

Summary of Strategic Plan 2014–2019

Guy's and St Thomas' NHS Foundation Trust has produced a five year strategic plan for the years 2014-2019, in line with guidance from the Foundation Trust regulator, Monitor. This is a separate, summary document which is consistent with the full document and includes:

1. **Executive summary**
2. **A description of our organisation**
3. **Market analysis and context**
4. **Our strategic plans and supporting initiatives**

1. Executive summary

This summary describes how Guy's and St Thomas' plans to be a clinically, operationally and financially sustainable organisation over the next five years so that we continue to provide high quality clinical services for our NHS patients.

The healthcare environment remains very challenging. Although several external challenges provide us with an opportunity to transform and improve the design and delivery of our services, the constrained financial environment and commissioner affordability are key risks.

We see ourselves as clinically and operationally sustainable – and our patients benefit from the numerous clinical co-dependency, efficiency and research and training benefits that result from our extensive portfolio. However, remaining financially sustainable is our, and the local health economy's, biggest challenge. Based on our current financial assumptions, we will need to achieve £331 million savings over the next five years.

Our focus is to:

- maintain and improve the quality and safety of our services in a challenging environment, underpinned by our values.
- continue to be a leading provider of local, emergency, elective and specialist services, growing our services to be a financially sustainable organisation. Specifically, we will focus on:
 - local services for children and adults, with ambitious plans to deliver integrated, cost-effective care;
 - emergency services, including designation as a Major Emergency Centre at St Thomas' Hospital;
 - elective and ambulatory care, with the Guy's site providing an important focus;
 - specialist services, including a unique range of sub-specialties, many of which are dependent on co-location with other clinical services or research and teaching activities.
- transform the way that we deliver some of our key services to respond to changing patient need, achieving a step-change in efficiency and ensuring that we are able to respond to the demands placed on our services and the organisation.
- maximise efficiency and reducing cost so that we are a high value organisation.
- strengthen the way that we work with other organisations and partners. This includes establishing new partnerships and strategic alliances where this is mutually beneficial, and will improve the quality and efficiency of our services for patients.
- diversify our income base to generate additional income to invest in NHS clinical services.

2. Our organisation

Guy's and St Thomas' is one of the largest NHS foundation trusts in England. We are an integrated healthcare organisation providing a full range of adult and children's specialist, elective, emergency and local community services. We are committed to providing excellence in clinical care, research and education.

Our location: Our services are provided from multiple locations that are easily accessible from across London and southern England, including St Thomas' Hospital and Evelina London Children's Hospital, close to Waterloo, Guy's Hospital, close to London Bridge, and over fifty community locations in Southwark and Lambeth. We also provide local services in GP practices, schools, people's homes, nursing homes and children's and leisure centres. We offer specialist services in other hospitals across south east London, West Kent, Surrey, Sussex and beyond.

Our facilities: The Trust provides more than 1,000 inpatient beds, 200 of which are for children in the Evelina London Children's Hospital. We have 88 intensive care beds and 44 theatres across our two acute sites, six cardiovascular interventional theatres, 263 dental chairs, 32 chemotherapy chairs and four MRI, five CT and two PET CT scanners. Facilities in the community include a Rehabilitation Centre providing orthotics and prosthetics, and a dedicated amputee rehabilitation unit.

Our staff: We employ around 13,500 staff, nearly 40% of whom live locally. They are our most valuable asset. Their skills, knowledge and experience underpin all our clinical, research, education and commercial activities.

Education: We are a major employer, educator and trainer for London, southern England and the NHS as a whole and receive over £75 million each year for education, the majority of which comes from Health Education South London. We have 1,343 undergraduate doctors, dentists and nurses, 533 postgraduate doctors, and dentists and 330 trainee allied health professionals such as physiotherapists.

Research: The Trust is also a pre-eminent research hub. We host one of the National Institute of Health Research (NIHR) Biomedical Research Centres (BRC), established with King's College London in 2007. We have three Medical Research Council (MRC) Centres for asthma, transplantation and environment and health based at Guy's. Additionally we host a wide range of research facilities for the NIHR and other research organisations, including the national Technology Strategy Board's Cell Therapy Catapult Centre and Quintiles, the largest first-in-man clinical trials organisation in the world.

Our clinical services: The Trust provides a diverse portfolio of clinical services that include:

- **Local services:** integrated hospital and community services for local people and families, primarily in Lambeth and Southwark.
- **Emergency and urgent care:** for people from across south London.
- **Planned elective and ambulatory care:** for people from across London and southern England.
- **Specialist services, for adults and children:** a hugely diverse range of services for people from a wide catchment area in south England and beyond. Many services are nationally recognised.

We provide over two million appointments each year. In 2013/14 we provided over one million outpatient appointment, treated 83,000 inpatients and 82,500 day case patients. We also provided 866,000 patient contacts in the community and saw 137,600 patients in A&E¹.

Our non-clinical services: Essentia provides non-clinical services for the Trust, including a full range of capital, estates and facilities services. These services have also been successfully commercialised (Essentia Trading) and are now provided to 11 other NHS Trusts, and non-NHS organisations. We also provide services for 900 community properties.

High quality care: We have a strong and established track record in delivering high quality clinical care. We have renewed this focus following the publication of the Francis, Berwick and Keogh reports, reaffirming our *Showing we care* strategy which is underpinned by our Trust values. We were the only trust in England to be rated as "better than expected for all four key mortality indicators" in the Dr Foster Hospital Guide, an annual independent healthcare survey published in December 2013. Dr Foster also named us as 'Trust of the year for London'.

Operational performance: We had three positive Care Quality Commission (CQC) inspections during 2013/14 and we have improved waiting times despite increasing activity. We are one of a few Trusts in London who consistently meet the A&E target. We have very low levels of hospital acquired infection and are committed to reducing this further. Whilst meeting the majority of the national cancer access targets throughout the year, we continue to struggle to treat patients referred to us from other hospitals for specialist care within 62 days, often because they are referred to us late in their pathway. We are working hard to improve this.

¹ – Our total emergency attendances in 2013/14 were 184,000. This includes A&E attendances and attendances at the GP led Urgent Treatment Centre at Guy's, eye casualty and emergency gynaecology attendances.

