



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

# **Guy's and St. Thomas' Healthcare Alliance**

## **Five-year strategy 2018-2023**

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## Strategic context

### The current environment

The NHS is facing significant challenges in the form of rising demand, variable care quality, severe workforce shortages and a constrained funding environment.

- All NHS providers are grappling with the **issue of variation** (in access, quality and outcomes). It is acknowledged that the consistency of care experienced by patients varies greatly across the system, which acts to exacerbate the health and wellbeing gap, and creates unnecessary waste. As a priority we need to design systems that promote the **consistent and reliable** delivery of **high quality care** while nurturing the customisation of care based on patient needs.
- The NHS is facing a **severe workforce challenge**; there is an immediate pressure to ensure that existing workforce numbers are sufficient to meet current demand, but there is also a longer-term consideration of whether the current composition of the workforce can achieve the ambitions of future care models. Estimates suggest that the NHS will need 190,000 additional posts by 2027<sup>1</sup>. Given the clinical and financial importance of developing a workforce that is fit for purpose, and the ongoing challenges around recruitment, retention and morale, a focus on new ways to develop and deploy our workforce is paramount.
- Since the NHS was founded in 1948, its spending has increased on average by 4 per cent a year in real terms. Yet, over the foreseeable future, the NHS budget is likely to remain flat once inflation is taken into account. Over the same period, demand for health care is expected to rise as people live longer, have more complex health problems, and more advanced treatments become available. By 2020/21, patient needs are estimated to require an additional £30bn across the NHS. This has created a **significant cost pressure** for both providers and commissioners of care.

These issues are impacting the future sustainability of NHS organisations, with smaller organisations in particular struggling to be clinically sustainable without access to the scale or diversity of activity that larger organisations rely on.

### National response

To meet these challenges, it is clear that a new approach is required. Promoted in recent years by the Dalton Review (2014), the Five Year Forward View (2014), and the Carter Review (2016), there has been a shift towards new models of care that focus on organisations working together.

By working together at scale, providers can improve the reliability and quality of care for patients and support the future sustainability of the NHS providers by:

- **Learning from one another** by accessing a broader pool of knowledge and experiences;
- **Spreading and adopting innovation** at pace;
- **Creating new flexible workforce models** that make best use of existing resources and develop talent;

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<sup>1</sup> Facing the Facts, Shaping the Future (For Consultation); Health Education England; September 2017

- **Sharing assets and resources at scale**, thereby reducing duplication and leveraging economies of scale;
- **Attracting** new and much needed **investment** from private or public partners.

The system is responding to these opportunities through the development of:

- Multi-organisation care models;
- Integrated care systems; and
- Consolidated organisations (through merger and acquisition).

## Our response

Organisations working together can take several different forms, ranging from formal mergers to 'federations' of organisations. Each option focuses on delivering a similar type of benefit; however, the 'best' model for one region or organisation will not necessarily be right for another.

Many organisations within the NHS are facing a number of challenges, including workforce and financial sustainability, meaning that 'do nothing' is not an option. Historically, organisations in this situation may have considered, or been forced to consider, the need for merger or acquisition. Such transactions can introduce significant risk and financial pressure to both organisations, and the evidence as to their benefit is inconclusive.

Through the creation of the Guy's and St. Thomas' Healthcare Alliance, we are exploring the benefits of a 'third way', which allows organisations to access the benefits of a merger, while maintaining local sovereignty and accountability, without the risk and cost of a transaction.

# The Guy's and St Thomas' Healthcare Alliance

## What is the Guy's and St Thomas' Healthcare Alliance?

At its heart, the Guy's and St. Thomas' Healthcare Alliance is about improving the quality of our health and care systems for the benefit of our patients and populations, whilst improving efficiency for tax-payers. We believe that the best way to achieve this outcome is for organisations to work together.

Led by Guy's and St Thomas' NHS Foundation Trust, the Healthcare Alliance seeks bring together like-minded organisations by providing a forum for identifying and jointly pursuing opportunities that will improve patient outcomes and the sustainability of their services. Opportunities pursued within the Healthcare Alliance are likely to be similar to those traditionally pursued through merger, including: bringing together clinicians to work on shared clinical pathways; transferring knowledge and best practice between organisations; and generating efficiencies through working together on back-office services.

Although Guy's and St Thomas' NHS Foundation Trust are the lead organisation, Members of the Healthcare Alliance will remain sovereign organisations, with their Boards fully accountable for clinical, operational and financial performance.

