



**Gloucestershire Hospitals**  
NHS Foundation Trust

# Strategic Plan 2019–2024



## Executive Summary

This is our 'Journey to Outstanding'... It is a five year strategic plan that defines the context in which we operate and the challenges we expect to face. It describes the framework we will use to deliver our vision, Best Care for Everyone, and the strategic objectives we have prioritised to achieve that vision by April 2024.

This strategy marks the end of a period of uncertainty that included regulatory intervention, governance concerns and performance and technology challenges. We will build on recent successes, such as our Care Quality Commission (CQC) rating of Good, to take control by defining the scale and pace of our ambition and priorities.

The journey will include significant and exciting change, including:

- ▷ Launching our new clinical strategy built around centres of excellence
- ▷ Designing and implementing integrated models of health and social care
- ▷ More focus on looking after each other's physical and emotional wellbeing
- ▷ Investing in and using digital technology to help us deliver the best care for everyone

- ▷ Utilising the Gloucestershire Safety and Quality Improvement Academy (GSQIA) to progress more services to Outstanding
- ▷ A renewed focus on research
- ▷ Investment in our estate
- ▷ Financial sustainability within the first three years of the period

This strategy is ambitious and realistic. It has been developed through an internal and external engagement programme spanning 12 months (see appendix 1), when we asked teams to define what outstanding care means to them and their patients (see appendix 2), and finished at our senior leadership event in April 2019 where we confirmed our strategic priorities and objectives.

Teams and individuals can recognise their influence and input upon this strategy and our objectives; our approach has remained focused

on ensuring these objectives are meaningful and that staff find them compelling.

The basis of the eight enabling strategies that form our strategic framework have also been shaped by our engagement approach and these enabling strategies will all be defined, approved and live by April 2020.

This strategy will be used by our decision making groups, leaders, teams and individuals to inform and prioritise operational and strategic decision making. The intention is that a well-worn, well annotated copy will be present and visible in all clinical and support function areas.

**Simon Lanceley**  
**Director of Strategy**  
**and Transformation**

# Our Purpose, Vision and Values

## Our Purpose

To improve the health, wellbeing and experience of the people we serve by delivering outstanding care every day.

We exist to treat illness and injury as traditional forms of healthcare but also to improve the physical and emotional wellbeing of our patients and each other.

This means not only caring for them clinically, but also ensuring their experiences of our services are the best they can be.

We strive to see the ‘whole patient’, not just the ailment or condition presented to us.

Compassion and kindness are critical to patient experience.

Outstanding is the term used by the Care Quality Commission, whose assessments of our care describe the experiences and outcomes patients should have with us, and is therefore the term we also use to describe our strategic intention for care, although our definition of outstanding goes beyond that used by the CQC.

## Our Vision

### Best Care For Everyone

We have retained our vision statement as staff told us it is meaningful and memorable.

Achieving ‘best’ means it becomes the new norm, so needs continuously redefining to set ourselves new challenges.

It is also inclusive as we not only care for our patients but for their families and carers, and each other.

## Our Values

### Caring, Listening, Excelling

Our values are the foundation of our purpose and vision.

They are not the ‘what’ of our work, but the ‘how’, and are the words we want our patients and staff to use to describe their experience with us.

Our engagement programme told us we need to simplify our values so that they are easier to understand, adopt and recognise day to day.

#### Our three core values are:

**Caring** – Patients said: “Show me that you care about me as an individual. Talk to me, not about me. Look at me when you talk to me.”

**Listening** – Patients said “Please acknowledge me, even if you can’t help me right now. Show me that you know that I’m here.”

**Excelling** – Patients said: “I expect you to know what you’re doing, be good at it, and continuously improve standards.”

We will co-design and embed behaviours to reflect our core values and culture as we progress towards Outstanding. We will recognise where colleagues deliver care to the standard we expect and hold each other to account when this does not happen. The standard we see and walk past is the standard we set.

## Trust Strategy 2019 to 2024



### Outstanding care

We are recognised for the excellence of care and treatment we deliver to our patients, evidenced by our CQC Outstanding rating and delivery of all NHS Constitution standards and pledges.