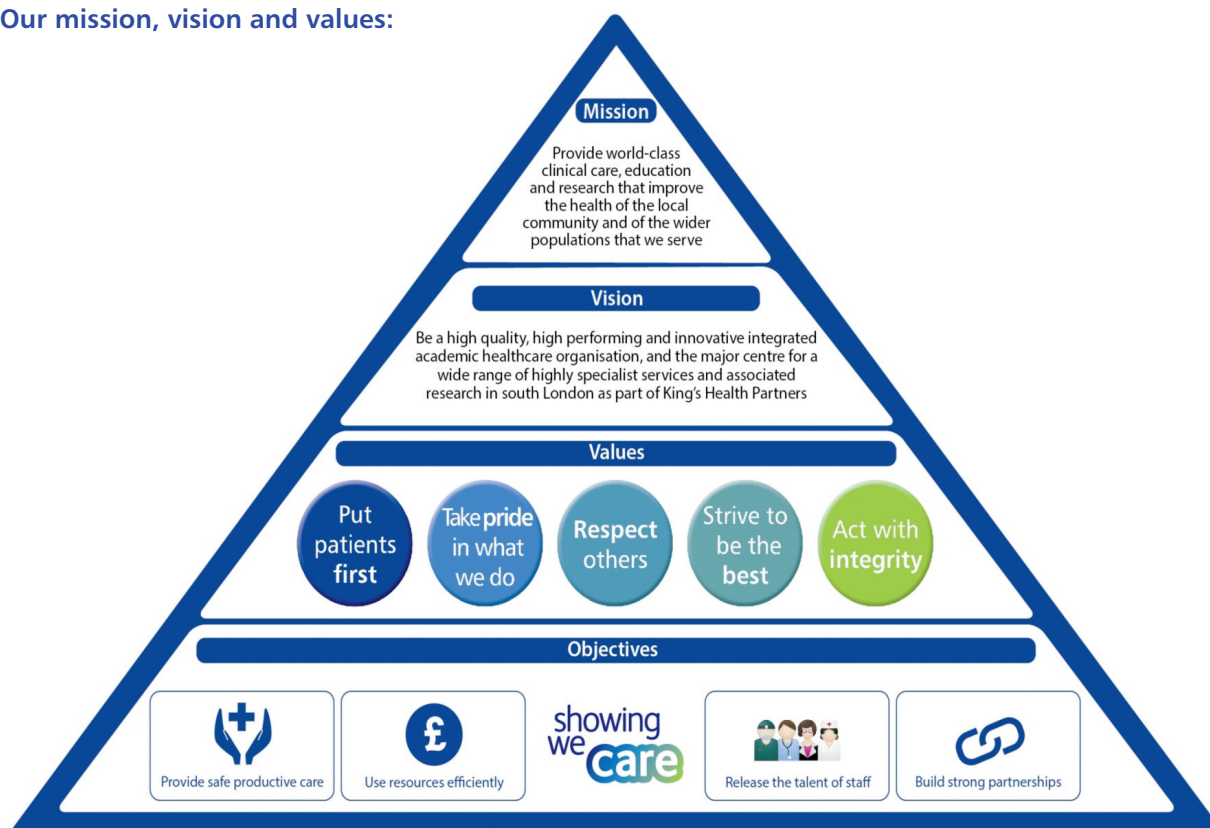
Our income: Our total income was £1.2 billion in 2013/14. £534 million was from Clinical Commissioning Groups (CCGs), £395 million from NHS England for our specialist services and some community services, £125 million was for the education and research and £188 million came from other sources including Local Authorities.

Strategic partnerships: Patients benefit from a number of strategic partnerships we have with other health and social care providers, universities, research organisations, the voluntary sector and commissioners. Key partnerships include: King's Health Partners, our Academic Health Sciences Centre; Guy's and St Thomas' Charity, with whom we work closely on a number of longer-term transformational programmes; our commissioners; and the Health Innovation Network, the Academic Health Science Network for south London. We are part of numerous local, regional and national clinical networks that support the provision of co-ordinated patient pathways. We work in close partnership with other trusts to deliver a range of pathways of care across different provider organisations, including in renal, cancer, cardiovascular and children's services.

Commercial activities and partnerships specifically enable us to diversify our income streams and support us to be an operationally and financially sustainable organisation so we can provide exceptional care to our NHS patients.

Our commissioners: We have excellent relationships with both Lambeth and Southwark CCGs and we are increasingly working with Wandsworth GPs and CCG, particularly in relation to new developments in the north of the Borough such the Nine Elms development in Vauxhall. NHS England is a key commissioner and we have started meeting regularly with NHS England (London) to discuss our strategic plans. Lambeth and Southwark Local Authorities are important commissioners of our services, including sexual health, early intervention, re-ablement, smoking cessation and school nursing services. We are represented on the Health and Well-Being Boards that help define the strategic direction of health and social care services locally.

Our mission, vision and values:



3. Market analysis and context

As requested by Monitor, we have undertaken a wide range of strategic analyses to inform our five year planning and a summary is provided in this section. The data and information has been shared and discussed in Trust Board seminars, executive team discussions, meetings with clinical directors, the Trust Management Executive² and with Governors³.

3.1 Healthcare needs assessment

Our core catchment population for local services are residents of south London, primarily those living in Lambeth, Southwark, Wandsworth and Westminster. However, our catchment area for our specialist services extends much wider, including patients from across London, south England and beyond.

3.1.1 Demographic factors

The key issues for our populations are:

- The local population is growing, as are those across London and southern England. We expect local developments such as those at Nine Elms, Vauxhall, Battersea, Elephant and Castle and the Aylesbury Estate to impact on demand for our services.
- There is high demand for services from those under 16 and aged over 65 years.
- We serve areas of considerable social and ethnic diversity and with extremes of deprivation and wealth.

3.1.2 Health needs

- The health of those living locally, especially in Lambeth and Southwark, are significantly worse than those of the general population of London and southern England against most health indicators.
- There are significant issues for children locally including high infant mortality in Lambeth, childhood obesity, poor dental health and with teenage pregnancy rates.
- There are high levels of HIV and TB locally.
- Cardiovascular disease, cancer and respiratory disease are the main causes of premature death. There are also relatively high premature death rates from liver disease in London, and above average hospital admission rates for alcohol attributable diseases.
- We expect to continue to see an increase in the number of patients with multiple and complex long-term conditions as the population ages.

2 – TME (Trust Management Executive) is one of the Trust management forums consisting of all Clinical Directors, Directors, and members of the Chief Executives Group. The Chief Executives Group consists of all Trust Directors.

3 – As part of the Service Strategy Working Group – a sub-group of the Council of Governors

3.2 Trust SWOT analysis

Our analysis has identified the following strengths, weaknesses, opportunities and threats. These are described below.

Strengths:

- **Attractive to patients:** we have a strong reputation as provider of high quality, safe, effective care and good results in the Friends and Family Test and national patient surveys.
- **High quality, motivated staff:** we regularly achieve high staff survey results.
- **Geographic location and access:** our hospital sites are close to major transport hubs and our community sites are close to people's homes, with outreach services throughout south England.
- **Good financial and operational performance:** we are a financially sound organisation, achieving good operational performance which is continually improving.
- **Comprehensive portfolio and scale of services:** we provide a very broad range of services. This scale means we can provide services cost effectively by sharing supporting services.
- **Strong partnerships:** we work in partnership with many organisations to deliver NHS and commercial services, education and research. We support other providers as the lead centre of clinical networks.
- **Our role in King's Health Partners:** our role in one of the UK's six Academic Health Sciences Centres, enables us to recruit exceptional staff, students and academics. It increases our ability to attract research investment and to translate research into better clinical outcomes.

