

Strategic Plan Document for 2013-14

Guy's and St Thomas' NHS Foundation Trust

Strategic Plan for y/e 31 March 2014 (and 2015, 2016)

This document completed by (and Monitor queries to be directed to):

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Date	31 st May 2013

The attached Strategic Plan is intended to reflect the Trust's business plan over the next three years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

- The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Strategic Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Strategic Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans;
- All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission.

Approved on behalf of the Board of Directors by:

Name (<i>Chair</i>)	Sir Hugh Taylor
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Signature



Approved on behalf of the Board of Directors by:

Name (<i>Chief Executive</i>)	Sir Ron Kerr
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Signature



Approved on behalf of the Board of Directors by:

Name (<i>Finance Director</i>)	Martin Shaw
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Signature



Executive Summary

Guy's and St Thomas' NHS Foundation Trust is one of the UK's largest NHS Foundation Trusts, providing integrated acute and community healthcare services. We are recognised nationally and internationally for both local and specialist clinical services and clinical research in a range of specialities, including women's and children's, genetics, kidney disease and transplantation, and cardio-vascular, cancer and imaging services.

As a Trust in the very heart of central London, we are part of a varied and dynamic local health economy. We are located in close proximity to several healthcare providers and collaborative working and strong partnerships will continue to be at the core of our clinical, research and academic work. These partnerships enable the provision of co-ordinated patient pathways of care across different provider organisations. Collaborations include working as part of the King's Health Partner's Academic Health Science Centre (AHSC), the South London Academic Health Sciences Network, Southwark and Lambeth Integrated Care (SLIC), London Cancer Alliance (LCA) and working with other healthcare providers in south east London and beyond.

The publication of the Francis Inquiry report brings a renewed focus to our commitment to quality. We will continue to ensure that our patients are at the heart of everything we do and that we can give assurance and feedback to our patients, Foundation Trust governors, staff and everyone else who takes an active interest in our work.

Our ambitious clinical service strategy is focussed on providing integrated acute and community services for local people, being a nationally recognised specialist services provider, including a centre of excellence for women, children and young people, a major centre for planned surgery, and the pre-eminent research hub for south London. We are a major employer, educator and trainer, employing over 13,000 people. We plan to build upon this by designing and developing an empowered workforce who are enabled to deliver safe, high quality services.

Being a financially sustainable organisation will be critical to support delivery of safe, high quality care and achieving surpluses will enable us to reinvest in clinical services through our capital programme. Our *Fit for the Future* programme will support us in delivering the productivity and efficiency gains required to achieve our challenging financial plan, whilst maintaining a strong focus on high quality care.

1. Strategic context and direction

1.1 Introduction

This plan sets out how Guy's and St Thomas' NHS Foundation Trust intends to deliver high quality, cost-effective and sustainable services over the next three years. It builds upon our 2012/13 Strategic Plan, with emphasis on the work we will undertake in 2013/14. It includes an assessment of context within which we operate, the challenges we face, our quality and clinical strategies.

1.2 Who we are

We are one of the UK's largest NHS Foundation Trusts, providing integrated hospital and community healthcare services as well as healthcare infrastructure services to other healthcare providers through Essentia. We provide local healthcare in the London Boroughs of Lambeth and Southwark, and specialist services for patients from across south London and beyond. Care is provided from multiple locations including St Thomas' Hospital, located by Westminster Bridge and Waterloo, Guy's Hospital, located by London Bridge, the Evelina Children's Hospital, based on the St Thomas' campus, as well as over fifty community locations in Southwark and Lambeth. These include GP practices, schools, children's centres, people's homes, nursing homes and satellite clinics across south east London, Kent, Surrey and Sussex.

We have a strong and established history and track record in the delivery of high quality clinical care. We are recognised nationally and internationally for clinical services and clinical research. The Trust also plays a key role in the training and education of medical, nursing, dental and other health professionals.



As part of King's Health Partners Academic Health Sciences Centre (AHSC) we work in close collaboration with King's College London, King's College Hospital and South London and Maudsley NHS Foundation Trusts. During 2013/14 the AHSC will continue along a path of closer integration with the development of a King's Health Partner's Full Business Case. Along with our AHSC partners and St George's NHS Trust and University, we are also part of the recently accredited South London Academic Health Sciences Network (AHSN).

1.3 Our culture and values

We are guided by a set of values (Figure 1). In light of the Francis Report recommendations, we will have a renewed focus on ensuring that we put patients at the heart of everything we do in 2013/14. All staff recruitment is now based around our values.

1.4 Our Trust Objectives

The Trust Objectives for 2013/14 (Figure 2) reflect our plans to play a leading role in improving the health of our local population and in providing excellent specialist care for patients from across south east London and beyond; whilst continuing to excel in education, innovation and research. This Strategic Plan describes the programmes of activity and investment we will put in place to enable the Trust to achieve these objectives.

