

# Together we care: our strategy

2018-2023

**Guy's and St Thomas' NHS Foundation Trust**



# Foreword

Guy's and St Thomas' NHS Foundation Trust is a very special place, with a unique history of innovation and care stretching back hundreds of years. We are guided by our values in everything we do: we put patients first, take pride in what we do, respect others, strive to be the best, and act with integrity.

We have made great progress in implementing our 2014-19 clinical strategy, including opening our £160m Cancer Centre, achieving a rating of 'good' from the Care Quality Commission, developing our Healthcare Alliance, opening treatment centres closer to patients' homes across south London and south east England, forming new commercial and clinical partnerships, developing new models to care for patients outside our hospitals and building our capabilities in cellular and regenerative medicine. In the year of the 70th birthday of the NHS, we are in a strong position for the future.

Over recent years, our staff have worked harder than ever to meet the growing needs of our patients, deliver quality care, improve our performance, and balance our books. These bring a heightened level of urgency to the need, together, to find new ways to relate to our patients, to improve the services we deliver and to collaborate with our partners if we are to succeed in meeting those aspirations over the next period. We cannot afford to slow the pace on our plans to improve our efficiency, find new ways of working, and transform our organisation.

We have a clear and ambitious vision: ***to advance health and wellbeing, as a local, national and international leader in clinical care, education and research.*** Together we have identified three overall priorities for our organisation over the next five years:

- 1. Transforming our relationships with our patients** and the populations we serve by; **involving patients as partners in their own health, wellbeing and care** and placing patient and public engagement at the heart of everything we do. We aim to meet **their expectations of 21st century healthcare**, using digital technology to improve access and services.
- 2. Supporting our staff to improve the way we work** by investing in our staff and improving the way we work to deliver consistently excellent care **and securing our finances for the future.** We need to be stronger and more responsive than ever to flourish in a challenging context and to continue to remain fit for the future.
- 3. Building new partnerships and strengthening existing relationships**, creating world class clinical academic services, developing integrated local services and accelerating the introduction of world leading advanced therapeutics, experimental medicine and medical technology.

# Foreword

Our strategy sets out how we will address these three overall priorities, and the objectives within them, in order to achieve our vision. ***Together we care***, our new strategy is a framework to guide our decisions over the next five years, and to help us to consider how best to respond to new developments. The NHS and the wider world will keep changing and we need to be flexible in our response.

This is an ambitious strategic agenda but thanks to the hard work, leadership and care shown by our brilliant staff, we are in a strong position for the future. We believe our strategy will help us deliver better care for our patients, a better working environment for our teams, and a sustainable future for the organisation that we care so much about. We will now organise ourselves to achieve these goals and put our strategy into action, building our strategy into our business planning, financial planning and governance systems. Everyone at Guy's and St Thomas' has a crucial part to play in helping to achieve our strategy and together, we will go from strength to strength.



**Sir Hugh Taylor**  
Chairman



**Amanda Pritchard**  
Chief Executive

# Refreshing our strategy

The Guy's and St Thomas' Clinical Strategy 2014-2019 was published in November 2014, following extensive analysis, information gathering and discussion. It set out our strategic ambitions, including:

- Our four clinical priorities: cardiovascular, cancer, children's and adult local services
- Developing innovative clinical platforms: cellular and regenerative medicine, imaging, genetics, theatres and critical care
- Enabling strategies for IT transformation, estates, staff, leadership and organisational development, quality, commercial and finance

We have made great progress against our 2014-19 Clinical Strategy, as we show on the next page, however, now is an appropriate point to take stock and refresh our approach. We face a range of complex challenges and opportunities, requiring a clear strategic response. Given our ambitious agenda, we also want to ensure our estates, finances, digital and transformation approaches are fully aligned with our clinical strategy and take the opportunity to develop a wider organisational strategy.

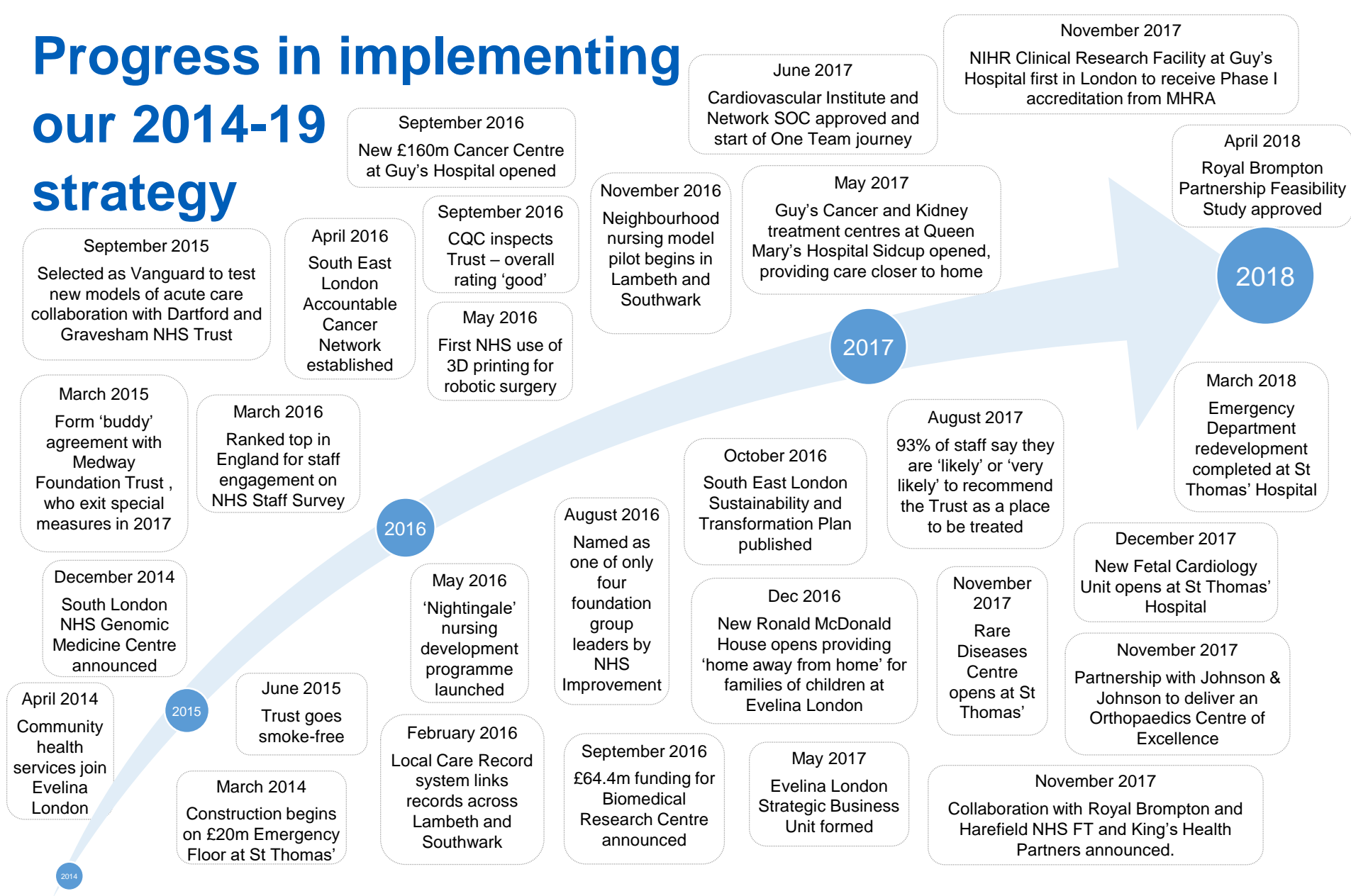
**Section One: Our strategic context** describes the environment we operate in and the significant changes that have occurred in the national policy context, the financial environment, the NHS workforce, societal expectations, and in south east London and south east England since the Clinical Strategy was published.

**Section Two: Our strategic framework** sets out our vision and strategic objectives. This also provides the framework for our individual services to consider their priorities and plans in order to help achieve the Trust objectives and strategy.

**Section Three: Our strategic objectives** sets out the rationale for each objective, our current situation, what we expect success to look like over the course of this strategy and how we are going to achieve each of our objectives.

**Section Four: Implementing our strategy** provides a high level overview of how the strategy will be implemented and then how progress and delivery of the strategy will be monitored and reviewed.

# Progress in implementing our 2014-19 strategy



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# Section One:

## Our strategic context

### This section will:

- Provide a snapshot of the environment we operate in as context for the development of our refreshed strategy.
- Give an overview of the Trust and the services we provide
- Set out the needs of the populations we serve
- Highlight our strategic partnerships and their importance
- Identify the internal drivers, external changes and the national policy context for refreshing our strategy.

# About us and the populations we serve

## This section chapter will:

- Give an overview of the Trust and our staff who are vital for the delivery of our services and future ambitions.
- Outline the Trust's values and pledges which are a fundamental part of how we work
- Describe the services we provide across multiple geographies
- Explain where our activity and income comes from
- Identify where our patients come from and the health needs of our local population



# About Guy's and St Thomas'



We are one of the largest Foundation Trusts in the country, providing local and community services to Lambeth and Southwark, specialist services to the south of England and some services nationally.

We are one of the major academic research centres and education providers in England as part of King's Health Partners Academic Health Sciences Centre.

We are a large and complex organisation:

- Our annual turnover is almost £1.5bn per year. Of our clinical income, around 43% of this income is from specialised services and 52% is from Clinical Commissioning Groups.
- The Trust does 'NHS' business with over 550 different organisations, including many Local Authorities.
- We employ around 16,200 staff, educating over 2,000 apprentices, trainees, undergraduates and postgraduates per year.
- During 2017/18, we saw in total 1,282,000 outpatients, 89,000 inpatients, 111,000 day case patients and 205,000 accident and emergency attendances. We also provided over 810,000 contacts in the community, and delivered 6,500 babies in our maternity unit. All these brought our total patient contacts in the year to 2.4 million.
- We have approximately 1,100 beds across our hospital sites. Of these 175 inpatient beds are in the Evelina London Children's Hospital, including 19 intensive care beds and 49 neonatal cots, and a further 60 beds are in the community.

# The services we provide

We provide community services in Lambeth and Southwark. For adults we offer a full range of services to support people in their homes, intervening early to avoid hospital admission and supporting early discharge for patients who are admitted. We provide a wide range of rehabilitation and therapy services; general and specialist nursing; services for people with learning disabilities; and early intervention and prevention. In all services we work closely with a range of other providers such as primary and social care. We are also registered with the Care Quality Commission to provide personal care through our integrated reablement team.

St Thomas' site provides emergency services and a wide range of inpatient specialities including children's services (Evelina London), women's services, acute medicine and elderly care, cardiovascular, critical care, gastro-intestinal medicine and surgery, general surgery, plastic surgery, and ophthalmology.

Guy's is a major elective centre for south London and the site of our new £160 million Cancer Centre which opened in late 2016. Dental is the largest outpatient speciality and renal is the largest inpatient speciality. Other specialities include urology, orthopaedics, ear, nose and throat and cancer services, including radiotherapy and breast and lung surgery.

Evelina London provides comprehensive health services from pre birth, throughout childhood and into adult life. Through health visiting and school nursing, as well as specialist community services, we care for children and families in Lambeth and Southwark. Our children's hospital (the second largest in London and one of the 10 recognised specialist children's hospitals nationally) provides an extensive range of specialist services for children and young people with rare and complex conditions from across south London, Kent, Surrey, Sussex and the rest of the UK.

We have advanced diagnostic services, including particular strengths in imaging, with London's first 7 Tesla MRI scanner arriving shortly, and also genetics services. These support our diverse clinical and research portfolios.

In 2007 the Trust was awarded one of five National Institute for Health Research (NIHR) comprehensive Biomedical Research centres, renewed in 2012 and 2017. We are one of the largest recruiters to clinical trials in the UK – with the highest number of participants in research studies in each of the past three years.

Our services were rated 'Good' by the Care Quality Commission in 2016, with our A&E being rated 'Outstanding' as well as Evelina London - the first Children's hospital in the country to do so.

We consistently have one of the lowest mortality rates in the NHS in England, including out-of-hours and at weekends.



# Providing care locally across south east London and south east England

Guy's and St Thomas' NHS Foundation Trust always aims to put patients first and to work in partnership with other organisations to provide care closer to home where it is safe to do so, particularly for specialist services when patients might otherwise need to travel into central London for treatment.

We provide a network of outreach clinics in over 50 locations in south east England and beyond, for example in children's, cancer, thoracic, cardiovascular, and renal services.

In 2017 we opened both a Kidney Treatment Centre and Cancer Centre at Queen Mary's Hospital in Sidcup.

We also run satellite renal dialysis units in a variety of locations so patients do not have to come to hospital for their treatment, including in Borough, Camberwell, Forest Hill, New Cross Gate Tunbridge Wells and Guernsey. We are also planning a new unit at Lewisham Hospital.

Our Lane Fox Respiratory Service provides a specialist respiratory service to support the acute and long-term management of patients with sleep disordered breathing, chronic respiratory failure and pulmonary hypertension. The unit opened a 20-bedded weaning unit on the East Surrey Hospital site in 2014 which provides care closer to home for many patients.

The Bexley cardiology service has been designed to allow patients to access Guy's and St Thomas' services locally, including heart investigations, consultation with a cardiologist or heart failure nurse specialist and cardiac rehabilitation programmes.

We participate in a number of specialised services networks working with other providers across south London, including for cardiovascular and renal services. There are a number of interventions identified by clinicians that will be delivered through these networks that will improve accessibility, reduce unwarranted variation and improve performance and safety.

Commissioners and providers have agreed that Evelina London will host a south east England specialist paediatric network which will standardise pathways, improve access to high quality paediatric care, including paediatric surgery, and increase efficiency.



# Our people

We are one of the biggest employers locally, with over 16,200 staff. We aim to reflect the diversity of the local communities we serve and continue to develop partnerships with local people, patients, neighbouring NHS organisations, GPs, local authorities, voluntary organisations and charitable bodies.

We strive to recruit and retain the best staff as the dedication and skill of our employees ensure that our services are high quality, safe and patient focused. We are also a major educator, providing undergraduate and post graduate medical education, training over 600 nurses per year, 750 doctors in training and one fifth of England's dentists.