Weaknesses:

- **Lack of agility:** we recognise the need to speed-up decision-making and improve the way we prioritise investment.
- **Variation in performance:** despite recent significant improvements in performance, there is continued variation across some services.
- **Information and IT:** we recognise the need to improve connectivity across health and social care and to develop an Electronic Health Record.
- **Higher costs:** we are distinguished as a high quality provider but this means we can be a higher cost organisation for some services.

Opportunities:

- **Further strengthen our service portfolio:** we want to grow our elective and specialist services activity to achieve maximum clinical and financial efficiencies.
- **Realise the benefits of our focussed investment:** particularly in cancer, cardiovascular and children's services.
- **Increase productivity and efficiency:** maximising the use of our assets in a flexible way will increase our capacity so we can grow services and maintain or reduce waiting times.
- **Integration:** we actively lead and contribute to work to integrate pathways of care to ensure care is provided in the most appropriate setting, involving all agencies across health and social care.
- **System leadership:** we already offer clinical leadership across our networks of care and this will be extended. We can continue to lead thinking in response to the challenging external environment by offering solutions to others.

Threats:

- **Commissioner affordability:** we are working with commissioners to manage demand, but there is a risk that commissioners (CCGs, Local Authorities, NHS England and Health Education South London) cannot pay for the activity we deliver.
- **Competitive tendering:** unsuccessful bids could result in loss of services and income. Tender specifications which require us to deliver services at levels below our current costs risk eroding the quality of our services.
- **Pace of change in the external environment:** we are potentially unable to respond quickly enough to the financial and demand challenges we face. This could increase the operational and financial pressures placed upon our services.
- **Commissioning intentions are not realised:** if our growth and demand assumptions are based on assumptions and scenarios that fail to materialise, this would threaten our sustainability.
- **Additional capacity is not delivered quickly enough:** there could be a misalignment of timelines, particularly for the consolidation of specialist services or following unexpected failures in other parts of the system. Unplanned emergency flows would put pressure on our efficiency.

3.2.1 Analysis of the external environment

Our analysis of the external challenges we face is outlined below with a summary of the risks and mitigations. Further detail is outlined in section 3 – our strategic plans.

External challenge	Risk and mitigations
Finance and commissioning	
A constrained financial environment nationally and in the NHS. Unless there is a national change to NHS funding, our commissioners will not be able to afford to pay for current and predicted future levels of NHS activity.	There is a significant risk that we are not fully recompensed for the work we undertake, undermining our financial sustainability. We are focussing on improving quality, safety and efficiency in parallel as part of our <i>Fit for the Future</i> programme – reducing costs, maximising utilisation of our facilities and equipment, transforming services and diversifying our income streams whilst maintaining our focus on quality and safety. We are also developing models of integrated care that will mean people are cared for closer to home.
Huge uncertainty in the health system about a number of key financial issues and assumptions which we are not able to second guess – such as tariff changes, Agenda for Change and the phasing of changes to NHS pensions.	Our strategy and financial models are based on current assumptions regarding a whole range of issues. Changing our assumptions by just 1% significantly impacts our financial modelling and planning. We have planned for different scenarios and will continually review our assumptions.
Uncertainty in the system about the long term provider landscape and future patient flows – the national election in May 2015, and associated purdah, will create further uncertainty.	The risk that our growth and demand assumptions are incorrect is significant and would undermine our financial and clinical service plans and organisational sustainability. We are considering further partnerships, networks and alliances to help manage service demand and capacity.
As part of a national review of emergency and urgent care services, patients need to be able to easily access and navigate high quality urgent and emergency care – we expect there to be a national designation (selection) process for emergency departments.	Changes to urgent and emergency care will impact on our patient flows. Failure to respond to these will put unsustainable pressure on our emergency services. We are investing in our emergency services as part of our Emergency Care Pathway Transformation programme and planning for St Thomas' A&E to be designated as a Major Emergency Centre.
Patients should be able to access high quality specialist services, concentrated in centres of excellence where appropriate and delivered locally where possible.	We plan to create capacity to expand and strengthen our specialist services, prioritising cancer, cardiovascular and children's services as part of Evelina London Children's Hospital. We will continue to look for opportunities to provide specialist services closer to patients' homes and will work closely with those who refer patients to us.

Providing high quality services that meet population need

The need to respond to local healthcare needs and expanding local populations – this will increase demand for both our local and specialist services.

Our service plans have taken into account meeting the local healthcare needs of a growing population. There is a risk that we cannot increase capacity and transform services quickly enough in response.

The need to offer integrated local services – across health and social care to address changing healthcare needs, especially for, older people, those with long term conditions and children. There is both a national and local health economy impetus to address this issue.

Failure to achieve our integration vision risks reducing patient satisfaction, failure to fulfill our plan to reduce hospital admissions and failure to take out cost by investing in prevention.

Full details of our two year adult local services programme, the Evelina London Child Health Programme and Southwark and Lambeth Integrated Care (SLIC) are outlined below.

The necessity to maintain and improve the quality and safety of services – reducing quality is not an option. Quality is our number one priority, underpinning everything that we do.

We are prioritising investment to meet a broad range of clinical standards, including the London Quality Standards. We are making key information about the quality of our services and outcomes available to patients and the public on our website.

Workforce

Managing changes to foundation doctor training placements and the potential reduction in training posts – more training time will be spent in the community. The skills lost in a hospital setting are not readily or appropriately replaced by other healthcare professionals.

Placement changes will impact on our hospital services and mean we need to recruit more doctors.

We will focus on alternative models to deliver medical care so that changes do not directly impact on the quality and safety of clinical care.

Responding to changes in educational tariffs – these are changing for both undergraduate and postgraduate students.

The need for the healthcare workforce to be flexible and respond to the changing environment and patient needs – new pathways and models of care are extending services across the week. This will have implications for our staff, including how and where they work.

We will work closely with staff and staff-side colleagues to ensure they support the need for significant change whilst enabling us to remain an attractive employer. If we do not develop new roles we will be unable to work in a more integrated way or to meet patient needs and expectations.

Local engagement and partnerships

We cannot deliver the care that patients require without working in partnership with patients and the public – if patients, the public and other interested parties are not at the heart of planning our services, there is a risk we are not able to fully realise our ambitions.

We plan to develop existing relationships and to implement our Public and Patient Engagement Strategy. The key aims in the strategy are: improve public and patient involvement in individual care and treatment; actively seek the views of patients, carers, members and the community in the design and delivery of services; ensure the public and patients actively inform planning and strategy; and be able to demonstrate this.