Figure 1: Our values

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

Figure 2: Guy's and St Thomas' 2013/14 Trust Objectives

- Provide our patients with an excellent experience of care and be the UK leader in reducing avoidable harm
- Increase the efficiency of all our clinical and corporate services in order to make the best use of our resources
- Ensure that we have a robust financial strategy to safeguard the Trust's future
- Progress key service changes and developments, working with partners to innovate and to enhance seamless care
- Improve critical Trust infrastructure to meet the needs of clinical services
- Continue to develop King's Health Partners and deliver key elements of our education and research strategies
- Develop staff skills, knowledge and competence so that staff can raise standards for our patients
- Work with our local community, and with global health partners, to provide support and mutual benefit

1.5 The local health economy

Health and demographic change: There was an 11% increase in the population of Lambeth and Southwark between 2001 and 2011¹. A further 1-12% growth is expected between 2011 and 2021². The near-by major development at Nine Elms will continue until 2020 and includes 16,000 new homes. Significant developments are also underway in Clapham Park and Myatt's Field in Brixton. Growth is also expected in the 65+ year age range, as per national expectations. However, there is a high population turnover in Lambeth and Southwark, with a higher proportion of 20-45 year olds, compared to the national average.

The healthcare market: The Trust is located in close proximity to King's College Hospital and South London and Maudsley NHS Foundation Trusts, who we work in partnership with as part of King's Health Partners. The central London location of our acute hospital sites, with excellent transport links, is both an opportunity and a threat as patients are easily able to travel to other London hospitals. Key hospital competitors therefore include most central London Trusts. However, the close proximity also means we are able to work in partnership with other Trusts to provide co-ordinated patient pathways. Key collaborations are outlined in sections 1.9. The community provider market is also active, with a range of NHS, independent and voluntary sector providers. We will continue to respond to Any Qualified Provider (AQP) tenders, including participating in market testing such as the proposal to re-tender musculoskeletal care in Lambeth and Southwark. Our focus is to continue to secure existing services in our current catchment area and to extend our geographical reach and service portfolio by bidding independently or collaborating with other providers.

Changing healthcare configuration: Changes to the provision of healthcare, as proposed by the South London Healthcare Trust's Special Administrator, are expected to impact on the Trust in the next three years. We will work closely with commissioners and the Trust Special Administrator (TSA) to identify associated risks and opportunities. Once models of care for services in outer South East London have been confirmed, we will plan for expected changes in maternity and emergency flows. The central location of our Accident and Emergency Department (A&E) at St Thomas' means that we expect emergency patient flows to increase as a result of the implementation of commissioning strategies in other parts of London. Key challenges will be to plan capacity for unpredictable patient numbers whilst maintaining the quality and safety of our emergency services within the current tariff. We anticipate that achieving the four hour waiting target will also become an increasing challenge (see further description in section 2.4). Our Emergency Care Pathway (ECP) development, described in section 3.2, will support us to manage the risks so we can continue to provide high quality emergency care services.

1.6 Changes in commissioning intentions

Local commissioning intentions: The changes to the healthcare commissioning system bring both opportunities and challenges. We have positive working relationships with our local Clinical Commissioning Groups (CCGs) in Lambeth and Southwark. As key personnel have changed, we are working hard to re-establish links and build strong strategic and operational relationships. We will continue to work closely with the CCGs to achieve their goals and priorities for 2013/14. We plan to strengthen relationships with Local Authorities following the transfer of some public health commissioning. We will also establish relationships with Public Health England. This includes engaging with their plans for services they commission from us, including changes to national screening programmes and Genito-urinary Medicine (GUM) services. We will also continue to work with the Lambeth and Southwark Health and Well-being Boards as they develop and deliver their strategic priorities and goals.

¹ Lambeth's population is currently estimated as 304,000 people. Southwark's population is currently estimated as 250,000 people.

² Difference between Greater London Authority ONS estimates and estimates in Outcomes benchmarking support packs: LA level, NHS Commissioning Board, 2012.

National commissioning: Approximately 46% of our acute clinical income in 2013/14 will be commissioned by NHS England for specialised (prescribed) and non-prescribed services such as health visitors, dental and screening programmes. As with all provider organisations, we face significant financial risks associated with the changing financial flows of new commissioning arrangements. This includes uncertainty around our planned income and engaging with these new commissioners. We continue to respond to commissioning plans to increase health visitor numbers and national commissioning designation processes, such as the paediatric Safe and Sustainable review, and pan-London commissioning intentions. Our position in relation to meeting new service specifications is outlined in section 3.4.

1.7 Responding to changing need

Meeting our populations' needs underpins all our plans. Over the next three years we will build on progress made in 2012/13. For example, in 2012/13 we opened both London's first seven day a week community sexual health centre at Burrell Street and the Akerman Health Centre, a state of the art facility in the heart of the Myatt's Fields development which brings together primary care, community care, mental health and local authority services.