We aim to be one of the best places to work in the NHS and we are proud to have achieved the highest staff engagement score of any NHS acute and community trust in the 2017 NHS Staff Survey. The survey also showed:

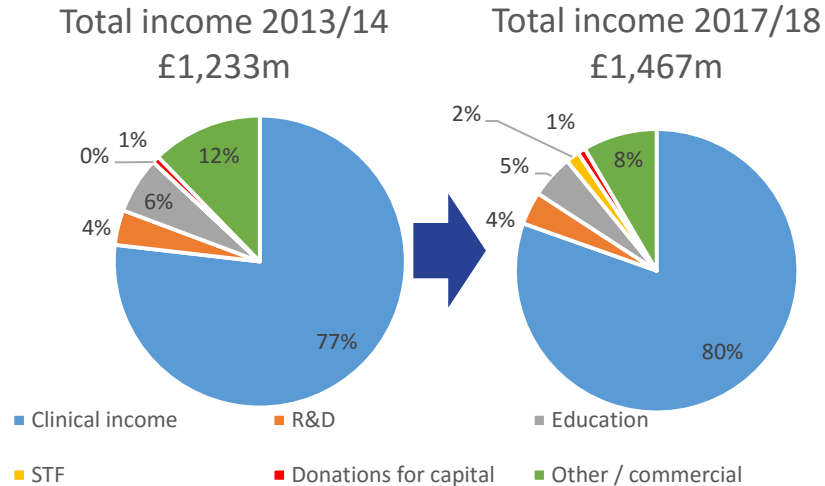
- 88% of staff feel "satisfied with the quality of work and care that they are able to deliver"
- 78% of staff would recommend the Trust as a place to work. The national average is 63%.
- Areas of strength include: effective use of patient/service user feedback; staff agreeing their role makes a difference to patients; confidence in reporting unsafe clinical practice; reporting of errors, near misses and incidents; communication between senior management and staff; and satisfaction with resourcing and support.
- The survey also showed that we have more to do on staff appraisals, staff working extra hours, discrimination at work and equal opportunities for career progression and we are developing robust action plans to address these issues.



We have been recognised as a healthcare leader by Stonewall, and awarded the two ticks symbol as a mark of our commitment to employ, keep and develop the abilities of disabled staff.

We were among the first NHS Trusts to adopt a model of clinical leadership. We are now building on this through the creation of strategic business units which will bring decision making closer to frontline services and empower staff. The first strategic business unit, Evelina London, was launched in 2017 and this approach is being extended to other services during 2018.

# Our activity and income



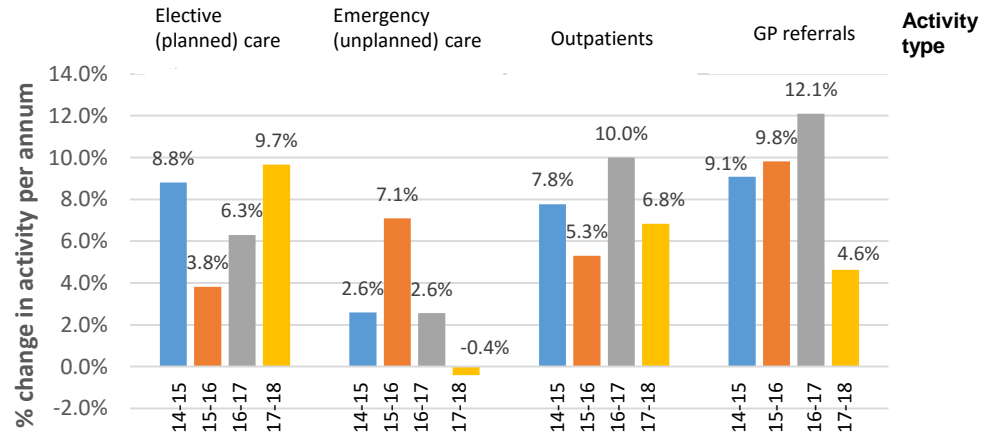
**Our total income has increased by 19% since 2013/14 and a greater proportion now comes from clinical care**

- This takes into account reductions of our British Forces Germany contract by £19.4m and the cessation of extra funding for highly specialised activity in 2014/15.
- Our education funding across the four years has reduced by 6.1% and the greatest increase in income has come from clinical activity. The other major change has been the introduction of Sustainability and Transformation Funding, given to Trusts which meet key financial and operational targets.
- Since 2014/15 there has been a transfer of commissioning of some services from the NHS to local authorities, and funding for some of these services has been reduced.

## Guy's and St Thomas' is seeing more patients than ever

- Growth in elective services has averaged 6% per year over the last three years, with growth primarily focused in day cases.
- Non elective activity reduced by 0.4% in 2017-18, reflecting our work to integrate care and reduce emergency admissions.
- The increase in outpatient activity has been for both new outpatients appointments and follow up appointments.
- Our growth in GP referrals has been relatively uniform across all geographies that we serve.

## Activity change by type, 14-15 to 17-18 by year



NB. The annual baseline is set on the previous year's outturn

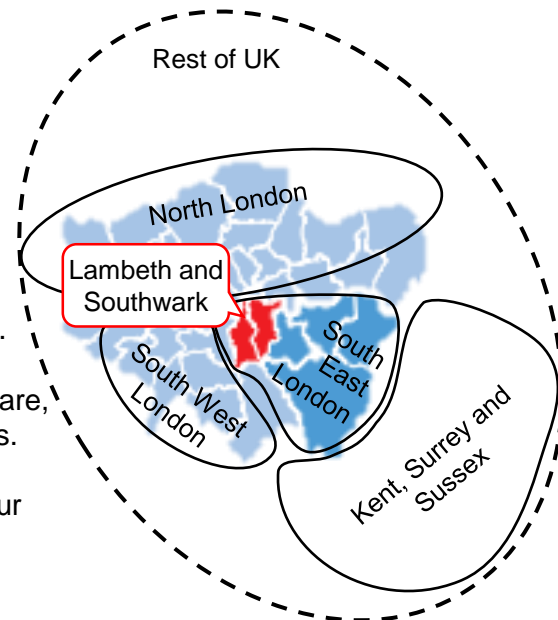
# The populations we serve

We provide community services to Lambeth and Southwark residents, who account for more than half of people attending our A&E or admitted in an emergency, as well as significant proportions of our elective and other care.

Large numbers of patients from north London choose to come to us for both emergency and elective care, but a relatively small proportion of patients come to us from south west London.

Many patients from counties in south east England come to us for secondary and specialist care, with Kent accounting for 11.6% of our admitted elective and 20.1% of our critical care patients.

Patients come to us from across the UK for specialist and super-specialist care, and (given our central London location), as emergencies.



Commissioner	A&E attendees	Admitted emergency patients	Admitted elective patients	Outpatients	Critical care patients	Other patients	
Lambeth and Southwark	53.1%	52.8%	30.5%	39.9%	21.5%	33.2%	<b>Key</b> 50%+ 30-50% 20-30% 10-20% 5-10% 2-5% 0-2%
Other south east London	8.8%	15.3%	37.1%	22.7%	20.9%	14.0%	
South west London	5.9%	6.1%	4.8%	5.3%	6.9%	3.4%	
North London	18.8%	13.4%	7.7%	11.5%	9.4%	5.9%	
Kent	1.5%	4.6%	11.6%	6.1%	20.1%	5.0%	
Surrey and Sussex	1.6%	2.3%	4.2%	3.4%	8.9%	4.7%	
Rest of UK	10.2%	5.6%	4.1%	5.5%	12.5%	23.8%	
Local authority funded	-	-	-	5.5%	-	10.1%	
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	

# Health needs of Lambeth & Southwark residents

<i>Indicator</i>	<i>England average</i>	<i>Lambeth</i>	<i>Southwark</i>
<i>Deprivation</i>	21.8	28.9	29.5
<i>Children in low income families</i>	20%	27.3%	28%
<i>Violent crime (per 1000)</i>	17.2	26.8	24.8
<i>Long term unemployment</i>	3.4%	6.8%	5.4%
<i>Obese children (year 6)</i>	20%	23.2%	26.7%
<i>Incidence of TB (per 100,000)</i>	12	22.3	27.1
<i>New STIs (per 100,000)</i>	795	3287.9	2798.8
<i>Life expectancy male</i>	79.5	78.5	78.8
<i>Life expectancy female</i>	83.1	83.0	83.7
<i>Under 75 mortality rate: Cardiovascular (per 100,000)</i>	74.6	90.7	80.7
<i>Under 75 mortality rate: Cancer (per 100,000)</i>	138.8	152.3	152.0
<i>Statutory homelessness (per 1000 households)</i>	0.9	0.7	3.6

Guy's and St Thomas' serves a local population that is urban, ethnically and culturally diverse and considerably more deprived than the national average.

There are a range of health issues that are prevalent and contribute to the focus of service development within the Trust including:

- early death from cardiovascular disease and cancer
- levels of tuberculosis are almost double the national average
- high levels of childhood obesity.
- high levels of deprivation and violent crime
- high levels of poor sexual health.

The boroughs have highly transient populations and high levels of homelessness.

Through our Adult Local Services and Evelina London we provide services to meet the range of health needs from our community and hospital sites.

We expect the population to increase by 5.2% over the next five years due to new housing developments and demographic changes. The mental health and wellbeing of the local population are an increasing concern for both the people living in Lambeth and Southwark and for the Trust. It is estimated that one in four adults will suffer from a mental health problem in any given year, equivalent to 82,000 people in Lambeth and 78,000 people in Southwark and this impacts on how people use healthcare services.

# Our strategic partnerships

## This section chapter will:

- Highlight our key strategic partnerships which enable us to provide quality care for patients
- Detail how we work with local boroughs
- Demonstrate how we work with our charity to improve the health of local people
- Explain how we work within King's Health Partners Academic Health Sciences Centre
- Provide an overview of the South East London Sustainability and Transformation Partnership
- Summarise the development of a partnership between King's Health Partners and the Royal Brompton and Harefield NHS Foundation Trust
- Provide information on the newly launched Healthcare Alliance



# Borough partnerships

Within our host boroughs of Lambeth and Southwark we are part of strengthening and further developing partnerships whose objectives are to improve the health and wellbeing of local people by joining up thinking, resources and services.

## Lambeth Together

In Lambeth we are a partner in Lambeth Together – a strategic alliance which brings together different organisations and stakeholders (Guy's and St Thomas', Lambeth Clinical Commissioning Group, Lambeth Council, Lambeth Practices, King's College Hospital NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, Lambeth Patient Participation Group Network and Healthwatch Lambeth) to work as one to coordinate and deliver health and care services across the borough. Lambeth Together wants to move away from basing services around organisations and base them instead around people and places. To achieve this, delivery alliances are being created, which are likely to include:

- 'Neighbourhood-based Coordinated Care' building on care coordination for patients with three or more long term conditions, which is likely to be based around Local Care Networks (LCNs)
- Health and Wellbeing Networks - a new type of 'social prescribing' model – intended to be within the remit of LCNs
- Mental Health Services for Adults of Working Age (the 'Living Well Network')
- 'Personalised Care' for health and care users with specialised/complex needs, e.g. severe Physical Disabilities, complex Personality Disorders, complex Homeless population, multi-faceted 'chaotic lives'
- Children and Young People (there is a probable longer-term timeline for implementing this Delivery Alliance which may become multiple Children and Young People related Delivery Alliances)

The favoured contractual approach in Lambeth is currently alliance contracting, but options are currently under discussion

## Partnership Southwark

In Southwark the Trust, South London and Maudsley NHS FT and the two GP federations, Quay Health Solutions and Improving Health Limited, have been exploring closer partnership working through strengthened and more formalised partnership and contractual arrangements. These partners, along with Southwark CCG and the local authority, are meeting to agree the scope and how this would enable and inter-relate to existing place-based system arrangements such as LCNs. It is anticipated that neighbourhood services (nursing, rehabilitation and reablement) will be in scope, along with complimentary mental health and primary care offers. The key anticipated benefits would be:

- To deliver value and improved outcomes for our residents
- To address challenges across the health and social care landscape
- To support development of our local workforce
- Contractual incentives that support joint work across providers

# Guy's and St Thomas' Charity



Guy's and St Thomas' Charity is a crucial strategic partner, helping us to improve and transform services for patients, support the welfare of our staff, and deliver our strategic priorities.

The Charity is an independent, place-based foundation for Lambeth and Southwark, and we are the principal beneficiary. The Charity works with us in two main ways:

- Through a combination of fundraising and the Charity's own philanthropic support, helping us to provide exceptional care and a world-class environment for patients and staff;
- Leading programmes of work to tackle complex health challenges in Lambeth and Southwark, involving a wide range of partners including the Trust.

The Charity also uses its fine arts and heritage collection, one of the largest belonging to a health charity, to help transform healthcare settings by creating a more calming, positive and uplifting environment. There is also a thriving performing arts programme.



## Tackling complex health challenges in Lambeth and Southwark

Programmes include:

- Childhood obesity: to close the 'obesity deprivation gap', focusing effort where it's most needed to create healthier home, school and street environments.
- Multiple long-term conditions: improving the health and care of people living with multiple long-term conditions, intervening early to slow down progression.



## Improving staff welfare and patient experience

- Charity support has been crucial to the Cancer Centre at Guy's, Rare Diseases Centre, Evelina London developments and many other innovation and improvement projects.
- Funding health and wellbeing, professional development and other initiatives to support our staff.



## Increasing investment in fundraising

- Increasing our impact through fundraising, growing a community of supporters and Charity Champions throughout the Trust.
- Strategic focus on generating funds to support Evelina London, Guy's Cancer and unrestricted funds that can be spent anywhere in the Trust.

# King's Health Partners

Guy's and St Thomas' is part of King's Health Partners, an Academic Health Sciences Centre (AHSC) where world-class research, education and clinical practice are brought together for the benefit of patients. One of six AHSCs nationally, the partnership brings together three NHS Foundation Trusts: Guy's and St Thomas', King's College Hospital and South London and Maudsley, and our academic partner King's College London, a world leading university for health research and education.

King's Health Partners work to ensure that lessons from research are used more swiftly, effectively, and systematically, to improve healthcare services for everyone in our diverse populations. King's Health Partners has a range of strengths at three primary hubs – the Westminster Bridge hub based at our St Thomas' site, the London Bridge hub based at our Guy's Hospital site and the Denmark Hill hub – see diagram.