Patient and public engagement will also drive improvement in self-management and personalisation of health services.

Local engagement and partnerships (continued)

We need to work with other NHS, commercial and voluntary organisations in order to deliver our strategy in cost effective ways.

Given the challenging environment described above we will need to work innovatively with a range of partners to leverage capital, bring in new expertise, and diversify our income base.

Build on the potential of being part of King's Health Partners Academic Health Sciences Centre – this is important for patients as it means that they benefit from breakthroughs in medical science and receive the best possible treatment at the earliest opportunity.

Being part of King's Health Partners Academic Health Sciences Centre provides us with huge opportunities to continue to exploit the interface between clinical services and research to rapidly translate new treatments into better clinical care.

3.3 Competitor analysis

Due to the scale and complexity of the services we provide, the markets within which we operate are extremely complex and vary across specialities and across local, emergency, elective and specialist services.

3.3.1 Specialist services

The competitive landscape for these services is complex, with the Trust facing multiple and different competitors across specialties. Nationally, we expect that in the next five years there will be fewer providers of specialist services. We have a comprehensive portfolio of specialist services, many of which have strong clinical inter-dependencies. Our scale, clinical infrastructure and reputation for delivering the highest clinical quality, as well as our extensive research, education and training activities mean that we are very well placed to retain and enhance our position and grow our specialist services. We have many well established partnerships, through formal and informal networks, with a wide range of referring hospitals from across London and southern England. We see these as key to maintaining our market-share.

St Thomas' is the only site in London to have nearly comprehensive specialist children's and women's services co-located with A&E, NICU, PICU⁴ and specialist adult services. Evelina London Children's Hospital meets the required Department of Health critical clinical inter-dependencies for a specialist children's hospital. Due to the co-location of many children's specialties and the scale that allows the development of dedicated child-specific clinical infrastructure, the needs of children with complex needs and their families can be met more effectively than at any other site in south London, Kent, Surrey and Sussex. This puts us in a strong position to grow specialist children's services to meet rising population needs. It also means we can act as the hub of a network of specialist children's services that will be able to provide both excellent and sustainable services, working with other providers across south east England.

3.3.2 Local and emergency services

We work closely with our near neighbours King's College Hospital and South London and Maudsley NHS Foundation Trusts, as part of King's Health Partners. Due to the concentrated geography and good transport links, other hospital competitors include most central London trusts. We also work in partnership with a range of other trusts in the local health economy to provide co-ordinated patient pathways.

Although we are the only integrated acute and community services provider in Lambeth and Southwark, the community provider market is active, with a range of NHS, independent and voluntary sector providers. We already work with many of these organisations where they provide parts of patient pathways.

Almost 60% of our emergency services are commissioned by Lambeth and Southwark CCGs, with the remainder primarily commissioned by other London CCGs. Nationally and locally we expect a reduction in the number of A&Es, and assume this will increase our activity at St Thomas' Hospital as a remaining centre.

3.3.3 Elective and ambulatory

This is the most competitive market within which we operate. The majority of our elective and ambulatory services are commissioned by local CCGs, predominantly Lambeth, Southwark, Lewisham, Wandsworth and Westminster. Currently our main competitors are largely local, specifically King's College Hospital NHS Foundation Trust and Lewisham and Greenwich and St George's NHS Trusts. Following the organisational reconfiguration across south east London, we can already see demonstrable shifts in the south east London market resulting in changing patient flows. We are in a very good position in the elective care market. Unusually our Elective Care Centre's location at Guy's means it is protected from emergency pressures as there is no on-site admitting A&E. We offer very short waiting times in specialties such as orthopaedics and our services are high quality, providing excellent outcomes and patient experience. Importantly, the location of our acute hospital sites, by major transport hubs, means our services are easily accessible to patients.

3.4 Funding and commissioning context

3.4.1 Activity assumptions

We have reviewed historic activity growth rates over the last three financial years to inform future demand forecasts, specifically the current level of demand, referrals rates, local commissioning efficiency initiatives⁵, annual efficiency assumptions and capacity and growth opportunities. Individual services also analysed expected demand, taking account of service intelligence about likely changes and trends. The capacity we will need to meet demand (such as bed and theatre capacity) has then been reviewed with all clinical services. We specifically expect there to be a reduction in acute activity as services in the community and primary care are developed, reducing A&E attendances, emergency admissions and outpatient follow-up attendances.

It is assumed that we will achieve reasonably challenging levels of efficiency of 2-3% a year in our use of beds, theatres and workforce. Our analysis has highlighted that recruiting and retaining the right workforce to achieve our transformation and growth plans will be critical.

3.4.2 Assessing the five year financial challenge

We have engaged with local commissioners to understand the financial challenge facing them over the next five years. Our financial analysis has been assessed against the following assumptions:

- a 4-4.5% a year national efficiency requirement on NHS clinical income. We expect this to be reflected through changes in national and local tariffs and the non-funding of inflationary costs;
- annual commissioning efficiency targets set by local commissioners⁶. This includes the Better Care Fund⁷. We have agreed with local commissioners that establishing the Better Care Fund⁷ will not have an adverse impact on our funding;
- changes to education income in line with the shift to tariffs and transitional funding reductions;
- cost pressures and strategic investments not covered through specific income streams; and
- additional financing costs associated with our capital investments, including the Cancer Centre at Guy's, and agreed and proposed loans.

This assessment has highlighted that we will need to deliver an efficiency improvement totalling over £331 million over the five year period, at circa £66 million each year.

⁵ – These are known as Quality, Innovation, Productivity and Prevention (QIPP) initiatives. ⁶ – As above. ⁷ – A government initiative to promote the transformation of integrated health and social care by creating a local single, pooled budget for both health and social care services – the Better Care Fund.

4. Our strategy

4.1 Our strategic plans

4.1.1 Introduction

Underpinning all our strategic planning was a recognition that with rising demand for our services and current funding shortfalls, the Trust, as well as local and national health economies, need to deliver significant transformational change. We are constantly refining our strategic plans as part of business planning and with all our partners. This five year plan for Monitor is the result of some focussed strategic planning work undertaken by several groups including the Trust Management Executive, the Chief Executive's Group⁸, clinical and corporate directorates, Governors⁹ and the Trust Board. Numerous strategic options open to the organisation have been explored. Groups specifically considered:

- **Whether to cease to provide certain service lines** – the Board considered whether the Trust should continue to provide services in all healthcare markets, specifically the emergency care and community markets. The Board concluded that being an integrated healthcare organisation and providing a full range of adult and children's specialist, elective, emergency and local community services provides key benefits for clinical care and the training we provide. There are numerous clinical co-dependency, efficiency and research and training benefits that result from our current extensive portfolio. It was therefore agreed that we plan to excel in specialist, emergency, elective and local service provision. Beyond our immediate service priorities of cancer, cardiovascular and children's, we are currently reviewing the full range of services we provide to identify where we will prioritise future investment.
- **Building strategic alliances** – our strategy includes a focus on partnerships. This includes our formal partnership as part of King's Health Partners. We are also involved in discussions about other alliances to ensure we play a greater part in achieving solutions to the challenges faced by south east London.