### Compassionate workforce

We have a compassionate, skilful and sustainable workforce, organised around the patient, that describes us as an outstanding employer who attracts, develops and retains the very best people.

### Quality improvement

Quality improvement is at the heart of everything we do; our staff feel empowered and equipped to do the very best for their patients and each other.

### Care without boundaries

We put patients, families and carers first to ensure that, in partnership with our local health and social care partners, care is delivered and experienced in an integrated way ‘without boundaries’.

### Involved people

Patients, the public and staff tell us that they feel involved in the planning, design and evaluation of our services.

## Our Strategic Objectives: 2019 to 2024

The objectives have been derived from a process of combining national, regional and local context and how we plan to respond, our strategic analyses, and the messages we heard from our engagement programme. They have been tested with members of staff from across the Trust, who have confirmed they articulate the scale and pace of our collective ambition.

### Centres of Excellence

We have established Centres of Excellence on our hospital sites that provide urgent, planned and specialist care to the highest standards, and ensure as many Gloucestershire residents as possible receive care within the county.

### Financial balance

We are a Trust in financial balance, with a sustainable financial footing evidenced by our NHSI Outstanding rating for Use of Resources.

### Effective estate

We have developed our estate and are working with our local health and social care partners to ensure services are accessible and delivered from facilities that enable us to deliver our vision of Best Care for Everyone.

### Digital future

We use technology to drive safe, reliable and responsive care. Our electronic patient record is embedded and has released staff time that is being used to treat and care for patients; it links to our partners in the health and care system to ensure care for the patients is joined up.

### Driving research

We are a research active Trust providing innovative and ground breaking treatments; staff from all disciplines contribute to tomorrows evidence base enabling the Trust to be one of the best University Hospitals in the UK.

# What Patients Say



"I see the hospital has improved its facilities for patients which is welcomed"

"It is comforting to see the same team when I come in for my treatment"

"I didn't have to wait long to get an appointment date, referral or be seen"

"I enjoy being engaged in conversations about the future of my local hospital"

"I know that I receive the best care in the county and couldn't be in safer hands"

"I was kept informed at every stage of my pathway and treated very quickly by the right person in the right place"

"It is great to get specialist treatment on my doorstep"

"It is good to know I live in a County where the hospitals perform well and if I need to attend I will be looked after"

"Staff really care and show compassion"

"I know if I have an idea on how to improve standards in the hospital I will be listened to"

"It is a relief not to repeat my medical history as I moved around the hospital and community for treatment"

"I know my care is provided by many organisations but it feels seamless to me"

"I am so excited to be involved in the Trusts clinical trials and look forward to benefiting from the results"

"My thoughts and feelings on my care are listened to and acted upon"

"I know the Trust have the best skilled staff available and I am in expert hands"



# What Colleagues Say



# How We Will Deliver Our Strategy

## Strategic Intent

Our strategic intent is to provide **outstanding care through two thriving but distinct main hospital sites** and, as a lead provider within an Integrated Care System (ICS), through a range of community facilities (including our community maternity suite) and integrated models of care. We will be a Hospitals Trust that **patients, families and carers recommend and staff are proud to be part of.**

We will be a **collaborative ICS partner** to ensure patients, families, carers, staff and other stakeholders benefit from the value a high performing, high energy acute Trust can bring to this partnership.

We recognise that as the ICS develops, **partners may need to adapt their organisational form** to ensure opportunities to improve patient experience and outcomes, staff experience and value for money do not get delayed. For example by ensuring the timescale and flexibility of our decision making processes align.