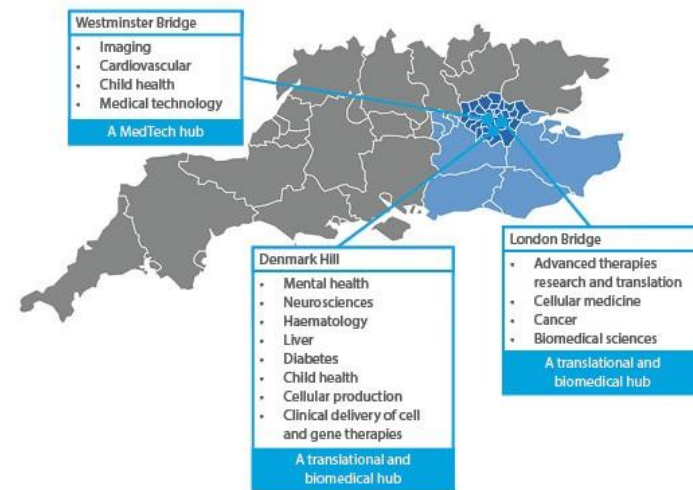
With a turnover of £3.7 billion across the partnership, partners provide clinical services for local, national and international patients. King's Health Partners has a broad research portfolio totalling more than £210m in research grants per year, and the largest range of education and training opportunities (allied to medicine) in Europe.

King's Health Partners have a range of world-class research centres, including two National Institute for Health Research funded Biomedical Research Centres (one at Guy's) with combined funding of £130m. King's College London are 3<sup>rd</sup> in the UK for Medical Research Council awards and are a founding member of the Francis Crick Institute.

King's Health Partners ambition is to provide a sustainable and efficient model that translates new discoveries quickly, and works

for a whole population to meet the increased demand and expectations of patients. King's Health Partners are working on five programmes: Cardiovascular, Diabetes, Obesity and Endocrinology, Haematology, Neurosciences and Women and Children's to bring our combined expertise together to deliver world-class care, research and education. King's Health Partners is also working with Royal Brompton and Harefield NHS Foundation Trust to pursue a potential partnership to create a heart and lung centre of excellence including early planning on Congenital Heart Disease services.

King's Health Partners Mind and Body programme aims to join up and deliver excellent mental and physical healthcare, research and education to treat the whole person and improve health outcomes for our patients and service users.



# South East London Sustainability and Transformation Partnership

Guy's and St Thomas' is part of our Healthier South East London, the Sustainability and Transformation Partnership which has developed a detailed case for change and identified the health and wellbeing needs of the population in south east London. The challenges identified include:

1. A vibrant, diverse and mobile population with extremes of deprivation and wealth. 26% of children are classified as living in poverty, concentrated in certain parts of south east London.
2. Premature death and differences in life expectancy are significant issues
3. 75% of over 55s have at least one long term condition, while 32% of children are overweight or obese
4. We need to improve the health of the population overall. Keeping well, at all ages, is critically important.



## Who is involved

### The public and patients

Patient and Public Advisory Group

### CCGs and primary care

NHS Bexley CCG, NHS Bromley CCG, NHS Greenwich CCG, NHS Lambeth CCG, NHS Lewisham CCG, NHS Southwark CCG

### Borough Councils

London Borough of Bexley, London Borough of Bromley, Royal Borough of Greenwich, Lambeth Council, Lewisham Council, Southwark Council

### Providers

King's College Hospital NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust, Lewisham and Greenwich NHS Trust, Dartford and Gravesham NHS Trust, South London and Maudsley NHS Foundation Trust, Oxleas NHS Foundation Trust, Bromley Healthcare

### Other organisations

NHS England, NHS Improvement, Public Health England, London Ambulance Service, Health Education England, Neighbouring CCGs, Voluntary and third sector organisations

# South East London Sustainability and Transformation Partnership

From the assessment of the health needs and the current provision of healthcare in south east London, the Sustainability and Transformation Partnership has identified four challenges for the local health economy;

1. Demand for health and care services is increasing
2. There is unacceptable variation in care, quality and outcomes across south east London
3. Our system is fragmented resulting in duplication and confusion
4. The cost of delivering health and care services is increasing

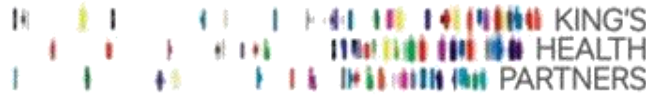
To meet these challenges the Sustainability and Transformation Partnership has set up five workstreams to meet the challenges and improve the healthcare of the people of South East London;

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

The Partnership has already had some successes by;

- Engaging in NHS England's South London Specialised Services Transformation Programme to look at how we can improve the quality of patient experience, reduce unwarranted variation and increase the efficiency of services. The programme is initially focusing on cardiovascular, renal, children's and neurosciences services and implementing interventions to improve services.
- Establishing an Orthopaedics Network for elective care with a clinical lead and network manager. The network is expected to develop and implement shared network pathways for elective orthopaedics.
- Using Local Care Networks as the foundation of the whole system model for community based care. The transformation of primary care is at the core of this model. From September 2017 south east London achieved complete coverage of extended access to general practice; from 8am to 9pm, seven days a week.
- Hospital trusts are entering into a shared procurement service with options for other trusts and non-south east London trusts to join.

# The Royal Brompton and King's Health Partners Collaboration



Royal Brompton & Harefield   
NHS Foundation Trust

Royal Brompton & Harefield NHS Foundation Trust (RBH) and King's Health Partners have a vision to revolutionise cardiovascular and respiratory care and research in the UK. This vision is centred on a partnership of organisations to bring together specialist skills and expertise in a globally-significant system of care, which would directly reach a diverse population of more than 12 million people and benefit patients on a regional, national and international level.

The proposal for the partnership builds upon a joint response to NHS England's recent public consultation on congenital heart disease (CHD), and would deliver an adult and children's CHD service at Westminster Bridge as part of the St Thomas' and Evelina London Children's Hospital campus. These services could be delivered as an integral part of the wider cardiovascular and respiratory proposed partnership between RBH and KHP, which would see the development of clinical-academic specialist hubs within partner organisations within an extensive clinical-academic network.

RBH and KHP organisations are already leading the way in the treatment of and research into cardiovascular and respiratory conditions for all ages and for common and rare conditions. They have a rich history of working with one another: for example, providing national services for Extracorporeal Membrane Oxygenation (ECMO) and Interstitial Lung Disease (ILD) and a joint Asthma UK research centre.

In the future, the partnership would facilitate the development of broad relationships across London, the UK and the world, which will be open to collaboration across care delivery, research and education. The partnership would be uniquely placed to develop, test and embed new models and treatments in specialist hubs and could provide a resource for patients, service users, GPs, and local clinicians that can impact health outcomes across a wider network.

Working together with other providers, staff and patient-public stakeholders and subject to public consultation the partnership proposes to develop a healthcare system for cardiovascular and respiratory care with two main components:

- A fit for the future care network for a large population which delivers clear pathways and protocols to minimise variation. Working collaboratively with a broad network of providers, including community, primary, secondary and tertiary care, the network would optimise value-based healthcare (defined as outcomes per cost) by ensuring patients get the right treatment, at the right time in the right location, and from the right person.
- Specialist hubs that provide outstanding innovation, delivered by integrating care for common and rare conditions, research and education in a clinically coherent and commercially attractive model in purpose-built facilities that fully integrate clinical and academic activities.

# Guy's and St Thomas' Healthcare Alliance

Guy's and St Thomas' Healthcare Alliance has been created to improve the quality of our health and care systems for the benefit of our patients and populations, whilst improving efficiency for tax-payers. We believe that the best way to achieve this outcome is for organisations to work together. As the leader of the Healthcare Alliance, we aim to use our size, scope and expertise to the benefit of other organisations. In turn, we will be able to learn from the other organisations and benefit from working together. This builds on our experiences as part of the national Vanguard Programme.

Dartford and Gravesham NHS Trust is the first and founding member of the Healthcare Alliance. Dartford and Gravesham provides a full range of local hospital services for people living in North Kent and Bexley, south east London. The Trust works with partners to provide a range of specialist services locally and offers a number of regional services including kidney care.

Through being one of the national 'vanguard' areas trialling new models of collaboration between acute providers, Guy's and St Thomas' and Dartford and Gravesham developed the Healthcare Alliance model. By forming this kind of alliance, the two trusts aimed to work together more closely to improve care, without the formal organisational change of a merger or acquisition. We believe that the future of the Healthcare Alliance could include other members too.

In 2016, NHS Improvement accredited Guy's and St Thomas' as one of four "foundation group leaders" who are driving the development of scalable models for the benefit of patients. We are members of the Association of Health and Care Provider Groups, and committed to continuously sharing learning with the rest of the NHS as our Healthcare Alliance develops.

Opportunities pursued within the Healthcare Alliance are likely to be similar to those traditionally pursued through merger, including: bringing together clinicians to work on shared clinical pathways; transferring knowledge and best practice between organisations; and generating efficiencies through working together on back-office services.

Members of the Healthcare Alliance will remain sovereign organisations, with their Boards fully accountable for clinical, operational and financial performance.



# Drivers for refreshing our strategy

## This section chapter will:

- Highlight the strategic changes in our external environment
- Summarise the changes in national policy since the launch of our previous clinical strategy
- Demonstrate how we are responding to the changes and challenges we are experiencing internally and externally



# Changes in the external environment

There are a variety of factors in the external environment which have encouraged us to refresh our strategy. This means we have to change the way that we provide services now to be able to continue to deliver the high quality services that our population deserve.

## **NHS provider performance**

Within the geographies that most of our patients come from, there are significant challenges to financial sustainability and maintaining performance of healthcare providers. This impacts on our own performance and strategic development and that of the whole system.

## **Specialised networks and systems**

Commissioners are increasingly looking for models to improve access to specialised services closer to home and to drive up the quality of patient care, leading to opportunities to develop formalised specialist networks.

There has also been an increase in commercial and research partnership opportunities which in turn supports specialist services and potentially advances in clinical care.

## **Research and life sciences**

While the impact of Brexit on the research agenda is not yet clear, the increased national focus on life sciences presents new prospects for both the Guy's and St Thomas' and King's Health Partners research agenda, particularly as the profile of genomics and regenerative medicine accelerates nationally.

## **Digital and technology**

Since 2014, the digital and technological revolution has gathered pace with the rise of robotics, breakthrough technologies and artificial intelligence. This is likely to have a major impact on the Trust, not just in the quality of our clinical care and the way we provide it, but also how we interact with patients and the public.

## **Societal expectations**

The public's changing perceptions and expectations of healthcare affect how we provide services. New companies are offering convenient access to private healthcare via smartphone applications, to keep pace with the user-friendly digital and self-service interfaces that many people use in their daily lives. These developments bring challenges including the risk of digital exclusion, which disproportionately affects vulnerable people, low-income groups, many elderly people and the more marginalised communities in our society.

Lifestyles are changing to accommodate different views on family roles and careers, an increasing awareness of the importance of health and self-care and the rise of the activated patient. These factors apply both to the people we serve, and our staff as they look for flexible working, portfolio careers, partial retirement and other factors to enable them to combine a busy life with work.

# Changing national policy context

Our strategy has been refreshed in the context of a range of national policies, strategies and programmes.

## Development of local health systems

The NHS legislative framework has remained largely unchanged since 2012, and gives foundation trusts like Guy's and St Thomas' significant freedoms to operate in an internal NHS market. Since our clinical strategy was published, national policy has shifted away from this individual organisation approach to encourage the development of local health systems, with a clear direction of travel towards place-based planning and provider collaboration in a context where many providers are struggling to remain sustainable.

The *NHS Five Year Forward View (2014)* articulated the strategic and financial challenges facing the NHS by 2020/21, and described the importance of better integration of GP, community, mental health and hospital services through systems and networks of care.

In 2015/16, NHS organisations were asked to work with local authorities and partners to develop five-year Sustainability and Transformation Partnerships (STPs) for health and care services in their area.

*Next Steps on the Five Year Forward View (2017)*, restated the commitment to Sustainability and Transformation Partnerships as the ongoing partnerships that underpin local services. It called for '*the biggest national move to integrated care of any major western country*', and signalled that some Sustainability and Transformation Partnerships would 'evolve' into Integrated Care Systems (previously referred to as Accountable Care Systems).

In November 2017, the Government announced a devolution agreement with London, giving greater control over health and care to the Mayor, local authorities and local health leaders.

## Provider collaboration

As part of the implementation of the *Five Year Forward View*, Guy's and St Thomas' worked with Dartford and Gravesham NHS Trust as a national 'vanguard' to test new ways of working.

Building on the Dalton Review, in January 2018 the Vanguards Pilots published '*No hospital is an island*', setting out their learning on collaboration between providers. Through the Vanguard Programme we developed a Healthcare Alliance and we continue to work with and learn from other provider collaborations through the new Association of Health and Care Providers to explore new approaches to provider collaboration.

# Changing national policy context

## Financial challenges

Since 2014, NHS funding has grown much more slowly than historic long-term trends. NHS providers are facing significant financial challenges, and very little central investment in transformation and/or capital is available. Local authority budgets are under significant pressure, affecting social care and public health provision.

The Government recently announced an average 3.4 per cent a year real-terms increase in funding over the next five years with the intention that this will support the development of a new 10-year long-term plan for the NHS. While this increase in funding is welcome we recognise that this will not match the levels of increased demand the NHS is expecting to see and we will have to work to ensure the increased funding is used as efficiently and effectively as possible to increase productivity and face the challenge we foresee.

National efforts to improve the NHS financial position have included the introduction of “control totals” and the Sustainability and Transformation Fund (STF) for NHS organisations, through which additional funding is conditional on meeting key financial and operational performance targets. Control totals are expected to increasingly be applied to Sustainability and Transformation Partnerships and Integrated Care Systems, to encourage local financial management.

National bodies are increasingly intervening to improve hospital productivity (including clinical productivity), though a focus on reducing agency and locum spending, the *Carter Review*, and the *Getting It Right First Time* (GIRFT) programme.

## Workforce challenges

Despite a growing workforce, an increased focus on staffing levels following the recommendations of the Francis Review, and increased demand (both in number and the complexity of care needs of patients) has left the NHS workforce under real pressure. Further challenges arise from pay increases not matching inflation and uncertainty for our international staff as the UK prepares to leave the European Union.