A summary of our specific strategic plans is provided below. This includes plans to:

- maintain and improve the quality and safety of our services in a challenging environment, underpinned by our values.
- continue to be a leading provider of local, emergency, elective and specialist services, growing our services to be a financially sustainable organisation.
- transform the way that we deliver some of our key services to respond to changing patient need, achieving a step-change in efficiency and ensuring that we are able to respond to the demands placed on our services and the organisation.
- maximise efficiency and reducing cost so that we are a high value organisation.
- strengthen the way that we work with other organisations and partners. This includes establishing new partnerships and strategic alliances where this is mutually beneficial, and will improve the quality and efficiency of our services for patients.
- diversify our income base to generate additional income to invest in NHS clinical services.

Our financial plan is linked to and underpins all our strategic plans.

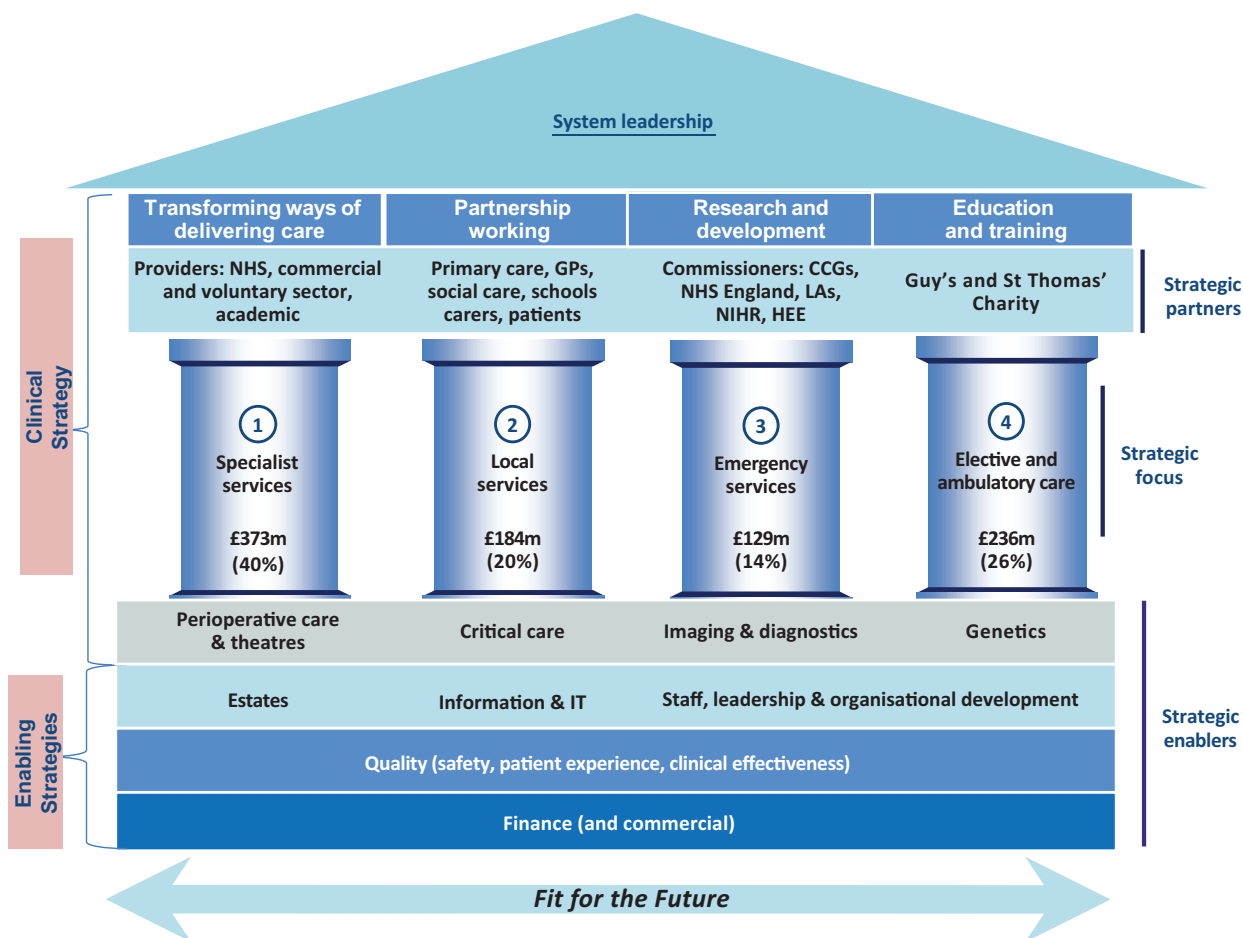
4.1.2 Strategic framework

As one of the largest healthcare providers in the NHS, we have ambitious plans to build on our role as a major educator, employer, healthcare infrastructure provider and research organisation. The diagram below illustrates the strategic framework which will support the delivery of all our strategic plans over the next five years.

The specialist, local, emergency and elective and ambulatory care 'pillars' are underpinned by key clinical platforms for imaging and diagnostics, critical care, preoperative care and genetics. These will be critical to the delivery of our clinical strategies. Our specific plans under each 'pillar' are summarised on the next page.

8 – TME (Trust Management Executive) is one of the Trust management forums consisting of all Clinical Directors, Directors, and members of the Chief Executives Group. The Chief Executives Group consists of all Trust Directors.

9 – As part of the Service Strategy Working Group – a sub-group of the Council of Governors



We will demonstrate our role as the system leader for south London and beyond by:

- providing clinical leadership to a range of services and leading the thinking on and development of new ways of delivering healthcare;
- developing new partnerships to enable us to respond to the strategic environment;
- continuing to invest in research and development capability and facilities alongside our academic partners; and
- continue our role as a key educator and trainer for the whole spectrum of clinical and non-clinical healthcare professionals.

4.1.3 Specialist services

We plan to expand our specialist services, building on our strength as one of the largest providers in England, to become one of the national 'centres of excellence'.

We provide a comprehensive portfolio of nationally recognised specialist services for adults and children. This has enabled us to develop expertise in specialist and rare conditions. We know the demand for specialist services is growing, due to the ageing population and with increasing co-morbidities and advances in clinical care. Increasingly, local hospitals are unable to manage the rising number of patients with specialist and complex needs, and we expect there to be fewer providers of specialist services in the future. We are well placed to grow our specialist services to be a 'centre of excellence' and to continue to achieve the clinical co-dependency, efficiency and research and training benefits that result from our extensive portfolio. We have identified that we need to invest in our capability to diagnostic patients more accurately, including investing in genetic diagnosis services. This will be particularly important in our priority clinical services – cancer, cardiovascular and children's services.