## Mission and vision

The mission of the Healthcare Alliance is captured through our mission statement:

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*“Working together to bring the best of the NHS to our patients and their families”*

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And is underpinned by our vision:

*To bring together like-minded provider organisations under a model that is centred on collaboration; one that is underpinned by shared culture and values, common operating systems and standardised 'ways of working'. The organisations will leverage the benefits of scale, and make best use of their collective resources and assets to deliver sustainable improvements in patient care. Over time, the Healthcare Alliance brand will be a mark of quality, which will be trusted by patients and sought-after by staff.*

The scope of the Healthcare Alliance is not limited to certain services – the value of collaboration is in the development of cross-organisational relationships that may deliver benefits across a range of clinical and non-clinical areas. However, we do envisage that the Healthcare Alliance will focus on delivering benefits in four priority areas:

- Delivering consistent high-quality care
- Developing our people
- Leveraging scarce resources
- Embracing innovation

These four priorities form the pillars of our strategy and focus on addressing today's challenges (as described in the Strategic Context section above) while also preparing us for the challenges of tomorrow.



## Who are we?

The Healthcare Alliance is led and hosted by Guy's and St. Thomas' NHS Foundation Trust. Guy's and St Thomas' is a leading integrated acute and community care provider, offering a diverse range of services from local social care in Lambeth and Southwark, to world-class and highly specialist tertiary and quaternary services. It is a globally recognised teaching hospital at the forefront of research and innovation. In 2016, it was accredited by NHS Improvement as one of four "foundation group leaders" who are driving the development of scale models for the benefit of patients.

As the leader of the Healthcare Alliance, Guy's and St Thomas' will be able to leverage its size, scope and expertise to the benefit of other organisations. In turn, Guy's and St Thomas' will be able to learn from the other organisations and itself benefit from working together.

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

Challenges to providing consistently high-quality healthcare include how to attract a high quality clinical workforce - particularly specialists - to be able to treat patients locally and provide reliable access to high quality healthcare. The constraining financial environment and being a whole site Private Finance Initiative (PFI) makes it difficult to achieve the benefits of scale to allow Dartford and Gravesham to save money or make significant investments independently.

Its size and the constrained financial environment makes it difficult for Dartford and Gravesham to create efficiencies or make significant investments independently. Dartford and Gravesham see collaboration through the Healthcare Alliance as an important step in them continuing to deliver high quality, sustainable, local healthcare services.