Over the next three years we will need to accommodate increased service demand, as a result of population growth and the needs of an increasingly older population. However, we will need to do this within a tight financial envelope. Our clinical strategy (section 4) outlines our priorities, including meeting the needs of people with long term conditions, shifting care to out of hospital settings, hospital admission avoidance, cardio-vascular services, children's services and improving cancer care. Some hospital activity is assumed to grow to respond to the growing population and to meet waiting time requirements. However, we are committed to working with commissioners to shift the delivery of our care to out-of-hospital settings, specifically in gynaecology, urology and musculoskeletal services. Clinical directorates have been involved in developing contract risk share arrangements with commissioners to ensure patient care is not impacted if commissioning plans cannot be delivered.

Our work continues within a changing external environment, with the considerable planning uncertainty as a result of changing service configurations in south east London, local and national service tender processes and income and tariff changes. Providing local acute and community services is a precursor to providing high quality specialised services. As local services are re-tendered we plan to bid to secure these services by demonstrating the high quality care we currently provide and outlining how we are developing services in response to population need and commissioning requirements. However, we will need to continually monitor the sustainability of our service portfolio if we do not secure services following tender processes. Our contract to provide community services to Lambeth and Southwark will be reviewed by commissioners at the end of 2013/14. Providing integrated clinical care will continue to be a key priority and we will continue with our plans to strengthen our local services as part of our strong desire to secure the community services contract after 2013/14.

1.8 Diversifying our income

Safeguarding our future by ensuring that we are financially sustainable is an important objective for the Trust and is critical to support the delivery of effective clinical services. Over the next three years we will continue to develop and deliver commercial opportunities and joint ventures that generate revenue that is directly re-invested to deliver of our NHS services.

1.9 Collaboration, integration and patient choice

Collaborative working and strong partnerships are at the heart of our clinical, research and academic work. This puts us in a strong position within the local and regional health economy, helps us provide

integrated pathways of care and improves efficiency. Specific integration plans, including our work as part of the South London Integrated Care (SLIC) programme, are outlined in section 3.

King's Health Partners: During 2013/14 we will continue to support the programme of activities that will help our Academic Health Science Centre (AHSC), King's Health Partners³, achieve its strategic objectives. These include: clinical, research and education strategies; work to integrate physical and mental health; and development of the South London Academic Health Science Network (AHSN). We will participate in the Department of Health's competitive process for AHSC designation. If successful, we will retain AHSC status for a further five years, from 1st April 2014.

We will also continue exploring the possibility of establishing a new integrated academic healthcare organisation. This could involve an organisational merger between the three NHS partners and a strengthened partnership with academic partner King's College London. Any kind of organisational change is only worth doing if it improves our ability to bring clinical services, research and education more closely together for the benefit of the patients and local communities we serve. We want to test the case for change in order to decide whether it is a good idea to take the idea of an NHS merger any further, if there are other options worth looking at or whether we should leave things as they are. We will explore this in a Full Business Case which we will produce by Autumn 2013. Once the Full Business Case is completed, each of the NHS Foundation Trust Boards and the equivalent body within King's College London (the College Council) will decide whether to proceed with exploring the idea formally with regulators.

In collaboration with St George's NHS Trust and University, we will also contribute to the delivery of the AHSN priorities to improve musculo-skeletal, cancer, diabetes, alcohol and dementia care, all of which feature in our clinical strategies.

South East London providers: We work in close partnerships with other Trusts in the local health economy to deliver a range of pathways of care across different provider organisations, including in renal, cancer, cardio-vascular and children's services. In particular we expect to work very closely with local providers as service configurations and organisations change following the recommendations of the Trust Special Administrator for South London Healthcare NHS Trust.

London Cancer Alliance: In 2011/12 Integrated Cancer Systems were commissioned to drive improved cancer outcomes in London through the delivery of the agreed London cancer model of care and co-dependencies framework. As part of King's Health Partners, we are working with the 16 other providers who make up the integrated cancer system for north west and south London, known as the London Cancer Alliance (LCA). During 2013/14 our shared priorities will be service pathway improvements, cancer awareness, e-prescribing and research strategies. These will be developed in collaboration with public health and third sector partners.

The impact of all our plans on patient choice is assessed as part of our business case development process. As part of the King's Health Partners Full Business Case, a specific workstream has been established to examine issues relating to the legal, regulatory and competition framework.

2. Approach to quality

Committed to quality for patients

As reflected in our 2013/14 Trust Objectives (Figure 2, p.4), we aim to provide patients with an excellent experience of care and be the UK leader in reducing avoidable harm. The publication of the Francis Inquiry has brought a renewed focus on ensuring that patients are at the heart of

all that we do and ensuring we have strong quality governance and assurance systems in place. These will give assurance and feedback to our patients, Foundation Trust governors, staff and everyone else who takes an active interest in our work. We received very positive feedback from recent Care Quality

³ Guy's and St Thomas', South London and Maudsley and King's College NHS Foundation Trusts and King's College London

Commission (CQC) inspections and the national inpatient survey. However, we are not complacent. There is room for improvement for example, in waiting times for our cancer and A&E patients, as well as how we involve patients in decisions about their care and when they are preparing to leave hospital.