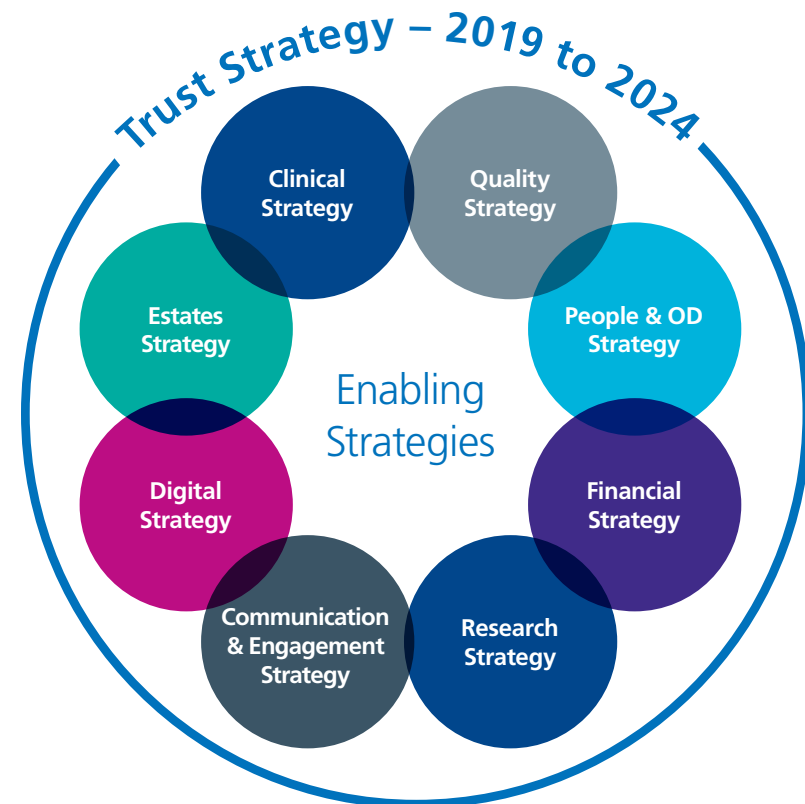
We will continue to provide acute and specialist care for residents of Gloucestershire and adjacent regions; Herefordshire, South Worcestershire, Wiltshire, and where it is the right thing to do for patients, and this can be supported by a strong clinical and financial business case, **we will work with commissioners, providers and clinical networks in these regions to secure and extend our clinical service offer.**

We want the quality of care we provide to be rated **Outstanding by the Care Quality Commission (CQC)** and our use of resources to be rated **Outstanding by NHS Improvement.**

We believe becoming an accredited **University Hospital Trust** will increase our capacity and capability to deliver 'Best Care for Everyone' and are committed to exploring the best way to achieve this.

## Strategic Framework: Our Eight Enabling Strategies

Our strategy will be delivered through eight enabling strategies as shown below. By April 2020 all enabling strategies will have been defined and approved by Trust Board (see appendix 3 for timeline).



See appendix 4 to see the methodologies used (SWOT, PESTLEC, market analysis, benchmarking) and a range of national, regional and local publications to inform our approach.

## Clinical Strategy

Our new Clinical Strategy will be designed around Centres of Excellence that enable a greater separation between emergency and planned care. Our work in this area has already been recognised nationally and we want to build on this so that we are recognised for delivering excellence across urgent and emergency care, obstetrics and paediatrics, planned and specialist care and oncology. We want this recognition to come from patients and their families and carers, staff, partners, regulators, professional bodies and benchmarking organisations. We will work closely with emergent **Primary Care Networks** and **Integrated Locality Partnerships** to ensure we maintain conversations with our communities and ensure our focus continues to be with the patient.



## Quality Strategy

Quality standards described in the NHS Constitution, the Care Quality Commission's (CQC) quality and safety standards and the National Quality Board's 'Shared Commitment to Quality' will inform the Quality Strategy that will get us from a CQC rating of Good' (February 2019), to Outstanding by April 2021. The strategy will describe our 'Journey To Outstanding' and will put the needs of patients and service users, their families and carers first.

The Gloucestershire Safety and Quality Improvement Academy (GSQIA) will be a key enabler to us achieving our Quality Strategy and drive the implementation of a new Quality Model, that will ensure staff are equipped and inspired to improve services.

We will continue to expand the way we use data to drive quality and our Digital Strategy will be another key enabler to improving quality.