National action has been taken to increase staff numbers and improve retention as part of a new *Health and Care Workforce Strategy for England to 2027*, but it will take several years before additional recruits complete their training and enter the workforce. Health Education England no longer commissions or funds non-medical undergraduate education and no longer provides national or regional strategic education planning other than for doctors in training. This is now funded through higher education institutions and thus through the increased students fees. Continuous professional development allocations for non-medical staff from the Health Education England have reduced by over 50%.

## Conclusion

Our assumptions are that national policy and regulation will continue to encourage and support place-based system working and provider collaboration. We will continue to need to do more with less, to explore new ways to access capital and income, and to support and develop our staff, our most valuable asset.

# We are already responding to these changes

The changing landscape has created a considerably more challenging operating environment than 2014. In responding to this we have a strong platform on which to build which includes:

- We have one of the most engaged workforces in the NHS (scoring 3.99 out of five on latest survey results)
- Establishing our *Fit for the Future* programme as a framework and structure for delivering transformation and efficiency improvements at scale.
- Developing opportunities to diversify our income and commercial ventures to secure both capital and revenue.
- Launching new initiatives like the *Next Generation Nightingales* to provide support, training and development for our staff, alongside our long-standing partnerships with King's College London and London South Bank University
- Strong operational performance and high quality clinical services as evidenced by our low mortality index and being rated as 'Good' by the CQC, our good Friends and Family test and patient experience scores.
- Developing and embedding our *Safe in Our Hands* programme which encourages both incident reporting and the culture of learning from mistakes to improve our care. We have also established *Schwartz rounds* which provide a structured forum where all staff come together regularly to discuss the emotional and social aspects of working in healthcare.
- Launching and learning from the south east London Accountable Cancer Network working with partners to improve timely access to care and streamlining care pathways.
- Developing a Local Care Network partnership arrangement with Lambeth and Southwark and exploring further ways to bring local partners closer together.
- A strong reputation of working in partnership with other organisations to help resolve sustainability issues.
- Establishing and embedding networks for specialist services including children's and cardiovascular services.
- As part of King's Health Partners actively participating in a range of innovative programmes and in particular the five programmes King's Health Partners have developed: Cardiovascular, Diabetes, Obesity and Endocrinology, Haematology, Neurosciences and Women and Children's
- Investing in significant infrastructure and capabilities in research in partnership with King's College London
- Leading on the development and rollout of the Local Care Record and South East London Virtual Care Record.

Our refreshed strategy will deepen and develop our strategic response to the challenges and opportunities we face, building on our strengths and partnerships.

# Section Two:

## Our strategic framework

### This section will:

- Explain the process of how the Trust's strategy was refreshed
- Outline the Trust's vision and values
- Provide an overview of the platform that this strategy builds upon
- Presents the Trust's strategic objectives
- Provide a high level view of what this means for our patients, services, sites and organisation

# Developing our strategy

The development of our strategy is based on our values as a Trust – these are not changing and will continue to guide everything we do.

To develop our strategy the Trust undertook an assessment of the internal and external drivers for refreshing the strategy and the strategic questions they raised. Using this information we engaged our Evelina London Strategic Business Unit and clinical directorates to ask how these drivers had affected them and what strategic opportunities and issues they were foreseeing. Through analysing the responses from the organisation we identified a series of themes that we wanted to address through our strategy.

We identified executives and senior leaders from across the Trust to act as leads for each theme and build upon this information and work from existing strategic programmes to develop a set of strategic objectives. Trust management, the Board and governors were engaged on the emerging framework.

The Trust undertook an engagement exercise to seek the views of patients, the general public, governors, and staff at all levels of the organisation on the emerging vision, strategic objectives, and communication of the strategy. This face to face engagement took place over four weeks and the responses from staff were fed into finalising the strategy.

The following few pages set out the elements of our strategic framework.



# Together we care

As part of our strategy we have developed, **'Together we care'** as our strapline to shape how we communicate the strategy and how we talk about what we do as an organisation. **'Together we care'** has been chosen after dialogue with staff across the organisation and members of the public. We will use this throughout the Trust, with people who use our services, the public and other organisations we work with. We believe this reflects the strong caring ethos of this organisation and how we see that only by working together, as colleagues, citizens and a partner organisation can we tackle the challenges we see ahead of us. Everyone speaking up on what we can do better is one of the ways to achieve this.



We have also updated our vision which sets out our aspiration for the Trust, as a statement of our ambition as an organisation:

***“To advance health and wellbeing, as a local, national and international leader in clinical care, education and research.”***

# Our values: showing we care



Our Trust values express our long term commitment to showing we care and act as the foundation for everything we do.

## Why do we need values?

By clearly communicating the values of the Trust, making them part of our culture and demonstrating them throughout the organisation it helps us develop a shared way of acting – not just in what we do but also how we do it. This has an impact on how we care for our patients, how we interact with each other and how we make decisions.

## How were these values decided?

Established in 2006, our values were identified by consulting staff representatives from all areas of the Trust, feedback from staff, the Board, Members' Council and the Trust Joint Staff Committee. Since then, we updated the values after community services joined the Trust and have been working to embed them in the way we do things.

## How are the values used?

The values are a key part of everything we do as an organisation, from being included in staff job descriptions and in our publications, through to our work on staff development and performance management.





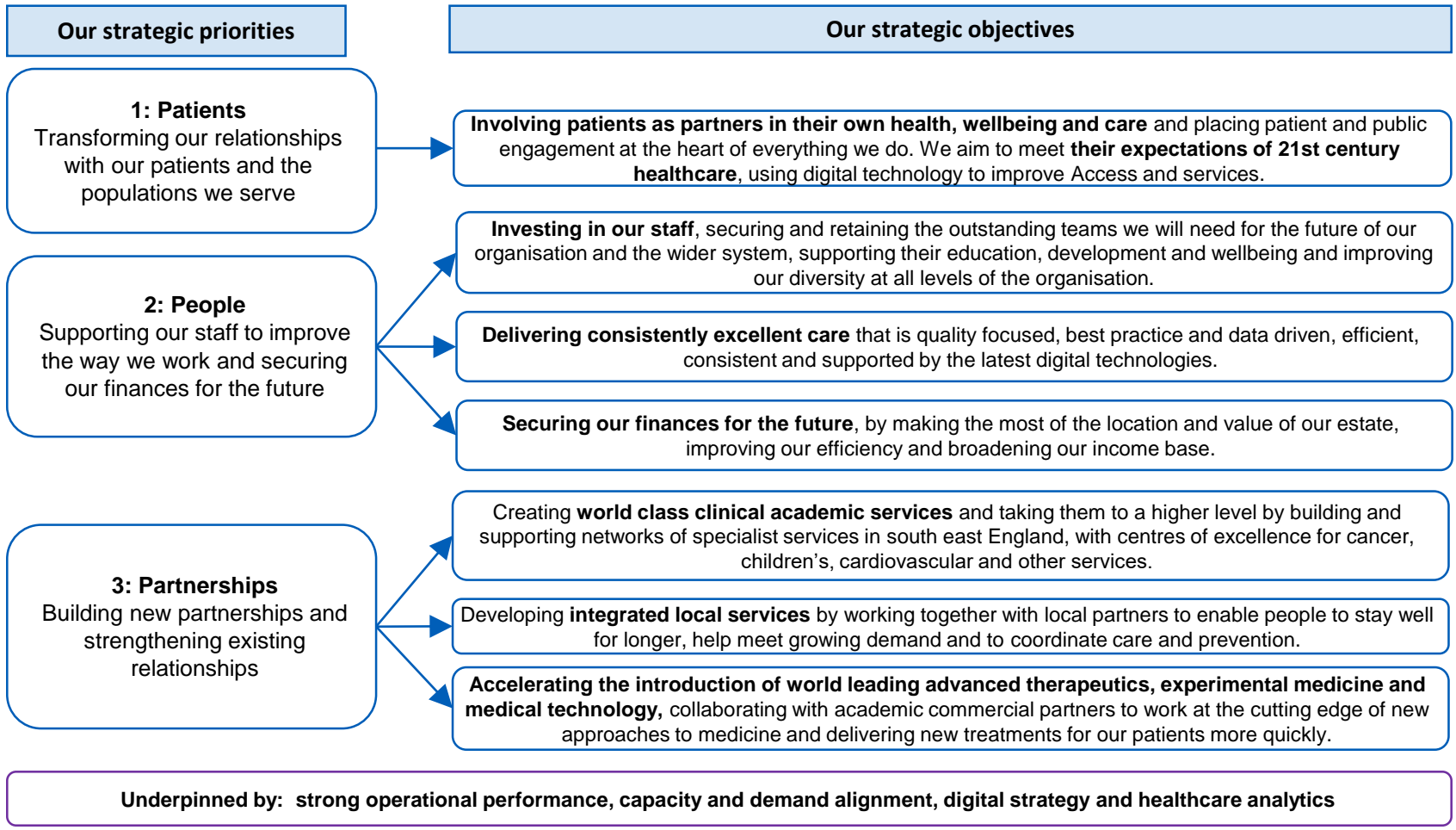
# The Trust's platform for the future

We have a strong platform on which to build and develop in order to deliver our strategic ambitions. The following features differentiate us in the UK health sector and enable us to proactively respond to the challenges we face and to seek out opportunities:

- Our brilliant, hard-working, dedicated and diverse workforce
- Strong staff engagement, clinical leadership and commitment to education, enabling recruitment, development and retention of exceptional staff
- A positive and open culture, focused on patients' and families' needs
- A wide range of care, services and research across the whole life course from pre-natal to end of life.
- Holistic care for adults and children – from local care in Lambeth and Southwark to highly-specialist services in centres of excellence, co-located with a comprehensive range of specialties
- Provision of out of hospital care for our vibrant local communities in Lambeth and Southwark, enabling us to be particularly innovative and efficient in looking after local people needing urgent care
- Strong partnerships between clinicians and academics, and with innovative commercial organisations, enabling rapid adoption of innovative treatments and opportunities for staff
- Financial stability and unique opportunities to develop our valuable central London sites.
- A stable organisation that recognises the value and important of working in partnership to enable system resilience
- Ambition and excellence across all of our services, and focused investment in our four clinical priorities – cancer, children's, cardiovascular and Adult Local Services.

# Our strategic objectives

Together we have identified three strategic overall priorities for our organisation, under which sit a number of more detailed strategic objectives. These are the things we care about most and will be central to achieving our vision. This framework forms the basis for the range of other enabling strategies across the Trust that will contribute to our ambitious strategic agenda.



# What this means for patients, services and sites

To deliver our ambitious strategy, we will work with staff and patients to take forward exciting new initiatives, including:

- Delivering safe, effective care and high quality experiences to all our patients, within our financial means
- redesigning patient pathways and modernising our interactions with patients, making the most of the opportunities provided by digital technology
- developing a new workforce strategy with our partners, making progress on improving equality and diversity
- creating local multidisciplinary teams in Lambeth and Southwark, integrating local services with social care, mental health and primary care to embed a proactive approach to health and care, particularly for people with multiple long term conditions, thereby improving the wellbeing and experience of local people
- establishing new networks to provide more consistent care for patients across south London and the south east, including networks for cardiovascular and specialist children's services.
- continuing to provide secondary and specialist care closer to the patient where safe to do so by working with local providers to locate new facilities and services, upskilling local staff and the innovative use of technology and remote monitoring
- expanding Evelina London, to achieve our ambitions for children and young people
- building an Accountable Cancer Network across south east London
- developing proposals for creating a heart and lung centre of excellence with Royal Brompton and Harefield NHS Foundation Trust and King's Health Partners
- getting better at using data to improve patient care and plan for the future
- broadening our sources of income, including through fundraising and commercial partnerships
- developing a plan for our estates to support these exciting developments - developing Guy's as a complex planned care site with particular focus on orthopaedics, cancer treatments and associated surgical services, renal, urology and dental, and St Thomas' as the "hot" site with Evelina London Children's Hospital plus cardiovascular, women's services, medical specialities, gastro-intestinal medicine and surgery and others.
- creating a biotechnology hub at Guy's exploiting expertise in research and development, genomics and regenerative medicine, and a medical technology hub at St Thomas' with industry partners in bio-engineering and pharmacology.

# Together we care: our strategy

**Our vision:** to advance health and wellbeing, as a local, national and international leader in clinical care, education and research.

**Our values:**

- Put patients first
- Strive to be the best
- Take pride in what we do
- Act with integrity
- Respect others

## The challenges we face

- Recruiting, retaining and developing the most talented and engaged workforce in the NHS
- Improving the consistency of our quality and performance
- Playing our part in an integrated local health system
- Managing and responding to demand growth, without compromising our sustainability, quality and performance
- Diversifying our income and finding new sources of capital
- Positioning ourselves and building our capabilities to lead new developments in medicine for the benefit of our patients
- Supporting the stability and sustainability of south east London

## The Trust's platform for the future

- Excellent staff engagement and clinical leadership
- Care and research from pre-natal to end of life
- Integrated out of hospital care for our vibrant community
- Specialist centres of excellence co-located with comprehensive range of specialties
- Clinical academic partnerships
- Iconic and valuable central London sites
- Strong and consistent senior leadership
- A financially sustainable and stable organisation

## Our strategic priorities

**1: Patients**  
Transforming our relationships with our patients and the populations we serve

**2: People**  
Supporting our staff to improve the way we work and securing our finances for the future

**3: Partnerships**  
Building new partnerships and strengthening existing relationships

## Our strategic objectives

**Involving patients as partners in their own health, wellbeing and care** and placing patient and public engagement at the heart of everything we do. We aim to meet **their expectations of 21st century healthcare**, using digital technology to improve access and services.

**Investing in our staff**, securing and retaining the outstanding teams we will need for the future of our organisation and the wider system, supporting their education, development and wellbeing and improving our diversity at all levels of the organisation.

**Delivering consistently excellent care** that is quality focused, best practice and data driven, efficient, consistent and supported by the latest digital technologies.

**Securing our finances for the future**, by making the most of the location and value of our estate, improving our efficiency and broadening our income base.

Creating **world class clinical academic services** and taking them to a higher level by building and supporting networks of specialist services in south east England, with centres of excellence for cancer, children's, cardiovascular and other services.

Developing **integrated local services** by working together with local partners to enable people to stay well for longer, help meet growing demand and to coordinate care and prevention.