Priority area: Cancer services

The Trust is a major provider of cancer care and an active member of the London Cancer Alliance (LCA).

We are:

- building a new £160 million Cancer Centre at Guy's Hospital, due to open in the summer of 2016;
- working with Oxleas NHS Foundation Trust and commissioners in Bexley to build a Satellite Cancer Centre at Queen Mary's Hospital in Sidcup, due to open early in 2016. This will mean more cancer patients in south east London will be able to receive chemotherapy, radiotherapy and other complementary therapy treatment closer to home; and
- developing new inpatient cancer wards, including a teenage and young adult ward.

Transforming the way we work and how services are delivered is at the core of all our developments. Our ambition is to reduce hospital stays, increase care provided in ambulatory settings, reduce the number of visits, reduce treatment waiting times, use technology to improve quality, provide services across 12 hour days and make facilities more 'patient friendly'. As part of King's Health Partners, we plan to renew our focus on rapidly adopting research driven treatments into clinical care to improve outcomes for patients.

Priority area: Cardiovascular services

We will continue to develop our comprehensive specialist cardiovascular services. We will work in partnership with other providers across south east London and beyond as the hub of the south east vascular network and as a hub of the cardiac network.

Within cardiology, our ambitions include:

- expanding our pioneering work in interventional cardiology and cardiac imaging;
- achieving designation as a provider of integrated children's and adult congenital heart disease services; and
- providing a rapid and effective response to referring local hospitals.

Within cardiac surgery, we are:

- developing an effective network with hospitals in London and Kent, to ensure timely referral and treatment of patients; and
- investing in high dependency and critical care capacity to enable timely acceptance of patients from referring hospitals.

Within vascular surgery, we are developing:

- the south east vascular network to ensure rapid access to care for patients;
- a national tertiary service for complex aortic disease, part of the UK's largest vascular unit. We are expanding the use of our hybrid theatre offering pioneering minimally invasive vascular procedures;
- a vascular ultrasound service; and
- effective links with our community services, including our amputee rehabilitation unit.

Priority area: Children's services

The Evelina London Children's Hospital is the second largest children's hospital in London. It is unique in London in having an almost comprehensive range of specialist services on the same site as local services, an A&E department, maternity services and adult services for transition. We are able to offer the complete pathway of care for children and their families from fetus to adulthood.

Our ambition is to:

- further develop the children's hospital as the main hub for specialist services in south east England so that children and families can access all the services that they require on one site. Over the next five years this will focus on capacity expansion, further development of essential clinical infrastructure and bringing services together and to scale.
- strengthen specialist clinical networks so that high quality care is available locally where possible, and centrally where necessary. We want to make services as easy as possible to access for referring clinicians, children and their families. This involves improving the way we work with other hospitals and providing more outreach arrangements¹⁰.
- develop an Academic Institute for Children to support existing children's research activities to enable a step change in new areas of child health research activity. This will build on the strengths of King's Health Partners.

4.1.4 Local services

We, and our partners, have ambitious plans to deliver improved integrated, cost-effective care for adults and children, particularly our most vulnerable clients in Lambeth and Southwark. We have four interlinked programmes of work, described below.

Adult Local Services Programme

We have already begun delivering this two year programme to strengthen the services we provide for the local adult population, whether it is delivered in hospitals, community-based facilities or in patient's homes. Our ambitions include:

- further improving care for older people and those with long term conditions such as diabetes, Chronic Obstructive Pulmonary Disease and heart failure. Improvements will include better integration of shared care arrangements, admission avoidance and strengthening our '@home' services.
- optimising other local services such as reproductive and sexual health services, foot-health services and services for homeless people.
- working with our local partners to create locality clinical leadership models with a focus on neighbourhoods. Services will be based around the community multi-disciplinary teams.

Southwark and Lambeth Integrated Care (SLIC)

We are a founding and active member of SLIC, a federation of local people, commissioners and providers across health and social care supported by Guy's and St Thomas' Charity. This programme is focussing on the older people's pathway, people with long term conditions and key enablers such as IT and workforce, as well as creating sustainable communities that provide more reliable, consistent and better co-ordinated care.

Integrated care delivery models: The SLIC programme is also facilitating work with our key partners to explore new models of integrated care provision and different payment and incentive methods. As commissioners seek to drive improvements in patient outcomes through outcome based commissioning, we are working with other providers to see how we can organise ourselves to meet these expectations.

10 – We provide services in other hospitals or community locations beyond Lambeth and Southwark

Local Child Health Services

Improving local child health services is a key strategic priority for Evelina London, working with partner organisations including GPs, social care and education services to achieve this. Our ambition is to redesign services to improve population health outcomes and to ensure long term sustainability. We want to be at the heart of effective local clinical networks. We will achieve this through the following work:

- bringing together hospital and community services from April 2014 as a single ‘Evelina London’ team with a programme of work to deliver:
 - more effective pathways of care across hospital and community services for children, young people and their families, including the establishment of more community based services; and
 - enhanced opportunities for staff to develop their careers across hospital and community.
- the **Evelina London Child Health Programme** – in partnership with commissioners and providers from across Lambeth & Southwark, this system-level service redesign and research programme aims to radically improve children’s access to everyday healthcare in sustainable ways. The programme is exploring numerous initiatives including enhanced support to GPs, locality-linked consultant paediatricians to build relationships, a 24 hour hotline for advice and support, improved access for serious health problems through a single hospital ‘front door’ to our children’s emergency services, and an extended range of services for children with chronic and complex health care needs provided from the child development centres and other community sites.
- collaboration with other complementary programmes that seek to test new approaches to care delivery, system design and commissioning, including Southwark and Lambeth Integrated Care, work to develop GP provider organisations, the Lambeth Early Action Partnership and other King’s Health Partners integrated care work.

4.1.5 Emergency services

We are investing in our emergency services as part of the Emergency Care Pathway Transformation programme and planning for St Thomas’ to be designated as a Major Emergency Centre.

Our capacity, activity and financial model assumes that non-elective activity will decrease as a result of admissions avoidance and prevention work within Southwark and Lambeth Integrated Care, our local services programme and this transformation programme. However, we are predicting this will be off-set by increased demand and activity to St Thomas’ A&E as a result of residential and office developments in Lambeth, Southwark and Wandsworth, and the assumption that there will be two fewer A&E departments in central London. Our experience shows that good transport links to St Thomas’ mean people travel our A&E.

We have established the Emergency Care Pathway Transformation Programme to improve our A&E facilities and transform the way we deliver care in response to external challenges.