Our Quality Strategy will be designed around five key programmes:

- ▷ **Well led** – Our leadership, governance and culture will be used to drive and improve the delivery of high-quality person-centred care
- ▷ **Improve experience** – People will be truly respected and valued as individuals and empowered as partners in their care, practically and emotionally.
- ▷ **Improve safety** – People will be protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong
- ▷ **Improve outcomes & effectiveness** – Outcomes for people who use services will be consistently better than expected when compared with other similar services
- ▷ **Responsiveness** – Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care



## People & Organisation Development (OD) Strategy

Collectively we, 'our staff', will determine whether we are successful in delivering this strategy. Our People & OD Strategy will ensure we have the right number of staff with the required skills to be successful, through effective recruitment, retention, education, recognition & reward.

Our People & OD Strategy will be designed around three key programmes:

- ▷ **Workforce sustainability** – We will attract, develop and retain staff that are best in their field, the ambition described in our Clinical, Quality, Digital and Research Strategies will help us here. We will ensure we anticipate and close capacity and capability gaps and provide career pathways that build and retain the knowledge, skills and experience we need
  - ▷ **Staff experience** – Our engagement programme told us we need to simplify our values so they are easier to understand, adopt and recognise day to day so will focus on three core values; Caring, Listening and Excelling. We will define and embed a new set of behaviours that reflect these values and will use these to shape our culture as we progress towards outstanding.
  - ▷ **Transformation** – Our staff will be equipped and inspired to do things differently to deliver Best Care for Everyone. We will provide an education and development programme that ensures individuals and teams have the skills and confidence to collectively achieve our strategic objectives
- We will be an outstanding employer and we will support colleagues to maintain and sustain emotional and physical health and wellbeing. The principles of equality, diversity and inclusion will continue to underpin our vision of Best Care for Everyone and we remain committed to becoming an exemplar of the requirements defined in The Public Sector Equality Duty and The Equality Delivery System (EDS2)

## Financial Strategy

Our Financial Strategy will ensure we become a financially sustainable organisation that provides efficient and effective services supported by an outstanding finance team that is recognised nationally and supports the Trust to deliver this strategy.

We will be a financially literate organisation with all staff who have a budgetary responsibility receiving training to enable them to make the best decisions for their patients and teams.

We will use national productivity programmes and tools, for example Getting It Right First Time (GIRFT), Model Hospital, Carter Review to identify unwarranted variation and efficiency improvements and support our clinical teams and support functions across the Integrated Care System (ICS) to implement opportunities.

We will work with ICS partners and other stakeholders to explore alternative routes to capital and investment that will enable us to provide an infrastructure that matches our ambition to deliver Best Care for Everyone through centres of excellence.

Our financial strategy will be designed around four programmes:

- ▷ **A medium term financial plan** that outlines the route to sustainability
- ▷ **Outstanding business partnering** to support and challenge divisions to deliver the best financial performance
- ▷ **Financial reporting** that provides assurance and is easy to understand, including **Patient Level Information Costing (PLICs)** to support clinical and service decision making
- ▷ **A finance department improvement plan** (#ghftcountmein), which will deliver a Future Focussed Finance accredited department of which the trust can be proud

The long-established shared NHS financial and procurement service in Gloucestershire will be a key enabler in achieving these programmes, and those in the ICS, as we increasingly automate transactional functions to reinvest on our transformational programmes.

## Estates Strategy

Our Estates Strategy is a key enabler to the delivery of our Clinical Strategy. Our Estates Strategy will describe how we need to respond to planned and anticipated changes in activity, efficiency, models of care, ways of working and demographics.

We will work with our Integrated Care System (ICS) partners to ensure estates development plans and decisions are taken as a system to optimise the way we use public estate across Gloucestershire to deliver organisation and ICS objectives.

We will explore the concept of moving to **one public sector estate** so that staff can move between sites as required to deliver the right care at the right place at the right time as part of an integrated health and social care system. This concept could be extended to include academic facilities as part of our Research strategy and University Hospital aspiration.

We will use our new Estates Strategy to describe how we plan to maintain and develop our estate with our subsidiary organisation GMS to address **backlog maintenance**, operational risk and a need to invest so that we can deliver Best Care For Everyone in an **environment that reflects our centres of excellence** concept.