Our quality strategy outlines our plans to address these areas as well as to mitigate any quality risks that result from our challenging financial cost improvement plans, outlined in sections 4 and 5. The quality of our clinical services will not be compromised. We view quality, safety and efficiency as mutually beneficial. Our commitment to this principle underpins both our quality priorities outlined in our 2013/14 Quality Account, summarised below, and our *Fit for the Future* programme.

2.1 Patient safety

Reducing risk of harm: We will strive to achieve zero avoidable hospital acquired grade 4 pressure ulcers and a 10% reduction in avoidable falls causing a patient harm. We have planned a 31% reduction in *C.difficile* incidence, as set by the NHS England, and are striving for zero incidence of *MRSA* *Bacteraemia* blood infection. We also plan to reduce venous thromboembolism blood clots, including ensuring 95% of adult inpatients receive a risk assessment on admission.

Keeping you informed: We plan to create a hub of quality and patient information on our website, including results from the Friends and Family Test.

Capturing how we are doing: We plan to embed the national patient safety thermometer tool across all ward areas, both on our hospital sites and in the community.

2.2 Clinical effectiveness

From 'Board to Ward': Weekly 'Board to Ward' quality reviews will be carried out by the Trust's Executive Directors who will also 'use and test' systems as if they were a ward sister or junior doctor.

Outpatient efficiency: We have a brand new facility at St Thomas' and our focus will be on improving efficiency and patient experience. We will seek to reduce the number of patients who 'Do Not Attend' their appointments as well as reduce appointment and clinic waiting times.

Protecting local children: We want to improve the health of our local population and plan to continue to focus on improving immunisation rates across Lambeth and Southwark.

2.3 Patient experience

Be responsive to patients and staff: One of the key lessons from the Francis Report is that we must take time to listen and learn from patients and staff. We will continue our extensive listening exercises undertaken following the Francis Inquiry. Following the pilot in 2012-13, we plan to roll-out the cultural survey, based on the Manchester Patient Safety Framework. This will provide further depth to the staff views already gathered. We will review our current complaints and Patient and Advice and Liaison Service (PALS) to ensure they can deliver a responsive patient relations service for patients, their families and carers. We will deliver the roll-out of the NHS Friends and Family Test and develop and extend the roll-out of our local patient experience questionnaires in the community and in our hospitals.

Improve the care of older people. We will continue to ensure that our most vulnerable patients are safe and protected by ensuring our staff have the right skills and understanding to meet their needs. In September 2012 we embarked on our award winning 'Barbara's story' campaign based on a powerful film about a woman with dementia. This film is used as the Trust's dementia care training tool, reinforcing our Trust values (Figure 1). 10,000 staff had received training by the end of April 2013. We will now utilise charity funding to evolve Barbara's story as a running set of scenarios following her journey. In parallel we will work with London South Bank University to evaluate the impact of Barbara's story with the potential to use the tool in nurse training. In addition, in line with the national CQUIN, we will screen all patients to

identify dementia and support carers by providing relevant advice and information. We also plan to further develop our volunteer programme. Volunteers support patients throughout our hospitals including supporting patients at meal times and co-ordinating activities on wards.

Extend user involvement. We have a range of tools to monitor standards on our wards which help our staff identify best practice and implement action plans to improve care. We plan to continue to use the Safe in our Hands (SIOH) ward accreditation system and clinical indicators scorecard tool to monitor quality weekly, both by clinical teams and our executive management team. We will continue to ensure clinical leadership is visible on all wards with patient safety walkabouts and nursing leaders working clinically on wards every Friday. In addition, we will continue to develop our mystery shopper programme to evaluate patient experiences in outpatient clinics, at reception areas and when contacting our switchboard services. During 2013/14 we will invite representatives from the local community, including members of Healthwatch, to participate in these programmes which aim to involve users and the community in service improvements.

2.4 Quality assurance

Our Trust objectives, values, quality and efficiency strategies provide a clear message to all staff that high quality services and excellent patient experience are the first priority for the Trust Board. This message is reinforced through individual directorate objectives. Delivery of a set of measures to meet the Trust objectives will be monitored at directorate performance reviews and staff appraisals. These are used to clearly define accountability and to monitor delivery and risks to meeting our objectives. Delivery of our quality standards will be monitored at weekly quality reviews with Executive Directors, and progress will be reported to the Board Quality Committee and Trust Board. Feedback and discussion is undertaken with governors at the Patient Experience and Service Strategy Working Groups. The Quality Committee will also continue to review our progress against a range of quality performance indicators and our performance against CQC's essential quality standards.