The Emergency Care Pathway Transformation Programme

This three year programme is designed to ensure our emergency care services are robust, responsive and able to cope with future changes. The programme includes a capital investment of £20 million to redesign the A&E and the pathway of care for emergency admissions. It will expand the clinical footprint and create an acute admitting ward on the same floor. A transformation programme will run in parallel to comprehensively improve our pathways for adult patients with urgent and emergency care needs within both hospital and community settings. The children’s emergency service transformation work is focussing on developing the children’s A&E department, including a new 6 bedded short stay children’s assessment unit, and working with GPs to provide a children’s urgent care centre.

4.1.6 Elective and ambulatory care

We will maximise our capacity to provide leading edge elective and ambulatory care for south England.

We are one of the largest providers of elective and ambulatory care in the NHS, providing services for local people and for patients from across south England. The Guy's Hospital Elective Centre, located close to the London Bridge transport hub, is easy to access for patients from a wide catchment area. Unusually, the centre is co-located with wider clinical infrastructure, such as 13 critical care beds enabling us to safely undertake high-acuity and highly specialist activity at Guy's whilst being protected from the pressures of a busy A&E site. In addition to the Guy's Elective Centre, 47% of the inpatient activity at St Thomas' Hospital is elective, including children's services in the Evelina London Children's Hospital.

Over the next five years we plan to continue to improve and grow our elective and ambulatory activity. We have ambitious plans to transform outpatient services, providing more consultations out-of-hospital and using technology to reduce the need for patients to have to travel to a hospital. We will increase the productivity of our elective care, creating further capacity to grow our services. Business cases are being developed to create additional critical care facilities at St Thomas' and additional theatres on both hospital sites.

Imaging

Imaging is the bedrock of almost all clinical pathways and an increasingly influential clinical tool for both diagnosis and treatment. The King's Health Partners' imaging transformation programme¹¹, funded by Guy's and St Thomas' Charity, is focused on the use of imaging to streamline diagnostic pathways, identify ineffective treatments, better target treatments, and accelerate the translation of research that benefits care. The seven pilot areas – breast, lung, colon and prostate cancers, scalpel fractures, advance care planning for end of life care and headache pathways – are expected to save the local health economy over £2.3 million a year.

Outpatient transformation

We have developed a detailed five year plan to transform the delivery of our outpatient services through better use of space and technology and by transforming our processes. There is considerable scope to reduce hospital attendances and provide more consultations remotely or closer to people's homes. We will further improve waiting times for an appointment, capacity management, patient letters and information, clinic utilisation and the overall patient experience. Rolling out the one-stop clinic model to all appropriate services should help reduce the need for numerous appointments. We are already improving the ways in which we communicate with GPs and patients, embedding information about referral protocols into GP computer systems. We plan to reduce the amount of space used by outpatient services by 10% over five years through improved clinic utilisation, extended hours and use of new technologies such as Skype consultations.

Seven day services

Over the next five years we aim to provide all our services seven days per week, where this is appropriate and does not compromise our high quality and safety standards. We will:

- achieve the London Quality Standards for emergency services by the end of 2014/15, providing the same standards of care out-of-hours and at weekends as we do during the working week;
- extend the provision of elective surgical services six days a week to all appropriate specialties;
- deliver over half of our outpatient services across three session days, six days a week; and
- extend seven day working in our community services as appropriate to meet patient needs and to provide smooth pathways of care between hospital and community based services.

4.2 Strategic enablers

Several supporting initiatives underpin our clinical service strategies.

4.2.1 *Fit for the Future*

Our top priority is to continue to provide safe, high quality clinical care. We must also deliver our financial plan which includes a strong focus on increased efficiency. We are clear that we have to view improving efficiency, quality and safety in parallel. *The Fit for the Future* programme was established in 2013 'to build on our distinctive quality in patient experience, outcomes and safety, by: serving more patients; driving operational excellence; and releasing the talent of staff'. It supported the delivery of a £79.2 million Cost Improvement Programme in 2013/14, in parallel with quality improvements in outpatients, pathology and imaging, and measurable improvements in clinical coding, procurement, medical and surgical productivity and clinical pathways.

Fit for the Future will continue to support services to achieve efficiency, quality and safety ambitions through a series of workstreams. It will also lead a number of transformational programmes of work over the next five years including:

- improving the productivity and quality of our administrative functions, with the intention of implementing new patient pathway co-ordinator roles.
- developing and implementing new medical or clinical models of working to address workforce challenges; and
- improving GP and tertiary referral pathways so it is easy to access our services in a timely way.

4.2.2 Staff, leadership and organisational development

The key focus of our workforce strategy is ensuring our staff are supported to deliver safe, high quality and sustainable care seven days a week, improve staff satisfaction and engagement and ensure strong, empowered leadership.

- **Strategic workforce planning and role transformation:** We will continue to implement changes to the way staff work to improve clinical services, including implementing new roles in key Trust developments. Staff will need to increasingly work in new and closer partnerships with other sectors such as social care, the voluntary sector and with mental health and primary care colleagues.
- **Different models of education and training delivery:** Our investment in education and development will increase as we develop new roles. Training will reflect the need for staff to manage increasingly complex patients and support our work to develop integrated care. We aim to be a national leader in education reform through our research and teaching, by growing our graduate programmes and by collaborating with King's College London to develop innovative and forward thinking training.
- **Delivering safe, sustainable services:** Our ambition is to have real-time assurance of safe staffing levels across all clinical staff groups seven days a week. We have specific plans focussing on hard to recruit areas and staff shortages which are a particular strategic risk as we expand our services.
- **Organisational development:** Delivering our strategic ambitions and plans, both internally and across the health economy, will require strong leadership, cultural change and organisational development support. We will continue to use our values and behaviours framework, investing in leadership development. Leaders will be working in ambiguous and complex contexts so strategic leadership, finding capacity for change and staff engagement are key elements of our organisational development plans.

4.2.3 Quality

We can only pursue our ambitions for growth if we make continuous quality improvement and quality management our guiding principle. We will particularly focus on:

- demonstrating the effectiveness of diagnostic and therapeutic interventions, including treatment in the community and rehabilitation services; and
- the improvement science knowledge of our workforce. We believe this will further improve our standards and reduce costs.

In parallel with our IT priorities (below), we will ensure that data is collated, analysed and effectively used by staff and students and to educate our workforce. Over the next five years we plan to improve and extend our reliance on research data, clinical audit data, and initiatives already proven to be effective by our peers. We will continue to develop our network of improvement and safety leads to position ourselves as a beacon of excellence nationally and internationally. All our quality and safety priorities have been published in our annual report and quality accounts. These priorities focus on patient safety, clinical effectiveness and improving patient experience.

4.2.4 Information and IT

As part of our capital plan, Information Technology (IT) has the potential to significantly transform the way we work and how and where we provide services. Our IT strategy is ambitious and will support us to achieve improvements in patient experience, clinical effectiveness and safety. We expect to be able to reduce our staff numbers through increased use of automated processes and efficiencies.