We recognise the pace at which we can invest in our estate is not always in our control, due to the availability of capital and we will explore **alternative routes to securing capital** investment through a range of models, for example Managed Equipment Service (MES), joint ventures and shared use with integrated care partners.

We will deliver our £39.5M **Strategic Site Development Programme** to improve acute care facilities at Gloucester Royal and day surgery and theatre capacity at Cheltenham General and ensure we achieve the return on investment we have committed to.



## Digital Strategy

Our Digital Strategy will be a key enabling component of our Trust strategy and will be a bold and dynamic statement of our ambition to deliver digitally-enabled Best Care for Everyone. We are committed to creating a culture that embraces digital technology.

We will apply for Global Digital Exemplar (GDE) fast follower status as with this NHS Digital endorsement comes support and funding that will enable us to achieve high digital maturity.

Our Digital Strategy will be built around three key programmes:

- ▷ **Digital Intelligence** – We will provide an insight-driven culture which embeds analysis, data and intelligence to enhance decision making, outcomes and quality improvement. We will report consistently and proactively as needed by operational teams and external stakeholders
- ▷ **Digital Workforce** – We will develop our digital literacy skills to ensure confidence and competence in using technology tools. We want to become an employer of choice for people with Digital and IT skills. We will continue our in-house development programme within our Business Intelligence service to provide local training in an effort to both 'grow our own' experts, and provide staff with development opportunities that aid retention and ensure we have a consistent and effective approach to digital workforce planning
- ▷ **Digital Landscape** – We will provide infrastructure and hardware necessary to provide digital solutions that improve patient care and readily available skilled support staff. We will continue to optimise the use of TrakCare and continue our digital development with the implementation of an Electronic Patient Record (EPR), that will enable and enhance our ability to implement new models of care and more efficiency and safer ways of working

## Communications & Engagement Strategy

Our engagement programme told us that this is an area we need to improve, particularly how and when we involve patients, families and carers in the process of exploring and designing new ways of working, and as a result it is a key part of our strategic thinking going forward.

Our new Communications and Engagement Strategy will ensure that when we are communicating or asking for engagement it is clear how the message or request relates to our strategic priorities.

We will adapt our language to meet the needs of our different stakeholder groups and use a range of methods to engage, recognising that different groups respond to different approaches and techniques.

We will work closely with communication and engagement colleagues from other health and social care organisations to reinforce the concept of One Gloucestershire.

## Research Strategy

Our Research Strategy will ensure we are able to build on our existing good practice and extend our research portfolio so that more patients benefit from improved experience and outcomes and we all benefit from improving recruitment and retention evidenced in research-active hospitals and specialties.

We will continue to support the development of the Research 4 Gloucestershire initiative to develop an integrated approach to research across Gloucestershire, particularly given the opportunities we can offer to commercial and non-commercial studies as an Integrated Care system.