**Accelerating the introduction of world leading advanced therapeutics, experimental medicine and medical technology**, collaborating with academic commercial partners to work at the cutting edge of new approaches to medicine and delivering new treatments for our patients more quickly

Underpinned by: strong operational performance, capacity and demand alignment, digital strategy and healthcare analytics

# Section Three:

## Our strategic objectives

### This section will:

Describe for each strategic objective:

- Our aspiration for each objective
- Where we are now
- Why this objective matters to us
- What success looks like
- How we are going to achieve success

# 1: Patients

We need to **transform our relationships with our patients** and the populations we serve

## Strategic objective

To **involve patients as partners in their own health, wellbeing and care** and placing patient and public engagement at the heart of everything we do. We aim to **meet their expectations of 21<sup>st</sup> century healthcare**, using digital technology to improve access and services.

# Transformed relationships with our patients and the populations we serve

*To involve patients as partners in their own health, wellbeing and care and placing patient and public engagement at the heart of everything we do. We aim to meet their expectations of 21st century healthcare, using digital technology to improve access and services.*

## Why does this matter to us?

- The first of Guy's and St Thomas' five values is to 'put patients first'. The voice of patients must continue to be ever-present in all parts of our organisation. Patients, their families and carers, together with staff and the wider community, should be partners in the design, development and delivery of services.
- The public's changing perceptions and expectations of healthcare will affect how we provide services in the future. Many patients will be accustomed to using digital and self-service interfaces in most aspects of their life, and healthcare organisations and companies are starting to apply these approaches to patient care.
- These developments bring challenges – not least the risk of digital exclusion, which disproportionately affects vulnerable people, low-income groups, the elderly and the more marginalised communities in our society.
- By working with patients as active partners in their own health, rather than passive recipients of care, we aim to achieve better outcomes and experience for our patients and make better use of our constrained resources.
- Evidence shows that 'activated' patients, with high levels of knowledge, skills and confidence to manage their own health and care are more likely to adopt healthy behaviour, to have better clinical outcomes and lower rates of hospitalisation, and to report higher levels of satisfaction with services.
- If we can simplify and standardise patient administration processes and move towards modern (and in many cases, digital) patient interfaces, we can improve patient experience as well as pathway management and waiting times.
- By clarifying our clinical pathways, processes and standards, we can free-up staff to work 'at the top of their license', focusing their expertise on personalising each patient's care.
- Patient and public engagement is critical to ensure that our major developments have support from the patients and public and that their concerns are addressed wherever possible and that we meet our statutory duty to involve.
- As a Foundation Trust we have a responsibility to actively engage our governors and members in our decision making processes.

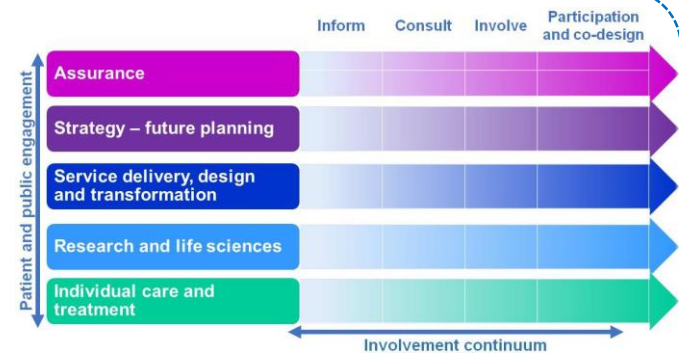
# Transformed relationships with our patients and the populations we serve

## What does success look like and how will we measure it?

- Over the next five years, we will remove duplication in our processes, promote 'digital first' where appropriate, increase choice for patients on how they interact with us, increase self-service opportunities through digital content and channels, and standardise administrative processes
- We will deliver more consistent, responsive and modern interactions with our patients e.g. remote monitoring of long term conditions
- Staff will be supported by consistent Guy's and St Thomas' processes and systems.
- Patient and public engagement will be embedded in our approach to service improvement and transformation in the Guy's and St Thomas' Way
- Our Foundation Trust governors and members will be even more actively engaged in our service improvements and service developments

## How are we going to get there?

- Our patient and public engagement strategy aims to continuously strengthen patient and public engagement across the organisation moving ever more towards participation and co-design in the 'involvement continuum' ensuring the voice of patients are at the heart of everything we do:
  - being the driving force of service design
  - planning and assessing the care we provide
  - our research
  - the recruitment, education and training of our workforce
- In particular, the development of digital solutions to support improvements in care and service delivery will be underpinned by strong patient and public engagement – we will involve patients, their families and carers in this work, from testing our early assumptions, to procuring and co-designing the solutions
- We have initiated a programme to review opportunities for improving the range of ways patients can interact with us, including email, text messages, online portal services, and optimising post, phone and face to face contact.
- Our Care Redesign programme will embed patient-centred, clinically led pathway design - and continuous redesign.
- We will implement our Foundation Trust engagement plan to increase the participation of our governors and members.





# 2: People

## Supporting our staff to improve the way we work and securing our finances for the future

### Strategic objectives

**Investing in our staff**, securing and retaining the outstanding teams we will need for the future of our organisation and the wider system, supporting their education, development and wellbeing and improving our diversity at all levels of the organisation.

**Delivering consistently excellent care** that is quality focused, best practice and data driven, efficient, consistent and supported by the latest digital technologies.

**Securing our finances for the future**, by making the most of the location and value of our estate, improving our efficiency and broadening our income base

# Investing in our staff

*Investing in our staff, securing and retaining the outstanding teams we will need for the future of our organisation and the wider system, supporting their education, development and wellbeing and improving our diversity at all levels of the organisation.*

## Where are we now? Why does this matter to us?

- The Trust has over 16,000 staff, working across a variety of roles, geographies and locations who are one of the most engaged workforces in the NHS (scoring 3.99 out of five on latest survey results). The environment in which our staff are working is increasingly complex as traditional boundaries blur and operational pressures grow. We must work increasingly in partnership with others in the health and care system to build new services and continually improve. We therefore must equip our teams and leaders with the skills, capability and resourcefulness to meet these new challenges.
- We are facing shortages of healthcare staff with no clear national plan to close the gap. This is exacerbated by the current delivery model of education and workforce planning which is fragmented and inhibits the ability of the NHS and social care to work together to develop the whole workforce. Education funding has reduced year on year since 2013. The government has provided a three year pay deal worth 6.5% for agenda for change staff, ending the 1% cap on pay.
- A new workforce strategy for the NHS is trying to address a number of systemic issues. It will be published in July 2018. If demand for care continues to grow at the pace we have seen over recent years and the workforce model does not change, there will be a shortfall of almost 200,000 staff in England by 2028.
- Locally, we face a significant supply challenge in south east London. A recent analysis of population changes, the burden of disease and labour market dynamics show that the gap for the four acute services providers will widen.
- With expected growth in demand we are likely to need to increase our workforce by 15%, on top of 3,000 existing vacancies. This will cost in the region of £250m per year by 2023. Based on historical recruitment activity, we may be able to recruit in the region of 3,700 extra people, 1,300 short of what we think is required, but this does not include reducing the same high number of vacancies. On top of this, there are other pressures on the future workforce supply. National initiatives to develop and recruit more staff into new roles such as Nursing Associates will yield only 600-700 people by 2023 for south east London. There are already indications EU staff are leaving due to Brexit. If current trends continue the worst case scenario could see a cumulative reduction of 700 nurses. We have high levels of turnover, particularly among younger staff, and generally the workforce is less stable than Trusts nationally.

**Our staff are core to ensuring the quality of our services. If we can not continue to secure and develop high calibre staff we will be unable to meet the challenges in the current and future environment.**

# Investing in our staff

## What does success look like?

- The Trust will be an exemplary employer of local people with a low vacancy rate, low turnover rate and high levels of staff satisfaction in their work and the opportunities that are offered to them.
- The Trust will work with partners in a systems based employment model to reflect the shift away from a competitive operating environment to one based on co-operation and collaboration both across the NHS and social care, including via our Healthcare Alliance.
- We will offer a more personalised employment experience and develop our approach to meet the needs of different groups.
- We will improve our performance against measures of equality, diversity and inclusion across all protected characteristics
- We will focus our investment in leadership development to ensure that leaders and managers at every level have the skills to do their jobs
- We will develop as an education provider in the new market environment, underpinned by a robust workforce plan.
- All staff know how to speak up about difficult issues and feel comfortable in openly discussing how we improve our services

## How will we get there?

Against this backdrop, our current thinking on what the strategic priorities for workforce need to be are set out below. We have more engagement and thinking to do and will need to dovetail our actions with the national workforce strategy:

- Securing our future supply of staff and continuing to develop our workforce of today, 50% of whom will still be working in the NHS in 2030
- Ensure equality of opportunity for everyone and work tirelessly to promote under represented groups
- Doing all we can to retain staff and reduce the churn we see across the NHS in London with clinical staff moving between employers in the early stages of their careers
- Investing in the development of staff to work in an environment where technology plays a greater part in everyone's jobs and the boundaries between organisations across health and social care become less of a barrier
- Ensuring our staff have the best experience of working in our Trust and can balance their personal and working lives to give their best to our patients and populations
- Creating an environment in which innovation and improvement are everyone's business and the Guy's and St. Thomas' Way is properly embedded, setting the tone and defining our culture
- Striving to ensure that we work with local communities and schools to be an employer of choice in Lambeth and Southwark
- We will create a Freedom to Speak up strategy which will continue to support an open and honest working environment

# Consistently excellent care

*Delivering consistently excellent care that is quality focused, best practice and data driven, efficient, consistent and supported by the latest digital technologies.*

## **Why does this matter to us?**

- Every patient has the right to expect a consistently excellent standard of care from us, including safety, clinical effectiveness and patient experience.
- Our patients depend upon us to do everything possible to prevent avoidable harm, and to deliver outcomes that rank among the best in the world.
- By clarifying our clinical pathways, processes and standards, we can free-up staff to work 'at the top of their license', focusing their expertise on personalising each patient's care.
- There is good evidence from international health systems that significant proportions of healthcare expenditure can be considered as 'waste' and therefore removed from the system by optimising our processes and pathways, reducing unwarranted variation and building continuous improvement into what we do every day.
- Through our Healthcare Alliance and other partnerships, we have opportunities to reach a much wider patient population, all of whom deserve excellent care.

## **Where are we now?**

- Guy's and St Thomas' provides services of national and international significance, and there is strong evidence that our care is high quality, including:
  - Guy's and St Thomas' has achieved the highest score nationally on the NHS National Staff Survey for several years, and scores very highly on the Staff Friends and Family Test.
  - Guy's and St Thomas' continues to perform exceptionally highly on standardised mortality indices, compared with both the England average and other London acute hospitals.
  - We have strong processes for incident reporting and speaking up, and have improved our handling of complaints.
- Our 2016 Care Quality Commission (CQC) inspection rated our quality of care as 'good'. Services for Children and Young People and the Emergency Department were 'outstanding' and many examples of outstanding practice were noted.
- However, there is scope for improvement in the consistency of our care:
  - The CQC rated some elements as 'requiring improvement'.
  - We have not consistently provided the waiting times our patients rightly expect, including for cancer, and we need to sustain the improvements achieved through concerted effort across the Trust.
  - We do not always ensure our high standards to our pathways and systems so that excellent care is the default.
- The Trust has approved a digital strategy in September 2017 which outlines how we can become more digitally fit
- In 2015 we launched 'Showing we care by speaking up' an initiative to support staff to speak up safely to help improve care

# Consistently excellent care

## What does success look like and how will we measure it?

### In 1-3 years

- Defined and codified standards for excellent care for each service, supported by consistent Trust processes and systems
- Routinely measuring consistency, variation and outcomes (supported by the implementation of a new Electronic Health Record), with specific improvements in consistency of care for some pathways
- Directorates will understand the role that digital has in both enabling them to deliver services more efficiently, such as:
  - Easier working across organisational boundaries
  - Seeing our data – widespread use of dashboards to surface key operational information
  - Empower the patient – technology that supports patient pathways especially in self-management and chronic conditions
  - Virtual clinics – managing patients at home and working with colleagues collaboratively using digital technology.
  - Flexible networks – increasingly mobile connectivity to connect computers, point of care testing devices and people
- Establishment of the Healthcare Alliance to share learning and best practice with other NHS organisations

### In 3-5 years

- Quality and consistency embedded in systems, not dependent on individuals
- Measurable improvements in consistency and efficiency of our care e.g. avoidance of unnecessary tests, reduction in readmission and complications, improved patient experience
- We will be recognised as a system leader, in the use of digital to improve our operating efficiency as well as health outcomes for our patients and the wider population
- Expansion of these improvements to other providers via their membership of the Healthcare Alliance

## How are we going to get there?

- Our quality strategy will support continuous improvement, evidence-based best practice and effective governance.
- Our trust-wide transformation programme will embed clinically led pathway redesign (for example through the Care Redesign programme), supported by standardised processes across all core areas of service.
- By doing so, it will develop care pathways and processes that are maximally efficient and deliver demonstrably better outcomes for patients over and over again.
- The Guy's and St Thomas' Way will address variation in the way we work, by agreeing, codifying and standardising 'the way we do things around here', including service improvement, operational excellence and our safety culture.
- Our Healthcare Alliance seeks to bring together like-minded organisations by providing a forum for identifying and jointly pursuing opportunities that will improve patient outcomes and the sustainability of services. This may include opportunities identified by Care Redesign, the Guy's and St Thomas' Way and other improvement programmes.

# Securing our finances

*Securing our finances for the future, by making the most of the location and value of our estate, improving our efficiency and broadening our income base.*

## **Where are we now? Why does this matter to us?**

- Since becoming an NHS Foundation Trust, in a financial regime dominated by annual planning rounds, we have adopted a financial strategy of setting annual planning targets aimed at achieving the free cash flow required to service our planned capital programme. While we have prepared three and five year plans, including the capital required over these longer periods, the annual cycle has still dominated.
- We have also collaborated to prepare sector wide income and expenditure plans showing what could potentially be achieved by partners working together in the sector. These sector plans have not gone as far as modelling the balance sheet and capital programme affordability of the sector.
- We serve a much wider population than the south east London Sustainability and Transformation Partnership (STP) area. As others in the sector struggle financially it is important for Guy's and St Thomas' to maintain financial control to secure the funding for capital developments which will enable us to continue to serve this much wider catchment population. We have an ambitious estate development strategy to support our strategic priorities. This includes increasing the clinical and research accommodation required for children's healthcare, cardiovascular care, bio medical engineering and translational medicine, whilst taking into account the care redesign programme, the electronic healthcare record programme and the move to improving integrated care across the community. There is currently almost no NHS capital, and guidance from the centre suggests that the focus for capital should be on consolidation, maintenance and safety.