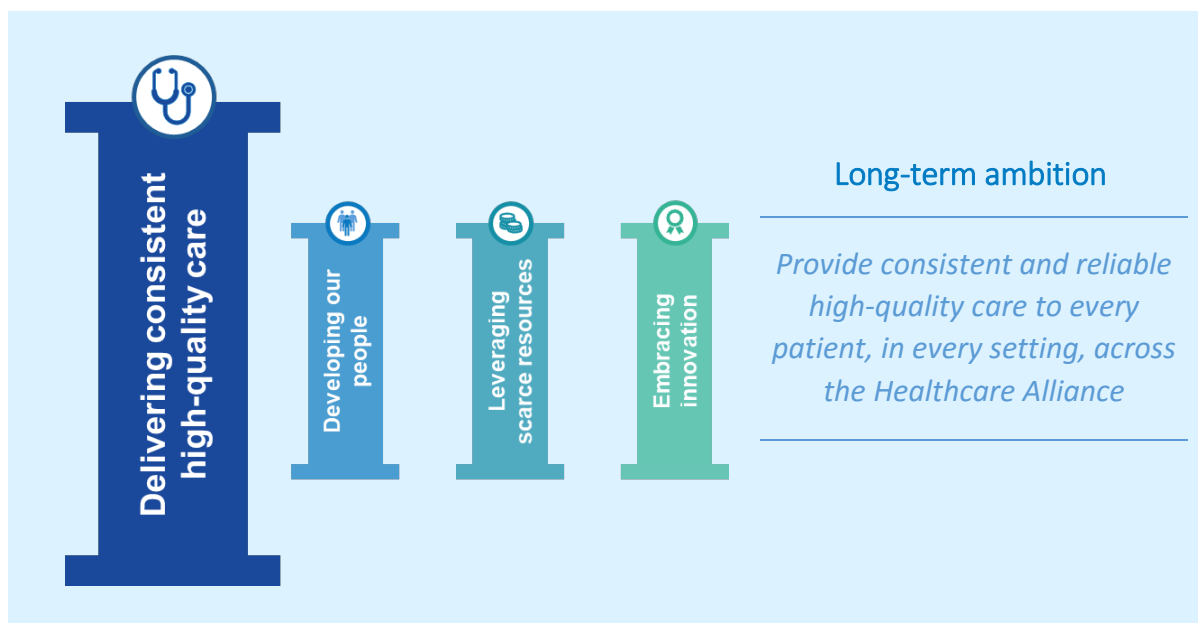
## Strategic objectives

The following pages outline the strategic objectives of the Healthcare Alliance. For each of our four priority pillars, we outline:

- A. Our long-term (5+ years) ambition
- B. Our medium-term (5 year) objectives
- C. Example near-term (1-2 years) opportunities

The initiatives prioritised by the Healthcare Alliance within any given year are chosen based on their tactical and strategic importance and their ability to deliver tangible benefits to Members. The **Healthcare Alliance's Annual Plan** contains details of the specific initiatives and programmes that are agreed for implementation in the current financial year.

## Pillar 1: Delivering consistent high-quality care



### Medium-term objectives

Design and implement new and innovative models of care and support their adoption across the Healthcare Alliance

Improve the reliability of high quality care through a common approach to reducing unwarranted variation and continuous improvement

Provide Members with access to world-leading specialists from within the Healthcare Alliance

Create more joined-up and streamlined pathways between local services and tertiary services

Develop and deploy Standard Operating Models that promote operational excellence and the consistent delivery of high quality care

### Example opportunities

Development of an innovative Radiology Reporting Network, to improve quality and meet new demand

Sharing of world leading expertise in improvement methodology through the Guy's and St Thomas' Care Redesign Programme, which puts clinicians at the forefront of standardising and improving care.

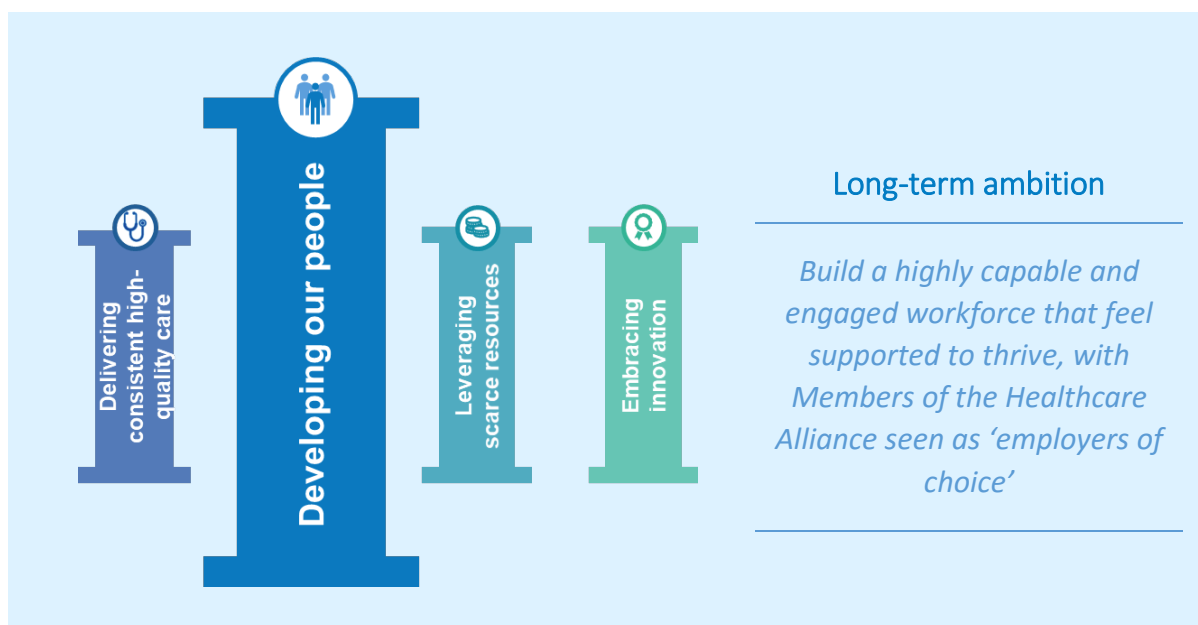
Enabling clinician to clinician relationships, facilitating knowledge share and access to specialist opinion