The ward accreditation scheme and ward walkabouts (section 2.1), led by the senior nursing team, governors and the patient safety team provide further monitoring and assurance. A self-assessment, undertaken by directorates for the annual governance statement, will provide assurance that our risk register is supported and fed by quality issues captured by clinical services. The self-assessment has identified areas where our systems can be developed further and targeted projects will improve these risk management systems. High and medium rated risks are reviewed by the Audit Committee and Trust Board.

Data quality is essential for quality indicators to be monitored effectively. We will continue to undertake an information assurance assessment of key indicators each month, reported to the Board as part of the monthly performance report. This risk assessment helps determine the priorities of the internal audit programme and the commissioning of any additional external assurance. Improvements in existing clinical coding processes, identified by the Trust and highlighted in the Payments by Result assurance audit, are being addressed through an extensive change programme, led by the Medical Director.

Despite our quality strategy and work to improve our critical infrastructure (outlined in section 3.2), we have declared that the Trust is at risk of not achieving some healthcare targets and indicators in 2013/14. Firstly, we have declared that we may not achieve the threshold of 95% patients spending less than four hours in our A&E department. Many acute Trusts throughout England, and particularly in London, found this particularly challenging in 2012/13. The issues that contribute to not meeting this target are complex. Our A&E remains under exceptional pressure and the acuity of our inpatients is increasing, creating pressures on bed availability. We have several pieces of work underway to address these issues, including plans to redevelop our Emergency Care Pathway. We are a very active member of the Southwark and Lambeth Integrated Care (SLIC) (section 3.1). One of the aims of SLIC is to provide a local 'whole systems' approach to addressing local emergency care pressures. We will strive to achieve

the standard of 95%, but we must acknowledge the risk that we might not consistently reach this standard until all the planned improvements have been achieved.

Secondly, we have declared that we are at risk of not meeting the 85% threshold for first treatment within 62 days of an urgent GP cancer referral, or 90% for first treatment following an NHS screening referral. Again, issues relating to not meeting these targets are complex and multi-factorial. A key factor in our performance is that we often receive referrals from other hospitals offering specialist diagnostics and care late in the patient pathway and this is not directly in our control. Our priority in 2013/14 is to build on our relationships with these hospitals to improve these patient pathways.

3. Clinical Strategy

3.1 Our service strategy

Guy's and St Thomas' has an ambitious clinical strategy to meet the needs of the populations we serve. We are recognised nationally and internationally for both local and specialist clinical services and clinical research in a range of specialties, including women's and children's, genetics, kidney disease and transplantation, and cardio-vascular, cancer and imaging services. Our overarching clinical strategy is focussed to provide integrated acute and community services for local people and to be a nationally recognised specialist services provider including a centre of excellence for women, children and young people, a major centre for planned surgery, and the pre-eminent research hub in south London.

An integrated provider of services for local people

Guy's and St Thomas' is an integrated acute and community healthcare organisation. Community services in Lambeth and Southwark joined the Trust in April 2011 and we continue to work hard to embed seamless care pathways and transform community services from very local, universal services to highly specialised services as part of one pathway.

Care for older people and people with long term conditions particularly benefit from our integrated acute and community care organisation.

We are a key partner in Southwark and Lambeth Integrated Care (SLIC). This whole economy programme aims to radically transform how professionals and communities work together to provide integrated care and better value, with empowered citizens better able to look after themselves through supported self care. To date this programme has focused on redeveloping the older peoples' care pathway for health and social care, particularly shifting care to out-of-hospital settings through piloting locality based home wards, developing community multi-disciplinary case review teams, providing an enhanced rapid response service, an older person's consultant helpline and improving discharge. A shared electronic clinical record across acute and primary care is also being developed. SLIC has joined the Department of Health programme of work on the Year of Care Tariff. Our next priority will be the development of a system-wide approach to improve care for people with long term conditions. The work will focus on how we can use system enablers, such as commissioning, our community assets, workforce and informatics, to enable further integration.

A centre of excellence for women, children & young people

St Thomas' Hospital is the only hospital in London to have highly specialised children's services co-located with highly specialised maternity and neonatal units and related adult services. We are the second largest provider of children's services in London, providing

complete integrated pathways of care from highly specialised, national services to universal services provided in children's own homes. Over the next three years we plan to build on these strengths by:

- Integrating the breadth of acute and community children's services under one management and operational structure. An integrated care programme to change models of care delivery within the local

health economy has already begun, led by the President of the Royal College of Paediatrics who is also a Consultant at the Evelina.

- Progressing plans to expand the Evelina Children's Hospital to accommodate growth in demand and expected changes in congenital heart services, following our designation as one of two London centres for specialist surgery as part of the national Safe and Sustainable Review.
- Working with commissioners and other provider organisations to establish a Children's Specialist Integrated Care Network for south London.
- Putting plans in place to respond to changing maternity patient flows as a result of changes to Lewisham Hospital NHS Trust following the Trust Special Administrator recommendations. This will include the development of an Outline Business Cases.