We are already investing significantly in IT transformation and will strive to invest further as we know the potential benefits are huge. IT key components of the IT Strategy are:

- core infrastructure replacement – to improve resilience and IT performance;
- becoming paper-light – to improve access to IT at patient bedsides and develop remote access improvements for community working;
- providing integrated systems – to implement e-noting, a major capital transformation programme which allows users to access patient notes across a whole pathway of care, across multiple systems;
- mobile and flexible working – to transfer community IT systems, currently owned and managed by NHS England, into the Trust in the next two years. We also plan to extend the community network.

4.2.5 Strengthening research and development

Our mission to equally promote clinical, education and research excellence is a core part of our strategy. Research is therefore an integral part of many of our programmes. Being part of King's Health Partners Academic Health Sciences Centre supports us in developing services where world-class research, education and clinical practice are brought together to achieve better outcomes for patients. Our overarching research and development ambitions are to:

- deliver a successful reapplication of the Biomedical Research Centre in 2016/17 to allow us to continue to translate research findings to the bedside;
- develop research capacity in the Trust to ensure that we remain a top recruiter into clinical studies in south London and also improve our position nationally;
- ensure R&D is a routine part of clinical activities across the whole organisation; and
- develop our network hosting functions and our ability to influence national policies and strategies for National Institute of Health Research (NIHR) activity, the Trust and across south London.

4.2.6 Estates

Over the last few years, we have invested extensively in our estate to improve clinical services. Our investment strategy identifies four key principles required to meet the challenges anticipated over the next five years:

- modernising inpatient facilities to improve patient experience, outcomes and increase flexibility;
- modernising outpatient services to improve front-end processes and efficiency;
- modernising workplaces for staff: to increase flexibility and productivity in office accommodation;
- embracing technology to facilitate new ways of working including providing our services off-site.

A key challenge is to improve productivity of our assets. This will be achieved by a combination of:

- consolidating our estate, with better utilisation of under-used facilities; and
- rationalising our use of space within buildings by using existing capacity more effectively to release space for future growth.

Delivering the investment strategy will require capital funding in excess of £500 million, including Information Technology investment. Due to the significant level of projected investment, we are putting a greater focus on benefit realisation – both financial and non-financial – to ensure the Trust achieves the level of return required to further improve quality of care and maximise financial benefits.

4.3 Finance plan

As described, our financial analysis has highlighted that we have a total financial gap of £331 million over the next five years. We believe we can achieve large savings and cost reduction through improved efficiency and transforming how we deliver services, supported by the significant transformation programmes described above, and through our *Fit for the Future* programme. Most of our transformation programmes will achieve a step-change in productivity and reduce costs, but we accept that there are risks associated with this assumption as these are new, innovative programmes and we do not have an evidence-base to draw upon. This is particularly true for programmes being delivered across multiple organisations, such as Southwark and Lambeth Integrated Care (SLIC).

We do, however, have a long history of delivering efficiency and productivity improvements. We have delivered savings in excess of £148 million over the last three years and invested over £36 million in NHS services. We plan to work innovatively with a range of partners to leverage capital, bring new expertise and diversify our income base. Our commercial plans are an important part of our financial strategy, where they will generate profits. Contributions from our commercial directorate and Essentia Trading¹² will further diversify our income base so we can re-invest in our NHS services and reduce the savings requirements from clinical services.

We plan to bridge the remaining gap by growing our services. Our strategic plan is based the assumption that the associated activity will be from: consolidation of specialist adult and children's services and emergency activity, with additional activity flowing to the Trust; increasing our market share for elective and outpatient work; and growing non-NHS commercial activities as a result. Our current consolidation and expansion plans, such as theatres, critical care, the Evelina London Children's Hospital expansion and consolidating elective work, will provide us with the capacity to achieve this ambition. Of particular note are our assumptions about reductions in hospital activity as care moves into the community.

¹² – Essentia provide in house non-clinical healthcare services for the Trust, including a full range of capital estates and facilities services. Essentia Trading provides commercial estates and facilities management services

4.4 Engagement and communication

4.4.1 Local engagement

Most of our key strategic programmes and plans have been developed in partnership with local health economy partners, particularly Lambeth and Southwark CCGs, Local Authorities and King's College Hospital and South London and the Maudsley NHS Foundation Trusts, as part King's Health Partners. Several of our programmes of work described above have been instigated in partnership with local commissioners and are jointly governed, implemented and funded. We initiated and set up a local health economy planning group involving King's Health Partners, Lambeth and Southwark CCGs and Local Authorities to share financial assumptions and our analysis of the external environment.

Lambeth and Southwark CCGs' strategic commissioning plans are based on the south east London Commissioning Strategy Programme. This covers six boroughs – Lambeth, Southwark, Lewisham, Bexley, Bromley and Greenwich. We are actively involved in all clinical and other advisory groups for this programme.

Representatives from the Trust regularly meet with Healthwatch Lambeth and Southwark, our local patient voice organisations. This year, we have benefited from their support and insight when developing our Public and Patient Engagement Strategy. We also work with Lambeth and Southwark Local Authorities through their Health Overview and Scrutiny Committees, for example when deciding the Trust's quality priorities or when potential changes to the provision of services are proposed.

We actively engage and consult our Governors through the Service Strategy Working Group, a sub-group of the full Council of Governors. The group focuses on current strategic plans and developments, seeking Governor views in meetings and via e-mail. We specifically asked Governors for their views and comments on our analysis of the external environment and our associated priorities, through a survey questionnaire.

We communicate all our service plans to GPs and primary care through our Connect e-newsletter, as well as at training events and through numerous forums in CCGs and primary care. GPs are members of some of the governance bodies overseeing our transformation programme and we plan to strengthen this. We are encouraging a culture where we actively invite comment and feedback and want to strengthen the involvement of primary care in shaping our strategic plans and service developments.

We also work closely with the South Bank Employers Group and last year we provided over 400 work placements for local school children and adults living in Lambeth and Southwark who have been out of the job market for some time. These covered a wide range of roles in the Trust and reflect our commitment to supporting the local community.

4.4.2 Staff communication

As an employer of around 13,500 staff, we recognise that they are our most valuable asset and communicating our strategic ambitions to our staff is essential. We have well established processes to do this. We particularly focus on what specific strategies or changes mean to individuals and what role we expect people to play. All our communication creates a culture of enthusiasm and commitment to implement our strategic plans. Staff have the opportunity to speak to Directors at numerous staff events and forums, and clinical and management leaders are focussed on 'Clinical Mondays and Clinical Fridays', which provide the opportunity to speak to frontline staff face-to-face, and enable managers to understand and respond to issues swiftly.

4.4.3 Ongoing work

This five year Strategic Plan for Monitor is one part of our ongoing strategic planning work. We will continue to work in partnership and engage with all our colleagues, stakeholders, partner organisations, patients and the public as we further refine and implement all our strategic plans.

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