## **What does success look like and how will we measure it?**

### **In 1-3 years**

- The Trust is subject to an income and expenditure control total set in the annual planning round and will receive sustainability funding if the control total is achieved each year. In the short term the financial strategy must be to continue to achieve the annual control total and continue with the existing capital programme.
- The Trust has borrowed funds for major projects and must continue to service the Foundation Trust Financing Facility loans which funded these projects. As capital is not readily available at a national level, restricted by the Capital Expenditure Limit for the NHS as a whole, the Trust will need to secure new funding sources for its future strategic estate development, IT and medical requirement funding needs.

# Securing our finances

*Enabling our ambitions by leveraging the value of our estate, improving our efficiency and broadening our income base*

## **In 3-5 years**

- We will need to identify funding sources for our capital development plans. This may include long term borrowing from pension funds, charitable funding and funding released from capital development of Trust and partners' property for commercial use.
- We will deliver the St Thomas' Education Centre and the construction of buildings at St Thomas' that will facilitate expansion of Evelina London; we will dispose of a number of community properties and develop a plan for delivering the community strategy; begin to decant Borough Wing to facilitate development on the Guy's site and develop a plan to decant Gassiot House at St Thomas' in order to build new cardiovascular/ respiratory facilities.

## **How are we going to get there?**

- We will engage positively and proactively in the contract rounds, examine expenditure benchmarks to reduce costs and ensure value for money and pursue collaborations with partners to ensure best value
- We will look to eliminate unwarranted variation to improve efficiency and reduce expenditure
- Our strategic plans are very ambitious and could include commercial developments, to enable the affordability of NHS developments. This will require major long term funding from new sources.
- We will continue to diversify income and look at industry and private sector partnerships similar to those already achieved with Johnson & Johnson Orthopaedics and Hospital Corporate of America UK Cancer Services
- We will look for long term funding partners e.g. pension funds to fund capital projects on the basis that we guarantee them long term rental income from the assets built
- We will look to secure major fund raising and philanthropic income to supplement NHS investment
- We will engage with regulators and partners to ensure changes to funding arrangements, and their impact, are understood and that they are for the benefit of the population and our patients
- We will explore the ability to borrow against our assets or to use them as a basis for generating an income source to secure long term borrowing
- Through clinical models that drive efficiency and consistency in the quality of care, supported by the development of an electronic healthcare record, we will develop a better understanding of space requirements and accommodation needs
- Use a development company to generate private sector capital and drive the estate development programme
- Work within the Sustainability and Transformation Partnership and with partner organisations in one Public Estate to explore opportunities to maximise sharing our property assets and dispose of under utilised estates.

# 3: Partnerships

## Building new partnerships and strengthening existing relationships

### Strategic objectives

Creating **world class clinical academic services** and take them to a higher level by building and supporting networks of specialist services in south east England, with centres of excellence for cancer, children's, cardiovascular and other services.

Developing **integrated local services** by working together with local partners to enable people to stay well for longer, help meet growing demand and to coordinate care and prevention

**Accelerating the introduction of world leading advanced therapeutics, experimental medicine and medical technology**, collaborating with academic commercial partners to work at the cutting edge of new approaches to medicine and deliver new treatments for our patients more quickly.



# World class clinical and academic services

*Creating world class clinical academic services and take them to a higher level by building and supporting networks of specialist services in south east England, with centres of excellence for cancer, children's, cardiovascular and other services.*

## Why does this matter to us?

- Our vision is to provide excellent treatment for patients across a range of services for southern England and beyond. This requires us to further our partnerships and collaboration with other providers by leading and working in clinical networks.
- International best in class patient outcomes are driven by strong links between clinical care, training, education and research to deliver transformational innovation and improve outcomes. We need to further align all elements of: basic science, translation and clinical research, tertiary specialist and secondary care and system leadership with patient involvement, along with population health accountability in partnership with primary care providers.
- We need to be an attractive employer to draw the best clinical and academic talent and managers to achieve our ambitions.
- A strong international reputation will support these objectives as well as our financial sustainability by increasing our attractiveness for national, commercial and philanthropic investment.

## What are our clinical priorities?

- We will promote widespread clinical excellence and strive to provide the best possible clinical and academic services to all patients. We have **many world-leading services** including dental services which have a clinical and academic international reputation; St Johns Institute of Dermatology that is internationally renowned; Immunology and transplantation services have national and international recognition and increasingly robotic surgery for prostate, renal and thoracic.
- We will work in close collaboration with partners to deliver excellent care closer to home by leading and working in clinical networks.
- Alongside this we will further develop cancer, cardiovascular and children's services to be world class clinically and academically. Our **cancer services** provide some of the best UK cancer specialists, in the latest state-of-the-art facilities and pioneering treatments linked to our extensive research programmes.
- Our **cardiovascular centre** provides a wide range of local services and specialist care primarily to south east London and Kent. We are a major provider of specialised vascular ultrasound services and have strong links with the King's College London cardiac imaging service, as well as working collaboratively as part of King's Health Partners.
- **Evelina London Children's Hospital's** vision is to be a world-leading centre for children, young people and their families for specialist, local and community services. The co-location of adult and children's services enables us to provide a "life course" offer.

# World class clinical and academic services

## Cancer services

### Where we are now

- We have strong clinical outcomes, with some areas of international excellence in both clinical services and research.
- We are an Organisation of European Cancer Institutes (OECI) Comprehensive Cancer Centre and a Cancer Research UK Major Cancer Centre reflecting the breadth of our offer.
- To be world class requires us to consolidate our operating model (including pathway and network management) and develop the breadth of our academic strengths.
- Despite problems relating to cancer access times, the majority of tumour groups have UK best in class clinical outcomes. The latest data (Office of National Statistics (ONS) February 2018), has confirmed that a number of network tumour groups (lung, oesophago-gastric and cervical) have better 12 month survival rates than London and England peers despite higher than national average late stage (3-4) presentations. Patients with brain cancers have 20% better chance of survival (compared with national average) after 12 months although this data is older (2010) and has not yet been refreshed by the ONS.

### Where do we want to be ?

#### 1-3 years

- Increased diagnostic capacity commissioned via SE London Accountable Cancer Network (ACN) for the three providers.
- Consistent system wide delivery of cancer waiting times supported by pan-ACN informatics integrated patient tracking.
- Further delivery of care closer to home e.g. systemic anti-cancer therapy (SACT) at Queen Mary's Sidcup Cancer Centre
- Our clinical academic services achieve formal designation as Cancer Research UK Major Cancer Centre with University College London, Queen Mary University London and the Francis Crick institute.
- Implement our new Precision Medicine strategy with a sustainable biobank aligned to the regional genomics centre.
- King's Health Partners Haematology delivering a resilient bone marrow transplantation programme with best in class outcomes
- We will establish the first UK fully integrated Cancer Pelvic Surgical Centre and the largest NHS robotic surgery programme

#### 3-5 years

- The south east London and Kent Cancer Alliance is established to deliver clinical outcomes in line with Europe.
- We will be a wave two centre for proton beam therapy based at Guy's

### How are we going to get there?

- We will develop the ACN to commission and coordinate pan south east London diagnostic and other services, set standards of care for SACT provision.
- Our OECI Comprehensive Cancer Centre will continue to develop research.

# World class clinical and academic services

## Cardiovascular services

### Where we are now

- Our cardiovascular services, working as part of King's Health Partners Cardiovascular have the opportunity to provide sustainable services that perform well clinically and academically against national and international comparators. We are leading the specialised service south London cardiovascular Operational Delivery Network.

### Where do we want to be?

#### 1-3 years

- Our clinical and academic services will be of sufficient scale to allow robust provision of super-specialist services 24/7 through "one team" working as part of King's Health Partners.
- We will collaborate more closely with St George's University Hospitals NHS Foundation Trust to improve vascular and cardiology care pathways across the south London Operational Delivery Network.
- Working with partners we will test the feasibility and options of integrated services with Royal Brompton & Harefield NHS Foundation Trust including world class respiratory, cardiovascular and thoracic services and nearing completion of the full business case
- We will make substantial progress towards meeting the NHS England milestones for Congenital Heart Disease.
- We will progress our ambitions for cardiovascular, respiratory and children's research and education through the Royal Brompton-King's Health Partners collaboration.

#### 3-5 years

- With our partners we will provide world-class clinical services for patients with cardiovascular and lung conditions, across all ages for common and rare conditions at local, regional, national and international level, within a collaborative network.
- Our ambition is to bring together specialist skills and expertise from the Royal Brompton and Harefield NHS Foundation Trust and King's Health Partners in a globally-significant system of care to the benefit of cardiovascular and respiratory care and research in the UK.
- Our clinical and academic services will deliver nationally and internationally relevant outcomes and sustainable care. The partnership between King's Health Partners and Royal Brompton & Harefield NHS Foundation Trust will be subject to public consultation and full business case approval.

### How are we going to get there?

- Continue development of King's Health Partners Cardiovascular programme and the partnership with Royal Brompton & Harefield NHS Foundation Trust towards full academic and clinical integration.

# World class clinical and academic services

## *Evelina London Children's Healthcare*

### **Where we are now**

- We are a leading provider of children's services nationally with a strong breadth of specialist to local/community services for south east London and south east England, collocated with onsite maternity and adult services.
- We have some nationally-recognised clinical services e.g. PICU, NICU, allergy, cardiology, neurology and renal, with strong peer-reviewed outcomes and academic achievement, some already at international class.
- We will further strengthen our children's hospital so that all specialist services are available on-site 24/7
- There is a significant opportunity to further develop our academic and international-class excellence through the new academic Child Health department in King's College London and the Evelina Children's Clinical Research Facility.

### **Where do we want to be?**

#### **1-3 years**

- Neurosurgery will be provided at Evelina London in 2018.
- We will lead the south London and south east Paediatric Network working in partnership with other providers to improve access to specialist care locally.
- We will gain approval for the Evelina expansion outline business case to increase our capacity.
- Our research achievement and income will increase through the Women and Children's institute and King's College London.
- Develop a new education strategy including a model for accredited courses and training.

#### **3-5 years**

- We will gain approval for the Evelina expansion full business case in 2020/21.
- We will have an emerging international research reputation, with an adjacently located institute and multiple academic chairs.
- We will further develop a national and emerging international reputation for training, bringing in new income and achievement of our education strategy within the Trust and across the children's services networks.

### **How are we going to get there?**

- We will develop the King's Health Partners Women & Children's Health Institute, King's College London Department of Women's and Children's Health, and our research and education infrastructure within Evelina London .
- The Evelina expansion programme will enable us to increase our capacity to achieve our ambitions
- We will lead and develop the south London and south east Paediatric Network
- We will grow fundraising to support our culture and ethos and provide financial support to strategic projects.

# World class clinical and academic services

## *Widespread clinical and academic excellence*

### **We have a range of clinical services leading the way clinically and academically including:**

- We host and lead the South London Genomic Centre with clinical and academic partners as part of the 100k Genomes project.
- We provide the top ranking dental school in Europe delivering excellent patient outcomes, patient experience and world leading innovative, translational and high impact research.
- We have established a purpose built, nationally recognised Rare Diseases Centre at St Thomas' Hospital.
- St John's Institute of Dermatology is the largest UK clinical department and one of the world's leading centres.
- We are a UK leader for robotic surgery using innovative new techniques such as pioneering routine use of robotic ureterolysis procedure and using 3D printing as part of our service.
- We have one of the largest UK transplantation programmes, including kidney and pancreas transplants for adults and children
- We are one of four internationally recognised Centres of Excellence for allergy.
- We provide an internationally recognised inflammatory bowel disease service.
- Our orthopaedics service is one of the largest UK centres, treating specialist and comorbid patients.

### **Where do we want to be?**

#### **1-3 years**

- Create a new Oral Clinical Research unit and become the top world ranking Dental school.
- St John's Institute to become a network leader in south east London.
- Continue to develop our transplant services including 3D printing in kidney transplants. Working with other partners we will shape a regional transplantation strategy.
- We will develop our cellular, regenerative and genomic medicine strategy to support our ambitions.

#### **3-5 years**

- Develop our Rare Diseases Centre into a national hub that provides expert support across the country.
- Establish a south east England inflammatory bowel disease network.
- Build a new orthopaedic centre of excellence with state-of-the-art facilities and a leading centre for education and research.

### **How are we going to get there?**

- We will work closely with King's College London in dental to develop more joint roles and as part of KHP to drive research
- Support St John's Institute to develop a network model to improve access to specialist dermatology services
- Identify opportunities to create network models for rare diseases to enable patients to be treated closer to home.
- Support the pathology retender across south London and bid for the laboratories tender when announced.

# Integrated local services

*Developing integrated local services by working together with local partners to enable people to stay well for longer, help meet growing demand and to coordinate care and prevention*

Our shared objective with partners is to improve the health and wellbeing of our local population by integrating the services we provide to our local communities with those provided by social care, mental health, primary care and others (e.g. voluntary sector and housing and educational services), embedding a proactive approach to health and care.

Local adults will be supported to stay as well as possible for as long as possible, given the help they need e.g. to continue in employment when at risk of, or living with, one or more long term conditions (LTC); continue to live independently in their own home for longer; access the services they need when homeless; have their care and associated support coordinated around them and their families and carers, giving them greater control; and have streamlined access to specialist care when they need it.

Local children and young people will receive responsive care when ill and pro-active, preventative care for the management of LTCs; receive holistic, coordinated care that maximises their long term well-being, development and participation in society, including school and transition to adult life and experience streamlined access to specialist care when they need it.

## **Why does this matter to us?**

Local health outcomes are poor and our ambition is to play a leading role in enabling change. Patients tell us that they want more local, joined up care. Improved community provision is critical to managing demand, particularly for A&E, medical beds and outpatients, which is vital for the financial resilience of the system. Delivery of strong local services underpins all our other services, as well as our education and research. Our proposed model is also in line with the national policy direction of travel.