A nationally recognised specialised services provider

Guy's and St Thomas' undertakes some of the most innovative and pioneering work in the NHS and cares for people with some of the most complex clinical needs. Our specialised services portfolio is extensive, including being a specialist hub for kidney care,

critical care, immune diseases, genetics, cardio-vascular, blood disorders, dental and cancer services. Specialised services are continually being developed in response to new clinical standards such as NICE recommendations and new commissioning quality standards. Priorities in 2013/14 include: completion of the transfer of vascular services to the King's Health Partner's Vascular Centre, based at St Thomas'; being formally designated as an Adult Congenital Heart Disease centre for England; and improving specialised cardiovascular services by working more closely with partners in south east London to ensure patients receive timely, appropriate care.

A major centre for planned surgery

Guy's Hospital, located by London Bridge station, is the Trust's major elective centre for orthopaedics, urology, cancer, ENT and dental services. 88% of activity undertaken at Guy's is elective. 47% activity undertaken at the St Thomas' campus is also elective. Planned surgery

is supported by numerous outreach clinics and services provided in people's homes, the community and in satellite locations across South East England and beyond. Over the next three years, the Trust intends to further improve our planned services by:

- Increasing our radiotherapy services capacity in outer south east London through satellite or alternative services.
- Developing and implementing a commissioner-supported King's Health Partner's model for chemotherapy delivery across south east London.
- Commencing construction of the £160million Cancer Centre at the Guy's including the transformation of pathways of care.
- Increasing the proportion of King's Health Partner's urological cancer work undertaken at Guy's Hospital.
- Developing and implementing plans to grow major joint replacement activity. Capacity for growth is supported by initiatives to improve both quality and efficiency for example through the further development of the orthopaedic outreach team who provide post operative care and rehabilitation in people's homes.

The pre-eminent research hub in South London

Our clinical strategy is underpinned by the tripartite mission of King's Health Partners Academic Health Science Centre (ASHC) aiming to translate academic knowledge and research into improved outcomes for our patients through both service delivery and teaching. The Trust has major on-site research presence in

women's cardiovascular, immune diseases and twin's research. During 2013/14 and beyond priorities include increasing recruitment of patients into National Institute for Health Research (NIHR) and

Biomedical Research Centre (BRC) portfolio studies and increasing the breadth and value of NIHR and BRC grants and initiatives.

3.2 Improving critical infrastructure

All our service strategies are underpinned by the effective critical infrastructure to support the delivery of clinical care. Our investment priorities for 2013/14 include:

- **Implementing our information strategy:** We will continue the investment in business intelligence and information management to provide clinical services with improved prospective data and information. This will support us to achieve national access standards, including the 18 week referral to treatment and the cancer two week wait.
- **Delivering our capital plan:** We will complete the new Emergency Care Pathway involving physical redesign and service transformation to improve care pathways for patients and our emergency resilience. The Guy's tower façade refurbishment will be completed and we will commence the refurbishment of the façade of East Wing at St Thomas' Hospital. These developments will ensure our core buildings are fit for purpose. Construction of the Cancer Centre at Guy's will also be completed over the next three years.
- **Transforming technology:** We will implement numerous IT projects, including e-noting, e-prescribing and community infrastructure work. These will enable us to transform how we work and improve efficiency.

We also have plans to consolidate our estate, improve building utilisation and modernise ways of working – all of which will support delivery of our clinical strategy.

3.3 Clinical Workforce Strategy

The Trust's clinical workforce strategy for 2013/14 encompasses the following priority areas:



A major employer, educator & trainer

- Ensure safe nursing staffing levels 24 hours a day, seven days a week.
- Establish a programme of work to optimise the organisation of the clinical workforce across the hospital sites 24 hours a day.
- Improve staff satisfaction and engagement and support staff to maintain and improve their own health and act as good role models to patients and families.
- Ensure strong, empowered leadership at ward level will support delivery of safe, dignified care.

Education commissioning: We are one of the larger commissioners and providers of education in South East England. We will continue to work with Health Education South London (HESL) to design, develop and deliver a workforce that will lead to sustainable improvement in health and well-being in South London. In addition, our work will align with the AHSN priorities, ensuring education is underpinned by evidence-based practice in the priority areas (section 1.9).

Supporting integrated care: Workforce transformation will be key to delivering integrated care. We will introduce more opportunities for rotational posts across acute and community services to maximise learning opportunities. New roles will support the delivery of transformation projects such as Southwark and Lambeth Integrated Care (SLIC).

Workforce planning: We will ensure that business plans are inclusive of workforce and education planning, including reviewing skill mix and examining opportunities for role re-design. Workforce development will be focused on delivering our strategic priorities, including achieving the Trust objectives (Figure 2) and delivering *Fit for the Future* programme (see section 4). We will support inter-professional learning and support teams to develop and implement team objectives to meet service developments.