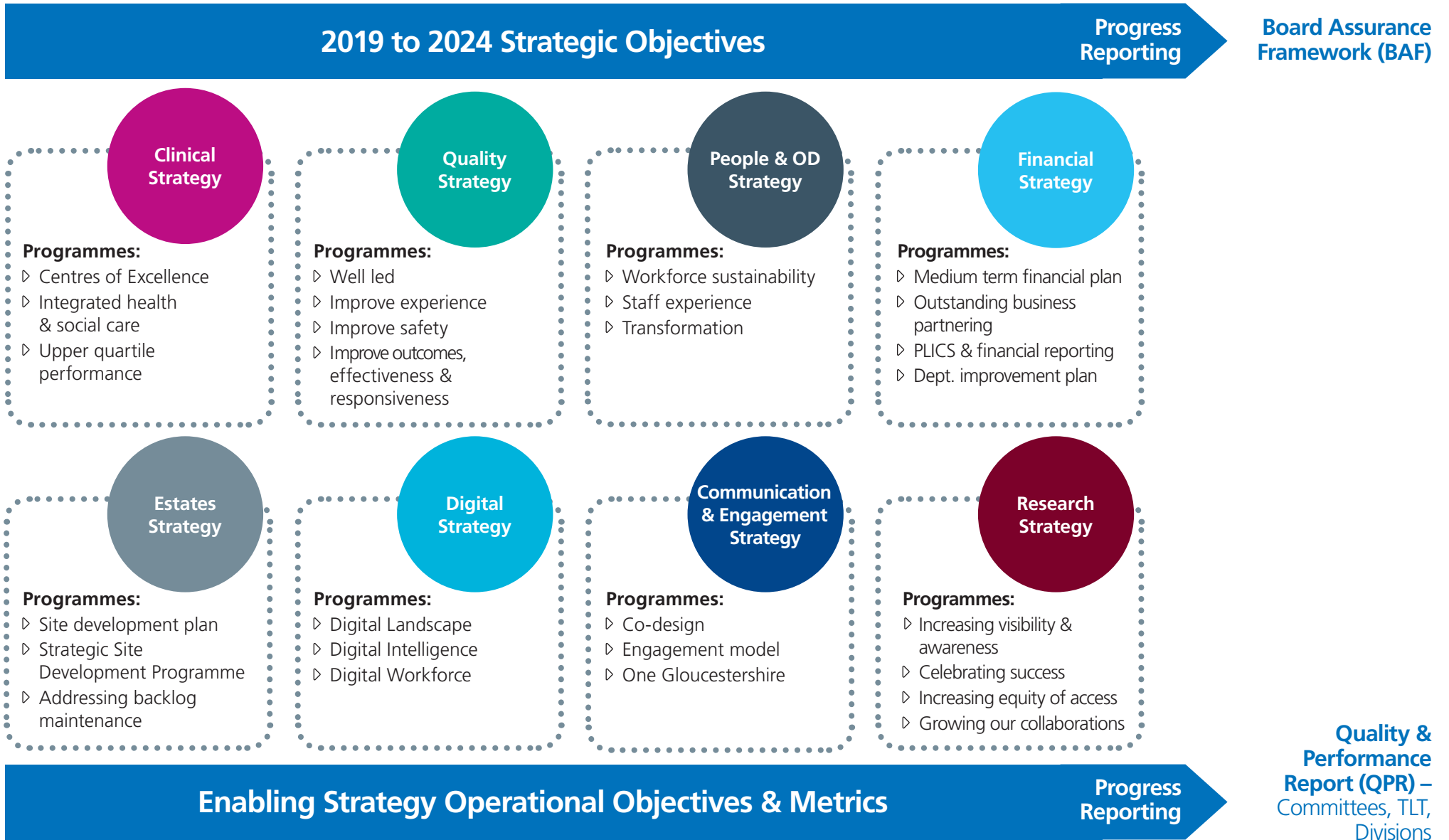
We are committed to exploring whether becoming an accredited University Hospital Trust would increase our capacity and capability to deliver Best Care for Everyone and collectively our People & OD and Research teams will define the best way to achieve this. If in order to meet accreditation criteria we need to enhance our clinical and/ or educational research capacity and capability, we will produce a compelling business case to prioritise investment.

Our Research Strategy will be designed around four key programmes:

- ▷ **Increasing visibility & awareness** – Improving how we communicate our research activity to patients, staff, ICS partners, National Institute for Health Research (NIHR) and commercial partners
- ▷ **Celebrating success** – Demonstrate how research is improving patient care, outcomes and experience and staff experience, recruitment and retention
- ▷ **Increasing equity of access** – Improving access to trials for patients with the aim that every patient can access a trial or be offered one
- ▷ **Growing our collaborations** – Increasing the number and variety of organisations we work with