## **Where are we now?**

We have made incremental progress, focused on improving care for specific groups of patients. For adults examples include bringing primary care into the emergency department; embedding social workers into @home and Enhanced Rapid Response teams; providing more diabetes care in community clinics; locality geriatricians supporting community multidisciplinary teams (MDTs), admissions avoidance and early discharge; and the development of COPD and heart failure registers. The Trust has been successful in extending its CQC registration to become a personal care provider and reablement provider in Lambeth. For children and young people examples include CARS (paediatrician led assessment and referral service for GPs); community paediatric clinics; rapid access outpatients; GP in-reach to primary care; and new community clinics for local children with sleep and feeding issues. New models and approaches have been tested through the Children and Young People's Health Partnership (CYPHP) funded by the Guy's and St Thomas' Charity and Lambeth Early Action Partnership (LEAP)

## **The shared vision for success which we have developed with system partners**

**Short term:** evidence based integrated care, delivered at a neighbourhood/community level. For adults this is predominantly aligned to Local Care Networks (LCNs). For children and young people this potentially works for some local services such as health visiting and school nursing, but more specialist services will sit across geographies.

## Integrated local services

**Medium term:** Care delivered by multidisciplinary teams who see themselves working for a 'community', e.g. 'Lambeth' or a LCN, rather than just an individual organisation. These teams would have mixed skill sets, which at the same time acknowledge and maintain specialist expertise. Staff with a care coordination role will be central to these teams. New roles and career pathways will be developed which are attractive to staff, acknowledging the current recruitment and retention issues experienced by system partners. The membership of teams will depend on local circumstances, but could include voluntary sector organisations and those with expertise in issues such as housing and education. They will be responsible for improving the health of a defined population/populations, starting with those with multiple LTCs. The new model of care will be enabled by joint/shared incentives and contractual alignment.

**Longer term:** Education and training partners will support the new model, so that healthcare professionals coming out of training are equipped to work outside as well as inside the hospital with recognised career pathways developed for the new roles and way of working. We will move to a single point of access for children with multiple issues/LTCs.

**How are we going to get there? Working with our partners we will:**

### **Adults, Children and Young People**

- Develop our workforce strategy to ensure the workforce and culture we need to deliver a neighbourhood model of working
- Create a new joint performance framework which allows us to measure the outcomes achieved and develop a financial framework which incentivises outcomes and system resilience
- Invest in analytics to help understand the burden of care in different parts of the population, backed by public health expertise
- Improve utilisation of the community estate and IT to provide the types of space required to support delivery of a place based integrated model of care, including the provision of more care in patients' homes, supported by mobile IT
- Adapt our governance systems for more autonomous teams who work with staff from other organisations

**Adults:** continue to develop a model to streamline access to specialist care for people being looked after by neighbourhood teams; revisit the balance between care provided in hospital and care provided in neighbourhood settings, including exploration of the 'virtual clinic' and 'extensivist' models; develop new pathways, e.g. last year of life. We will develop a greater focus on borough operational delivery in Lambeth and Southwark.

**Children and Young People:** further develop our 'local child health strategy', consolidating progress/learning so far, including CYPHP and LEAP and bringing into business as usual. We will work towards increased integration between community nursing teams and GP federations/hubs within local communities and redesign universal services (health visiting and school nursing). We will further develop the acute - community pathway, including training (e.g. allergy), clinics (e.g. sleep and bladder).

Externally we are working with partners to achieve our shared objectives, particularly through the borough partnerships in Lambeth and Southwark described in the Strategic Context section of this document.

# Advanced therapeutics, experimental medicine and medical technology

*Accelerating the introduction of world leading advanced therapeutics, experimental medicine and medical technology, collaborating with academic commercial partners to work at the cutting edge of new approaches to medicine and deliver new treatments for our patients more quickly.*

## Where are we now? Why does this matter to us?

We want to convert the exciting potential of advanced therapies into better outcomes for our patients, through a pipeline from basic science, through experimental medicine and into patient care.

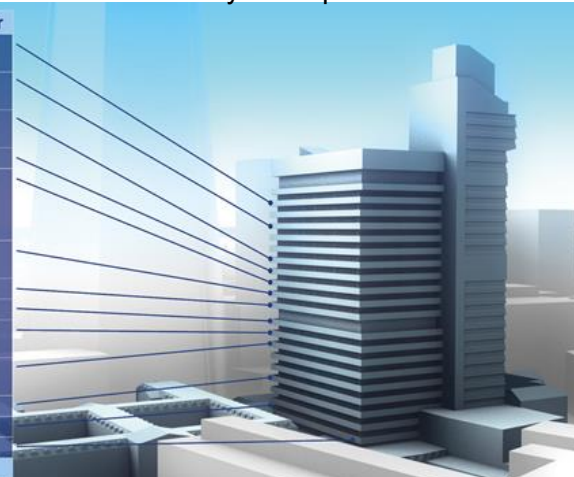
We have built a strong research infrastructure enabling us to become a national leader in these fields:

- We are a designated NIHR Biomedical Research Centre (BRC), in partnership with King's College London (KCL)
- The BRC established unique state of the art research infrastructure, including the genomics research platform, immune monitoring and flow cytometry research platform, advanced therapies manufacturing (GMP) unit, a bioinformatics platform, clinical trials management service, and statistics service
- We are a designated NIHR Clinical Research Facility (CRF) for Experimental Medicine. The Clinical Research Facility includes:
  - London's only MHRA-accredited Phase 1 Unit within an NHS organisation, at Guy's
  - Cardiometabolic Unit and Imaging CRF Unit at St Thomas'
  - A Paediatric Unit based at the Evelina London
- Our infrastructure includes a £12.3m Biomedical Engineering Centre and an unrivalled range of imaging capabilities, including imaging CRFs with full range of MRI, PET-CT, CT and X-Ray facilities and a soon to be installed 7 Tesla MRI
- With KCL we are foundation partners of a new pan-London Health Data Research (HDR) UK hub, which will combine the knowledge and skills of London's leading universities, the NHS and industrial partners to transform health through data science.

The Experimental Medicine Hub at Guy's Hospital

Facility	Floor
Centre for Stem Cells and Regenerative Medicine	28
Dental Institute Clinical Research Unit	25
Dental Institute Centre for Innovation and Translation	17
BRC, R&D, Data Analytics	16
NIHR Clinical Research Facility, BRC Immune Monitoring Platform, BRC Advanced Therapy Manufacturing (GMP) Facility	15
BRC Commercialisation and Innovation Hub*	14
GMP Pharmacy Manufacturing Unit	13
Cell and Gene Therapy Catapult	12
Assisted Conception Unit and Embryonic Stem Cell Facility	11
BRC Advanced Therapeutics Centre*	10
BRC Genomics Platform	7
Retroviral Manufacturing Unit	4
Intensive Care Unit	1

\*Proposed/planned new facilities



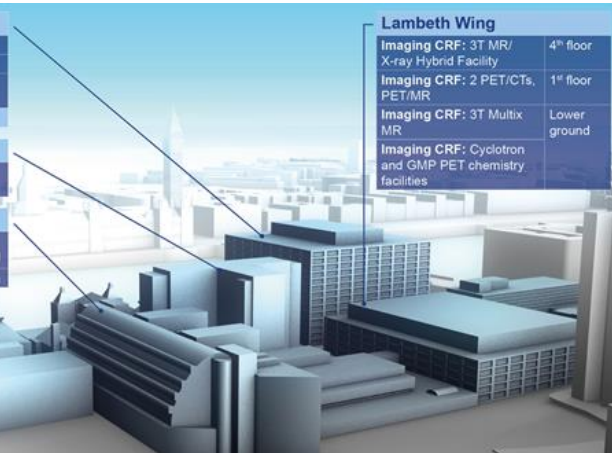
Experimental Medicine Research Infrastructure at St Thomas'

North Wing	
Imaging CRF: 3T MR	6 <sup>th</sup> floor
Adult CRF	4 <sup>th</sup> floor
7T MRI Ultra High Field Scanner*	Lower ground

\*Proposed/planned new facilities

East Wing	
Imaging CRF: 1.5T MR/ X-ray Hybrid Facility	3 <sup>rd</sup> floor

Evelina Hospital	
Paediatric CRF	Snowy Owl Ward
Paediatric Research	Outreach



Lambeth Wing	
Imaging CRF: 3T MR/ X-ray Hybrid Facility	4 <sup>th</sup> floor
Imaging CRF: 2 PET/CTs, PET/MR	1 <sup>st</sup> floor
Imaging CRF: 3T Multix MR	Lower ground
Imaging CRF: Cyclotron and GMP PET chemistry facilities	Lower ground



# Advanced therapeutics, experimental medicine and medical technology

## What does success look like and how will we measure it?

### In 1-3 years

- The Advanced Therapies Centre (floor 10 at Guy's) fully functional within two years, offering space for clinical academic and commercial collaborations leading to the establishment of a centre of excellence for developing advanced therapeutics.
- Floor 14 at Guy's fully functional within two years, offering facilities for phase one activity with healthy volunteers.
- Development of a successful bid as part of a new national network of genomic laboratory hubs, and exploration of synergies with our genomics research and genomics service.

### In 3-5 years

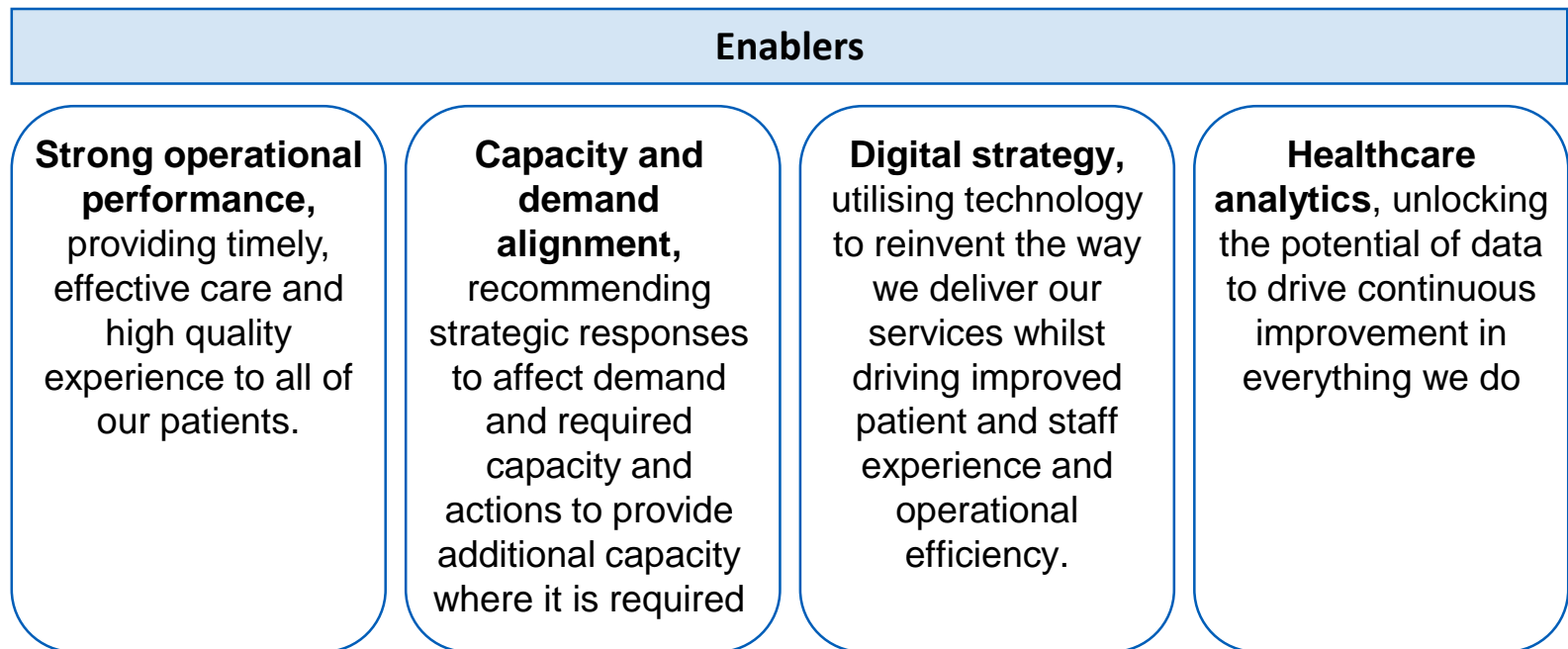
- We want to be one of the top two centres for advanced therapeutics in London, and ensure London remains a leader both in the UK and globally – measured by numbers of patients recruited to advanced therapeutics studies, trials entering the pipeline of advanced therapies, progression into phase two trials, and investment.
- Renewal of our BRC and CRF designations with progression towards being self-sustaining/increasing commercial income.
- We will have influenced regulators and commissioners to accelerate the sustainable commissioning of new therapies
- We will have embedded experimental medicine in the culture and systems of KCL and Guy's and St Thomas' .

## How are we going to get there?

- The BRC will continue to contribute nationally, including the NIHR Health Informatics Collaborative; NIHR National BioResource for Common and Rare Diseases; NIHR Translational Research Collaborations with NOCRI; Genomics England via the 100,000 Genome Project and strategic relationship with the South London Genomic Medicines Centre.
- The BRC will also lead the future development of a pan-London Advanced Therapies Treatment Centre with University College London Partners and Imperial Academic Health Science Centre.
- We will continue to support development of the Centre for Experimental Medicine and Advanced Therapeutics in partnership with King's College London, to align to the BRC.
- We will establish a joint management system at the centre of our relationship with King's College London, including a medical technology research partnership board, alongside the established cell and gene therapy board.
- We will develop new partnerships with industry as well as partnerships with patients and their representative groups.
- We will improve our analytical capabilities, particularly to analyse our patient populations to identify research opportunities.
- We will develop our workforce for advanced therapeutics and experimental medicine at all levels across the organisation, involving all professions to create a highly skilled resource with attractive career development opportunities.
- The BRC will continue its commitment to training and capacity building in experimental medicine via the BRC's School of Translational and Experimental Medicine and in partnership with King's College London and the Francis Crick Institute.

# 4: Enablers

Our strategic priorities are underpinned by the following enablers



# Strong operational performance

*Providing timely, effective care and high quality experience to all of our patients.*

## **Where are we now? Why does this matter to us?**

Providing safe and effective services is a core requirement and a prerequisite for delivering our strategy.