Effective leadership and management development will be a priority through in-house provision and working with partners within King's Health Partners and at the new national Leadership Academy.

Nursing and midwifery: In the next three years we will have a greater focus on reviewing and assuring the size and set-up of our nursing and midwifery workforce to ensure it meets the needs and expectations of our patients and addresses recommendations made in the Francis Inquiry report. We will fully roll-out the e-rostering system across inpatient areas which will enable the effective allocation of nursing staff to shifts. We currently have a high nursing vacancy rate. A proportion of this is planned to enable flex in staffing levels in response to service need. However, in 2013/14 we will address unplanned clinical vacancies by increasing our nursing establishment. This will be challenging as there is a reducing supply of qualified nursing staff in London. However, it will enable us to reduce our dependency on temporary staff. Staff reprofiling, as a result of specific clinical and capital projects will be undertaken. This includes changes in staffing needs following implementation of our e-ICU project in critical care.

Medical staff: We plan to continue the development of seven day and extended day working to improve service responsiveness. An increase in team based job planning, using e-rostering, will support extended working. We will review the use and deployment of clinical fellows to ensure we use all opportunities to optimise the organisation of our clinical workforce. In addition, ensuring the continuing quality of junior doctors' training is a key priority. We expect to see improvements in the feedback collected from students during their placements. We have a duty to ensure robust, quality assured systems are in place to support evaluation of our doctors' fitness to practice. Supporting all doctors to achieve revalidation through annual engagement in enhanced medical appraisal is therefore an important priority.

Other clinical staff: A priority is to ensure our unregistered clinical workforce, such as Nursing Assistants, have the right skills with access to high quality and consistent training programmes in line with the Francis Inquiry recommendations. We plan to work with our partner universities to ensure these staff can access pre-registration nursing, midwifery and allied health education programmes. For allied health professionals, specifically therapies, a significant priority will be increasing capacity to support both an extended, 24/7 service and to meet the increasing winter pressures. In line with our agreement with commissioners we will continue to increase health visitor numbers.

3.4 Clinical sustainability

Guy's and St Thomas' is a large organisation with the human and capital resources to provide a wide range of sustainable general and specialist services. We are the largest provider of specialised services to Londoners⁴ with several services serving patients from across the UK. A review of our specialised services, against the new specialised service specifications published by NHS England in Autumn 2012, shows that the majority of our services fully meet the specifications and have the critical mass which ensures future sustainability. Where gaps have been highlighted we are developing plans to meet the specifications. Meeting the specifications within current tariffs will be a challenge in some specialities.

In 2012, the NHS in London developed a number of new Quality and Safety Clinical Commissioning Standards. An audit of emergency and surgical compliance with the standards was undertaken. We believe we are in a secure position to develop plans to meet the standards within our current service configuration. Our investment in critical infrastructure (section 3.2) will support this. Over the next three years we will work with Clinical Commissioning Groups (CCGs) and NHS England (London) to implement delivery plans. Implementing clinical workforce standards, specifically some 24/7 consultant presence requirements is a particular challenge within current tariffs.

⁴ By income

In two specific areas – the Safe and Sustainable Review for paediatric cardiac surgery and the Review of Adult Congenital Heart Disease – the Trust has analysed the requirements and has already invested in supporting infrastructure or has included this in 2013/14 business plans.

Our research and education base supports sustainable service provision. Guy's and St Thomas' is the hub for a number of national institutes for health research with significant recruitment to national clinical trials. The Biomedical Research Centre (BRC), based at the Trust, is one of five national centres driving translational research for the benefit of patients. We plan to continue to strengthen quality improvement research both in patient safety and patient experience.

4. Productivity and Efficiency

4.1 Planned productivity and efficiency gains

Increasing the efficiency and productivity of our services is a key goal for the next three years. It is required to support delivery of our challenging financial plan. As outlined in section 5, we must achieve a very challenging savings plan in 2013/14, equating to over 11% of our controllable cost base. We analysed internal data and commissioned an external agency to benchmark our productivity in four key areas to identify productivity opportunities. These were length of stay, outpatient productivity, medical productivity and expenditure related to non-clinical staff. The analysis highlighted several areas of opportunity to increase productivity.

Clinical and corporate directorates have individual productivity and cost improvement programmes (CIPs). However, in order to deliver productivity and efficiency gains required and maintain a focus on quality and safety, a strategic cross-organisational approach has been established – the *Fit for the Future* programme. *Fit for the Future* is comprised of several clinically-led workstreams that are required to maintain high quality care and positive patient experience whilst driving improved productivity and efficiency. Workstreams include: non-clinical pay reduction, improving procurement, reducing length of stay, improving clinical coding, reducing bureaucracy, surgical productivity, improving outpatients, maximising capital spend benefits and consolidating our estate.