Streamlining of patient pathways that connect different providers within the Healthcare Alliance

Supporting the development of common approaches to 'Operational Excellence' through the implementation of standard operating models for key challenge areas such as the emergency pathway



## Pillar 2: Developing our People



### Medium-term objectives

All staff across the Healthcare Alliance access the same high-quality education, training and development offer

A single approach to talent management, with new and varied career pathways for everyone within the Healthcare Alliance

Develop and nurture strong leadership (clinical and non-clinical) to ensure the Member organisations have the strongest cadre of leaders in the NHS

Reinforcing a common culture, built on patient centric values and continuous learning and improvement

Develop innovative workforce solutions that allow flexibility for staff to develop across Healthcare Alliance Members

### Example opportunities

Single Learning Management System (LMS) and shared development programmes, focused on building local talent and capability

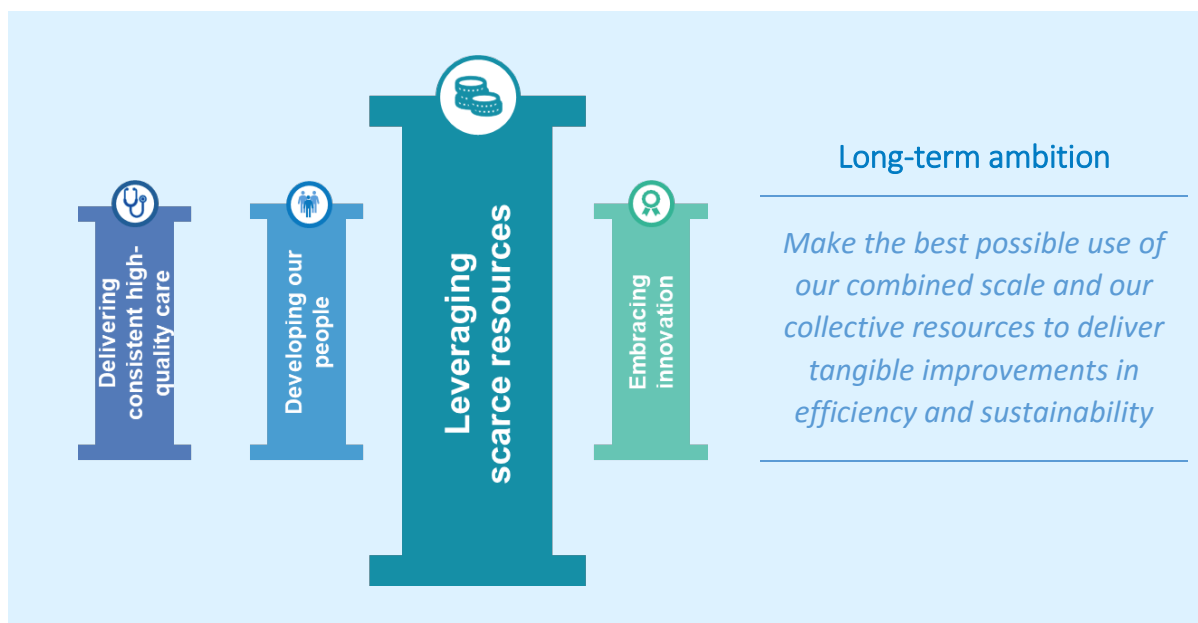
Access to diverse career pathways through secondments, rotations and joint-posts

Shared leadership development programmes – equipping people to lead high-performing teams and developing scarce leadership talent

Sharing knowledge and expertise on the development of an improvement culture and tool kit

Development of education programmes, for the Healthcare Alliance to 'grow its own' workforce

## Pillar 3: Leveraging scarce resources



### Medium-term objectives

Optimise the way we use our human and physical resources to deliver best value care to patients

Develop new models that allow for more effective management of capacity across the system

Leverage the benefits of scale to maximise the efficiency of clinical and corporate support services

Support the diversification of income to promote financial sustainability

Optimise the use of our collective estate to deliver best value to tax-payers

### Example opportunities

Develop remote networks (e.g. Radiology and clinical coding) that improve resilience, quality and make better use of existing capacity