The Trust has experienced considerable operational pressure over the last few years and has struggled to deliver the major operational standards, such as the four hour A&E standard and the 62 days from urgent referral to first treatment for cancer standard.

It is recognised that these are a key part of the NHS Constitution and the achievement of minimum performance standards is a regulatory requirement which underpins many of our strategic ambitions.

Failure to deliver acceptable levels of operational performance may result in regulatory action which would severely curtail the Trust's ability to make investment decisions and deliver the strategic objectives.

## **What does success look like and how are we going to get there?**

Recovery trajectories and associated action plans have been agreed for the main operational standards.

The short term objectives for the majority of clinical services are to deliver these actions, achieve the monthly trajectories and sustain these improvements.

In the longer term the Trust is planning to expand capacity to meet the recent growth in demand and to develop more robust systems for monitoring and responding to changes in demand.

# Capacity and demand alignment

*Understanding what drives demand for the Trust's services and determining reasonable assumptions for future demand. Determining the likely impact on future required capacity. Recommending strategic responses to affect demand and required capacity and actions to provide additional capacity where it is required.*

**Demand** for the Trust's services is impacted by an increasing and ageing population, local housing developments, changes in referral patterns due to planned or unplanned transfers from other providers, increased GP referrals, poor lifestyle choices, increasing complexity and acuity, consolidation of specialist services and technological/treatment advances. Factors reducing demand for our acute services are Adult Local Services and Child Local Health initiatives, Sustainability and Transformation Partnership (STP) and other demand management initiatives, new/recovering providers and rationing by commissioners. It is difficult to model demand for the Trust's services as it is often affected by the performance of neighbouring providers. Analysis of recent trends suggests that reasonable assumptions are an annual 6% increase across all adult specialties, and a 9% increase across children's specialties in 2018/19 with an 8% annual increase thereafter. These assumptions will be kept under review.

We will **continue to grow our services in response to growth in demand**, whilst managing activity levels where possible:

- For non specialised services we will continue to work with partners to ensure sustainability within the south east London health economy. We will continue to improve our local and community services through our Adult Local Services and Child Local Health programmes, further developing an integrated model in partnership with others in order to further reduce demand for our acute and outpatient services, particularly through a focus on reducing the need for follow up appointments.
- We will also engage in appropriate demand management initiatives, including those across the STP, as well as internal initiatives to further improve clinical pathways and deliver more effective care, through our Fit for the Future and Care Redesign programmes, for example by increasing productivity in theatres and reducing length of stay.
- For specialised services we expect to see increased demand that we will seek to meet, but an increasing risk that commissioners are unable to afford that demand.

**Extended working** - We continue to be committed to providing a comprehensive seven day emergency service with continued implementation of the national clinical standards. For elective work we need to identify how we can make the maximum use of all our facilities, both existing and new. Some six day working has been introduced, but to date this has been *ad hoc*. A business case is now being developed to examine the impact of introducing this on a far greater basis, including:

- the cost of additional payments to staff versus the capital cost of additional capacity
- consideration of the impact on contractual terms and conditions, support services, maintenance etc.
- the associated risks, including to recruitment and retention and of increased equipment or infrastructure breakdown

The objective is that the organisation adopts a six day elective working week as the norm within the next five years, acknowledging that this will bring cultural and practical challenges.

## Capacity and demand alignment

We will **maximise the use of technology** to reduce the need for patients to visit the hospital sites, delivering care as close to home as possible. We will adopt a 'digital interaction by default' policy, with the proviso that we explore how we would manage the implications for inclusivity and patient choice. We will also explore extending our use of robotic surgery.

### **System working**

- As part of the south east London Sustainability and Transformation Partnership we are working with partners on a south east London wide estates planning strategy to maximise the utilisation of capacity across partner sites, including in the community
- We will continue to develop our network model of delivery, providing care closer to patients' homes by using existing capacity or creating new facilities at partner sites. Examples of this include current discussions about using spare day case and peri-operative capacity at Queen Mary's Sidcup and the oncology and dialysis satellite facilities recently opened on the same site

**Site configuration** – in addition to existing site plans, outpatient services no longer need to maintain a presence on both the Guy's and St Thomas' sites, unless required to support inpatients. This will enable more effective consolidation of services.

**Workforce issues** constrain capacity and the exploration of alternative workforce models and roles (e.g. physician associate) will be an important component of capacity planning.

### **Likely impact on capacity over the next 5 years and our response:**

**Theatres** – modelling suggests a short and medium term shortage of capacity before the planned longer term provision of additional capacity through the Cardiovascular Institute and Network programme and Orthopaedic Johnson & Johnson Joint Venture schemes. One main theatre at Guy's will be delivered in mid 2019 through the initial phase of the Johnson & Johnson project. A Strategic Outline Case is being finalised to develop options for:

- Short term children's capacity at St Thomas' and adult day case capacity at Guy's (which could release capacity for inpatient work both at Guy's and St Thomas' through re-timetabling)
- Medium term adult and children's capacity at St Thomas'. Initiatives to increase medium term theatre capacity at Guy's include the planned Orthopaedic Centre of Excellence.
- These options will be worked up in conjunction with the work on extending six day working and the option to use spare day case theatre and peri-operative capacity at Queen Mary's Sidcup.

**Outpatients** - high level modelling assumptions have been developed as part of work on the estates development plan. We are adopting the principles of six day working and that generic flexible outpatient space will be co-located diagnostics to enable a one-stop service (where appropriate) with a smaller overall space requirement than currently, due to digital innovations.

**Beds and critical care** – work programmes are being launched to examine our bed base and critical care facilities.

# Digital strategy

*Digital is a combination of pervasive data, continuous connectivity and intuitive analytics. Digital is about utilising technology to reinvent the way we deliver our services whilst driving improved patient and staff experience and operational efficiency.*

## Where are we now?

The Trust has approved a digital strategy in September 2017 which outlines how we can become a more digitally fit organisation:

- Digital is an enabler to each of our strategic ambitions. It is a component of every directorate's strategy refresh response, as well as a key part of Trust wide programs (Fit for the Future, Electronic Health Record)
- The Trust has already adopted IT systems in both clinical and non-clinical areas however there is still a lot that can be done. Some parts of the organisation are further advanced in their understanding of how digital can transform care (e.g. digital dentistry)

## What does success look like and how will we measure it?

### In 1-3 years

Directorates will understand the role that digital has in both enabling them to deliver services more efficiently, such as:

- Frictionless working across organisation boundaries – specialist clinical networks, and Healthcare Alliance; sharing patient data, working away from the Trust
- Seeing our data – widespread use of dashboards to surface key operational information
- Empower the patient – technology that supports patient pathways especially in self-management and chronic conditions
- Virtual clinics – managing patients at home and working with colleagues collaboratively in digital space
- Flexible networks – increasingly mobile connectivity as the means of connecting computers, point of care testing devices and people

Directorate Business Plan's digital needs will have a clear, coherent link back to the digital strategy

### In 3-5 years

- Trust will be recognised as a system leader, in the use of digital to improve our operating efficiency as well as health outcomes for our patients and the wider population
- Digital will be seen as a natural part of planning and designing our services
- Use of a wide variety of data to model, monitor and predict changes to services embedded in the Trust

# Digital strategy

## How are we going to get there?

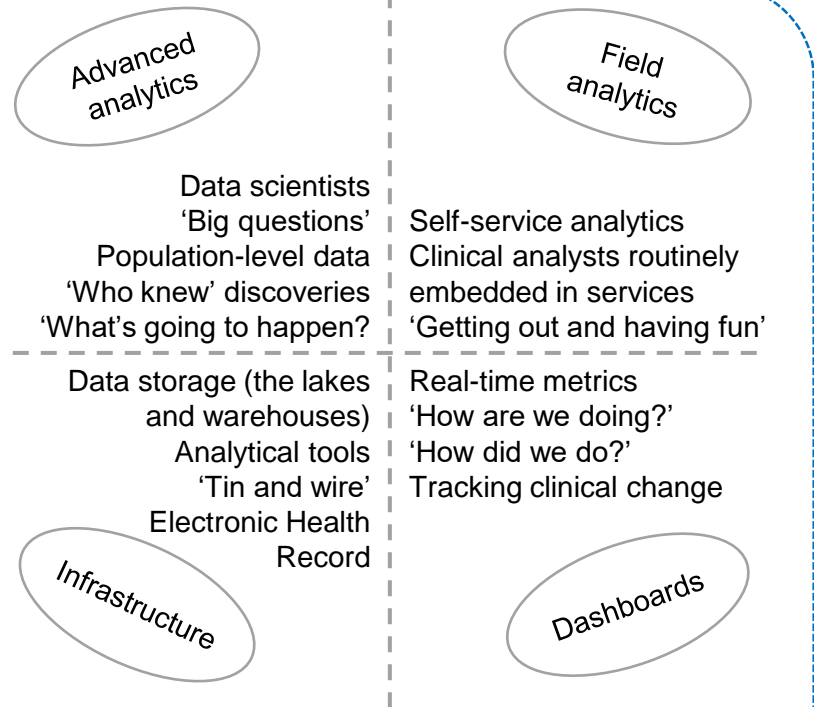
- For the Trust to become a more digitally fit organisation will require contribution from every part of the organisation. Digital is intrinsically involved in procurement, workforce, finance, research, training, public and patient engagement, as well as the data, technology and information directorate. Digital implications will need to be understood and form part of any strategic decisions the Trust makes.
- The data, technology and information directorate will deliver a new technology strategy that will outline how elements of the digital strategy can be delivered. Similarly the information strategy will describe how we will treat and manage our information assets.
- The digital strategy will be delivered in conjunction with other strategies and programmes. Trust programmes such as Transforming our ways of working, Digital Patient Journey, Care Redesign are all programs that have dependencies on and implications for the digital strategy. Electronic Health Record programme could be the Trust's major transformation programme that helps us to become more digitally fit. Our estates development plan and workforce strategy rely on and feed into our digital objectives.
- The data, technology and information directorate is currently undergoing a maturity assessment to gauge how ready it is to help the organisation deliver its objectives. The results of that assessment will feed into the capability and capacity decisions the data, technology and information directorate will need to make.
- Given the increasing demand for digital solutions, decision making and governance will need to be strengthened. The Trust has made a start by creating a prioritisation panel to review new demand. Additional means to speed up and enhance decision making will need to be put in place.
- The Trust's understanding of how digital can disrupt and transform services needs to mature. The data, technology and information directorate are reviewing the capability we have to lead this, the Trust will also need to introduce digital champions across the Trust to lead and coordinate this at the directorate level.

# Healthcare analytics

Unlocking the potential of data to drive continuous improvement in everything we do

## Where are we now? Why does this matter to us?

- Healthcare analytics are critical to achieving our strategic ambitions:
  - To support our clinical academic partnerships
  - To put data in the hands of clinicians to measure and improve the consistency and quality of care
  - To inform how we reshape local services around the needs of the populations we serve
  - To enable our ambitious research and development agenda
  - To sustain strong operational performance and meet regulatory requirements
- Moving to a data-driven culture where clinical analytics are seamlessly embedded throughout the organisation will enable a progressive shift in emphasis toward care that can be managed along an entire continuum through the patient's home, their GP surgery, outpatient clinics, the emergency department, the operating theatre, social and voluntary care.
- Our digital strategy and the potential introduction of a new electronic health record provide opportunities to upgrade our analytical infrastructure and capabilities
- Through the strategy refresh process, we are becoming clearer on the analytical requirements needed to deliver our strategy
- The focus of our existing informatics capacity is transitioning from servicing the demands of operational performance, income protection and regulatory reporting; to also supporting new priorities of care redesign and population health management
- King's Health Partners is developing its approach to informatics, focusing on enabling cross-King's Health Partners working, supporting quality improvement and pathway standardisation, and developing a learning health system.





# Healthcare analytics

## What does success look like and how are we going to get there?

We will develop our analytical strategy alongside Guy's and St Thomas' progression towards a new Electronic Health Record.

For each major element of our strategy, we need to clarify the analytical requirements, including the specific questions that analytics can help to answer.

For example, to achieve our ambitions on integrating care locally, we will need analytics to tell us:

- Who are the highest users of services across Lambeth and Southwark (in activity and economic terms)?
- To what extent might we be able to impact their utilisation of services through more proactive integrated care?

To achieve our ambitions on advanced therapeutics and experimental medicine, we will need analytics to tell us:

- How do we rapidly identify the small number of Guy's and St Thomas' patients who might be suitable for trials of a novel therapy?

We will then assess these requirements and our existing resources against the four quadrant framework, and where gaps are identified, we will identify whether we 'buy or make' and if we need to partner with anyone.

We are in the process of growing our pool of 'field' analysts - including clinicians and research-based staff - so that we are best placed to leverage the potential benefits of better clinical information capture.

# Section Four:

## Implementing our strategy

### This section will:

- Provide a high level overview of how the strategy will be implemented
- Describe how we will monitor progress and delivery of the strategy
- Outline how we will review the strategy

# Strategy into action - implementing our strategy

We are reviewing how our governance structures can best support delivery of our strategic objectives. This includes the development of a meeting structure that more closely aligns with the strategic objectives so that the Trust Management Executive and potentially Board committees have oversight of their delivery. We are also reviewing our oversight of our strategic programmes that involve working with partners, for example the Sustainability and Transformation Partnership, King's Health Partners and the proposed partnership with Royal Brompton and Harefield NHS Foundation Trust.

This review will ensure that there are clear lines of accountability for the delivery of the different elements of the strategy, with processes to provide the Board with assurance. We will identify quantifiable and measurable outcomes by which to monitor delivery.

Each of our clinical directorates and the Evelina London Strategic Business Unit have produced a summary strategy, identifying their key deliverables and outcome measures in relation to the strategic objectives over the next 3-5 years. This will form the foundation of annual business planning, supported by the financial plan, with progress monitored through our directorate performance review process.

Everyone at Guy's and St Thomas' has a crucial part to play in helping to achieve our strategy. We will work to ensure that every member of our staff understands their contribution to delivering our strategic objectives and that this is included in their personal objectives and monitored through their annual Performance Development Review.

We have a strongly established improvement and transformation team who will support the delivery of the changes, innovation and new ways of working required by our strategy.

As the NHS and the wider world continue to change we will regularly review and fine tune our strategy, maintaining our flexibility and responsiveness.



**For further information about our strategy please contact**

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