The delivery of savings identified by individual directorate and by *Fit for the Future* workstreams is interdependent. Establishing both programmes of work mitigates the risk that individual pieces of work do not deliver saving opportunities. Opportunities to save £68.9million in 2013/14 have been identified across all savings programmes. An initial benchmarking exercise to RAG (Red, Amber Green) rate schemes has been undertaken. RAG rating schemes will be continually updated as progress against achieving savings is reported at performance review meetings, the *Fit for the Future* Programme Board and the Trust Board.

4.2 *Fit for the Future* governance

The *Fit for the Future* Programme Board provides strategic executive leadership to the programme. The Board is chaired by the Chief Executive and is comprised of all Executive Directors, directors and representatives of the Programme Management Office (PMO). The PMO is responsible for on-going delivery of the programme, including identifying risks and issues. Directorate leadership teams will be required to report progress through their monthly performance review with the Chief Operating Officer.

4.3 CIP enablers

Our communications strategy outlines how we will ensure that all 13,000 Trust employees are engaged with and can contribute to and delivering *Fit for the Future*. A series of stakeholder events to increase awareness of the financial challenges ahead, took place in Autumn 2012. This included a presentation by the Nuffield Trust on the macro-economic challenges facing the NHS. A series of workshops engaged senior clinicians and managers to determine the Trust's approach to improved productivity and cost reduction, including identifying and prioritising key areas of work. A trust-wide launch of *Fit for the Future*

has outlined the level and scale of change required. This positive foundation will be utilised and built upon to develop the mindset to deliver the programme. Delivering our capital programme and implementing new models of care will also be key enablers to support the delivery of *Fit for the Future*.

4.4 Quality Impact of our Cost Improvement Programme

The Chief Nurse and the Medical Director are members of the Programme Board and each of the work streams is led by a clinician to help ensure improvements remain focused on quality, safety and positive patient experience. In addition, each cost improvement project identified by *Fit for the Future* work streams or by clinical and corporate directorates, will be risk assessed and personally signed-off by both the Trust's Chief Nurse and Medical Director. We will provide Clinical Commissioning Groups with a Quality Impact assessment, Access Impact Assessment. This will provide assurance that decisions to change the cost base of a service have been clinically assessed, are safe and will not have a detrimental effect on clinical care.

5. Financial and Investment Strategy

In 2012/13 we have delivered a surplus of £9.1 million against a planned surplus of £13million. Our financial strategy is to continue to focus on delivering productivity and efficiency improvements and to reduce costs. Being a financially sustainable organisation will be critical to support delivery of safe services and achieve surpluses to enable reinvestment in clinical services through our capital programme. Key capital priorities are outlined in section 3.2.

Our 2013/14 income and expenditure plan is based upon contractual discussions with our commissioners (including NHS England, CCGs and Local Authorities) and the detailed expenditure plans of our directorates. As with all provider organisations, we face significant financial risks associated with the changing financial flows of new commissioning arrangements. Risks include uncertainty around our planned income and engaging with commissioners to plan for, agree and manage contracting arrangements.

We plan to deliver a break-even plan in 2013/14, with the aspiration to achieve a £10 million surplus. Our financial targets are driven by national efficiency and commissioner QIPP requirements, unavoidable cost increases and an estimated reduction in education levies⁵. These equate to approximately 11% of our controllable costs. Delivery of the *Fit for the Future* programme (section 4) will support directorates to achieve the savings through a combination of cost reduction and increased productivity to deliver additional activity at a marginal cost. However, delivering this level of savings is still a significant challenge. The *Fit for the Future* programme and income diversification (section 1.8) are our main strategies to help us deliver our financial plan

Small surpluses are planned in 2014/15 and 2015/16 in order that cash is available to deliver our capital programme and service borrowing. The capital programme will continue to be reviewed in light of any risk analysis and slippage in delivering our financial plan. Risks include changes to charitable contributions, annual depreciation charges and servicing loans agreed with the Foundation Trust Financing Facility.

6. Membership

A Trust membership strategy for 2013/2014 has been developed in conjunction with the Council of Governors Membership Development, Involvement and Communication Working Group (MeDIC). The overarching priority is to ensure we are more proactive in involving, recruiting and engaging members,. Specifically we plan to:

⁵ We have an efficiency target of £79million including: 1.1% tariff deflator, c.3% national inflation assumptions, loss of non-recurrent income and unfunded local cost pressures.

- Grow patient membership by 10% and public membership by 5%.
- Support a stable and growing membership by recruiting members who reflect the diversity of the communities we serve.
- Improve the involvement of members. Members will be involved in consultations, panels, focus groups and networking opportunities.
- Improve engagement, including a two way flow of information and communication.
- Improve turnout in elections and the number of nominees standing.
- Improve links with patient groups, volunteers and friends.

We will increase the use of electronic information, where members choose to receive this; to improve communication between members and the Trust; and between governors and members. We plan to ensure the Trust website is regularly updated so relevant information is available and accessible.