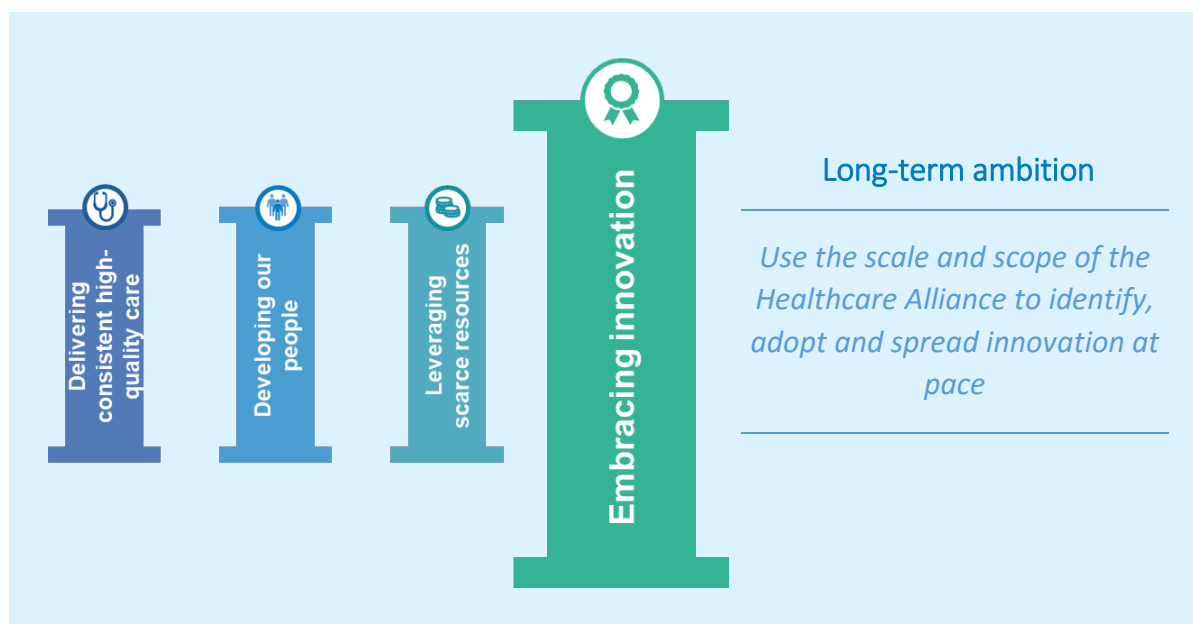
Roll-out of agile workforce through the implementation of flexible working solutions

Consolidate, integrate or share resources to deliver more efficient support services

Share commercial expertise and 'know-how' to optimise income opportunities for Members

Better use existing estate to drive maximum value/avoid additional investment

## Pillar 4: Embracing Innovation



### Medium-term objectives

Working together to invest in new, digitally-enabled models of care

Leverage the scope and scale of a teaching hospital to support the diversification of local research activities

Establish the Healthcare Alliance as a test-bed and incubator for new innovations

Increase the pace at which innovations are identified and spread between Members

Leverage the scale of the Healthcare Alliance to attract external investment in new innovations

### Example opportunities

Joining-up of digital patient pathway programmes across Members

Improve patient access to clinical trials through closer co-ordination and collaboration between Members

Identify innovations that can be shared between Members (e.g. e-ICU)

Provide a platform to accelerate the roll out of innovation from elsewhere in the NHS

Attract external investment from partners who would like to benefit from the scale and scope of the Healthcare Alliance

## Anticipated benefits

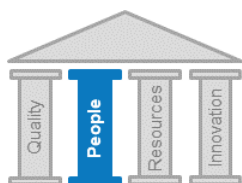
We believe the Healthcare Alliance is capable of delivering significant value against each of our four priorities.



### QUALITY

- Access to the highest quality care, regardless of location
- More joined up pathways between organisations
- More specialised care delivered locally
- A culture of continuous improvement

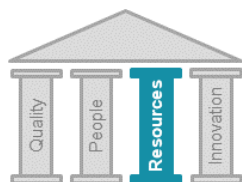
- Improved patient outcomes
- Better patient experience
- Improved performance against targets



### PEOPLE

- A workforce equipped with the skills they need to thrive
- Highly capable leaders, with strong career prospects within the Healthcare Alliance family
- A highly attractive retention and recruitment policy

- Fewer vacancies and expenditure of agency
- A more motivated and satisfied workforce
- A more capable workforce
- Less spend on bank and agency thereby reducing the pay bill and increasing the quality of care delivery



