprenticeship Levy

The Apprenticeship Levy cost to St. George's is £2.1 million per annum. This is a material level of investment that continues to be significantly higher than the Trust's traditional CPPD expenditure. The plan for 2019/20 is to optimise Trust usage from this resource. The Trust will work closely with partners in South London to develop joint strategies for utilising levy funds effectively.

New apprenticeship training routes continue to emerge and St. George's has been at the forefront of introducing the new nursing associate apprenticeship and the mammography associate practitioner apprenticeship. We will continue to:

- provide apprenticeship employment opportunities (with real apprenticeships) and/or
- up-skill existing workforce, augmenting CPPD spend

The Trust is working towards becoming an employer provider organisation in 2019.

Higher level apprenticeships typically cost more and will benefit staff in senior roles. St George's offers degree level apprenticeships as well as accredited level 3 and 5 management and leadership development programmes. The Trust will continue to invest in the development of junior staff, particularly with regard to functional skills, English, maths and ICT which will be advantageous and encourage staff to stay working with us and build their careers in the Trust.

7.3 Our improvement journey

The Transformation Programme for 2019/20 seeks to place Quality Improvement at the front of everything that we do. Directly led by clinical and operational teams, the focus will firmly remain on delivering the three Principles of Transformation:

- Making the right thing to do for our patients be the easiest thing to be done by our clinicians
- Aligning our clinical capacity with our pathway demand
- Getting our patients to the most appropriate environment for their assessment, for their treatment and for their care

The key priorities for transformation for the organisation in 2019-20 are still under consideration in line with the organisational priorities for 2019-20 (see Section 2.0). The key areas which are expected to be included are identified below at a high level:

- Unplanned and admitted patient care
- Planned care
- Maternity transformation
- Cancer transformation
- Mental health transformation
- Medical workforce scheduling
- Operational technology process transformation

7.4 Membership and Elections

The Trust last held elections for Public Governors in January 2018. A total of eight seats were contested: six new Public Governors were elected and two Public Governors were re-elected for a second term; they all took up their current terms of office on 1 February 2018. The next election for Public Governors is scheduled for January 2020. Eight seats will again be contested and successful candidates will begin new three-year terms from 1 February 2020. The most recent scheduled election for Staff Governors was held in January 2018 in which three new Staff Governors were elected. The fourth Staff Governor was elected the previous year to a second term of office. Due to the retirement of the Staff Governor for Nursing and Midwifery, the Trust held a special election in February 2019. One candidate stood unopposed and will take up her position on 1 April 2019. The next scheduled Staff Governor election will take place in January 2020 for one of the four positions on Council.

The Trust is committed to ensuring that Governors receive appropriate training and development to enable them to fulfil their roles effectively. Five Governors from the Trust attended the NHS Providers Governor Focus Conference in May 2018. In the past year Governors have visited various parts of the Trust's site: the Simulation and Skills Lab, Queen Mary's Hospital, Dalby and Gunning wards and Neurosciences. The Council of Governors held an away day in January 2019 where they received presentations from NHS Improvement and the South West London Health and Care Partnership, as well as briefings on the new clinical strategy and financial special measures progress. As part of this Governors also reflected on their effectiveness and contribution to the governance of the Trust. Over the past year, the Council of Governors have received briefings on cardiac surgery, learning from incidents, the Board Assurance Framework, the charity, and St George's University of London. It has also received briefings on the Annual Business Plan in line with their role. The Governors are sent both the public and private monthly Board papers and are invited to observe both public and private parts of the Board meetings and Board Sub-Committees.

The Council of Governors established a Membership Engagement Committee in July 2018 tasked with developing a new membership strategy. This was presented to the Council of Governors in March 2019. The new strategy sets out the Council's ambition for improving the quality of its engagement with members. Supporting the new strategy is a year-by-year action plan which sets out how the ambitions set out will be delivered in practice. The Council of Governors has analysed its membership and concluded that on the basis of gender, age, ethnicity, and social-economic class the membership is broadly representative of the communities the Trust serves. During 2019-20 a programme of engagement activities with Black, Asian and Minority Ethnic communities as well as local schools, colleges and St George's University will be taking place. The Trust will also be holding evening constituency events in South West Lambeth, Merton and Wandsworth to engage with local members in which Governors will be invited to participate. During 2018-19 Governors held 'Meet your Governor' sessions at both St George's and Queen Mary's Hospitals once a month. These provide an opportunity for Governors to meet existing and recruit new members. The Annual Members' Meeting took place in September 2018 - 85 people attended and Governors had an opportunity to meet members over refreshments before the meeting. The Trust also holds monthly health talks for members on a variety of different topics which are given by senior clinicians and are open to all members.



St George's University Hospitals

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