### RESOURCE

- Better use of existing resources (clinical and non-clinical)
- More efficient use of financial resources and assets
- Greater scope for investment

- More efficient clinical services
- More selective spending
- Avoid investment in additional capacity



### INNOVATION

- Development of effective digital patient pathways
- Better staff and patient experience through technology-enabled care
- Better access to clinical trials for patients

- Improved patient outcomes
- Better patient experience
- A more robust platform for the future


### IMPACT...

## FIRST ORDER BENEFITS ....

## Accessing benefits

The opportunities pursued through the Healthcare Alliance are likely to vary in scale and scope (both in terms of the level of effort/resourcing, the implementation timeline and where the benefit is accrued). Some opportunities will be for the benefit of one Member (for example, the transfer of knowledge and best practice on a certain topic), whereas others will have a mutual benefit (for example, the co-development of a new model of care).

Reflecting these variations, we categorise opportunities in to three types:

| <b>Core proposition</b><br>   | <b>Priority programmes</b><br>   | <b>Organic opportunities</b><br>  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Each Member of the Healthcare Alliance will benefit from a core bundle of developmental support</li> <li>• This bundle is focused on workforce sustainability and on developing local capability at each Member organisation, rather than 'lifting and shifting' from one organisation to another</li> <li>• The core proposition is expected to remain standard across Members but is likely to continue to evolve with the context</li> </ul> | <ul style="list-style-type: none"> <li>• Organisations within the Healthcare Alliance will identify and pursue specific opportunities; these opportunities could be clinical or non-clinical in nature and cover a variety of topics</li> <li>• Each programme will be agreed by Members on the basis of the patient and/or financial benefit</li> <li>• Initiatives may not always deliver equal benefit to all Members; however, the cumulative benefit is expected to be material</li> </ul> | <ul style="list-style-type: none"> <li>• The Healthcare Alliance will encourage and facilitate individuals to create relationships with their peers in other organisations</li> <li>• These relationships will lead to small opportunities to work together or share learning</li> </ul> |

The core proposition and priority programmes will be carefully selected as part of an annual strategic planning process and will focus on the four priority pillars outlined above. The organic opportunities will, by their nature, reflect the pockets of energy and enthusiasm across organisations, but will not be part of a formal strategic planning process.

## Who is the Healthcare Alliance for?

The Healthcare Alliance is for organisations who share our vision and passion for working together. Membership is not restricted to certain types of providers and we envisage that, over-time, a diverse membership will develop, encompassing acute, community, mental health and primary care and social care providers.

The concept and potential of the Healthcare Alliance goes beyond that of the bilateral relationship between Guy's and St Thomas' and Dartford and Gravesham. To achieve its vision, it must grow its membership; in its first year of operation, the Healthcare Alliance will expect to attract additional Members. This will unlock more benefits and improve the affordability of the proposition.

Organisations who join the Healthcare Alliance will share:

- A **common purpose and vision**
- A **culture and value set** that is aligned to Guy's and St Thomas' and other Members
- An approach to working together that is **collaborative, transparent and constructive**
- A **desire to actively contribute** to the Healthcare Alliance and opportunities that stem from it

To join the Healthcare Alliance, organisations will have to demonstrate the above characteristics, and commit to achieving (or actively working toward) an agreed set of quality standards.

Organisations will be able to join the Healthcare Alliance through one of two routes:

1. **Full Membership:** full Members become part of the Healthcare Alliance at an organisational level and benefit from all aspects of the model. Dartford and Gravesham is the first and founding full Member of the Healthcare Alliance
2. **Specialty Membership:** some organisations may engage with the Healthcare Alliance in an individual clinical specialty. This may be relevant to organisations who share patient pathways with one or more Members

The Healthcare Alliance is not limited to those organisations who serve a geographically contiguous population, and we therefore do not specifically exclude or discourage organisations from considering joining based on their geography. However, some benefits are inevitably limited by travel times and we therefore expect that the majority of Members will come from South East London and the surrounding counties.

### *A replicable proposition*

*The Healthcare Alliance has been designed to be both a scalable and replicable model for collaboration. This means that it should be effective in attracting and on-boarding new Members, and be used as a leading example by other health systems.*

*Guy's and St Thomas' will continue to work closely with other foundation group leaders across the NHS to facilitate the sharing of key learnings, helping others with similar ambitions to benefit from our experience and replicate our model.*