# How We Will Implement This Strategy





**Appendix 1:  
How We Developed  
Our New Strategy**



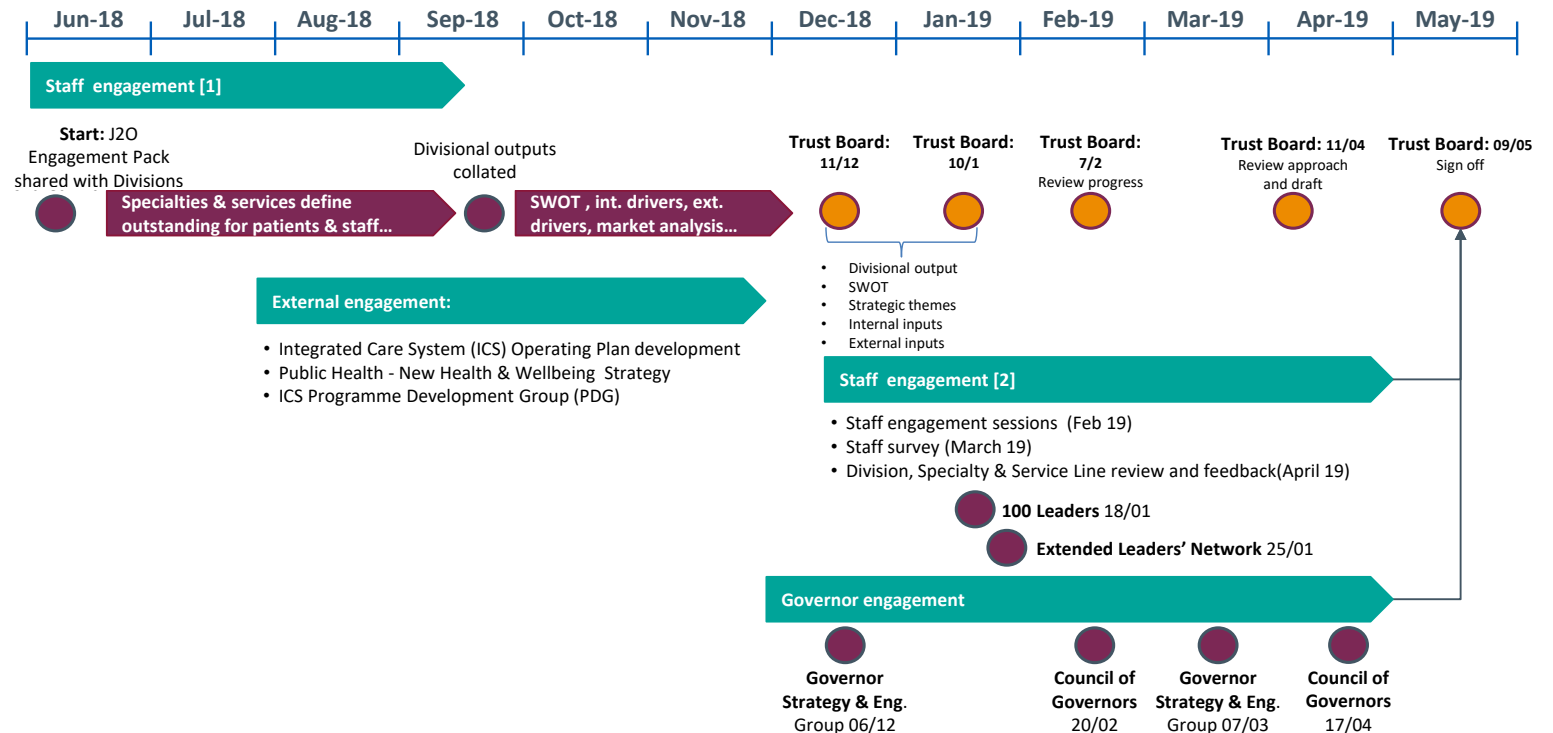
# How We Developed Our New Strategy

## Approach

The approach we took to develop this strategy started in June 2018 and is shown in the diagram opposite. We started our engagement programme by asking staff three questions:

1. What will providing an outstanding service mean for your patients (or customers if you are a support function)?
2. What will working in an outstanding service look and feel like to you?
3. What support do you need to get there – what does the Journey to Outstanding programme need to provide?

The output from this engagement formed the basis of our new strategy which was supplemented by a number of methodologies (SWOT, PESTLEC, market analysis, benchmarking), and a range of national, regional and local publications.

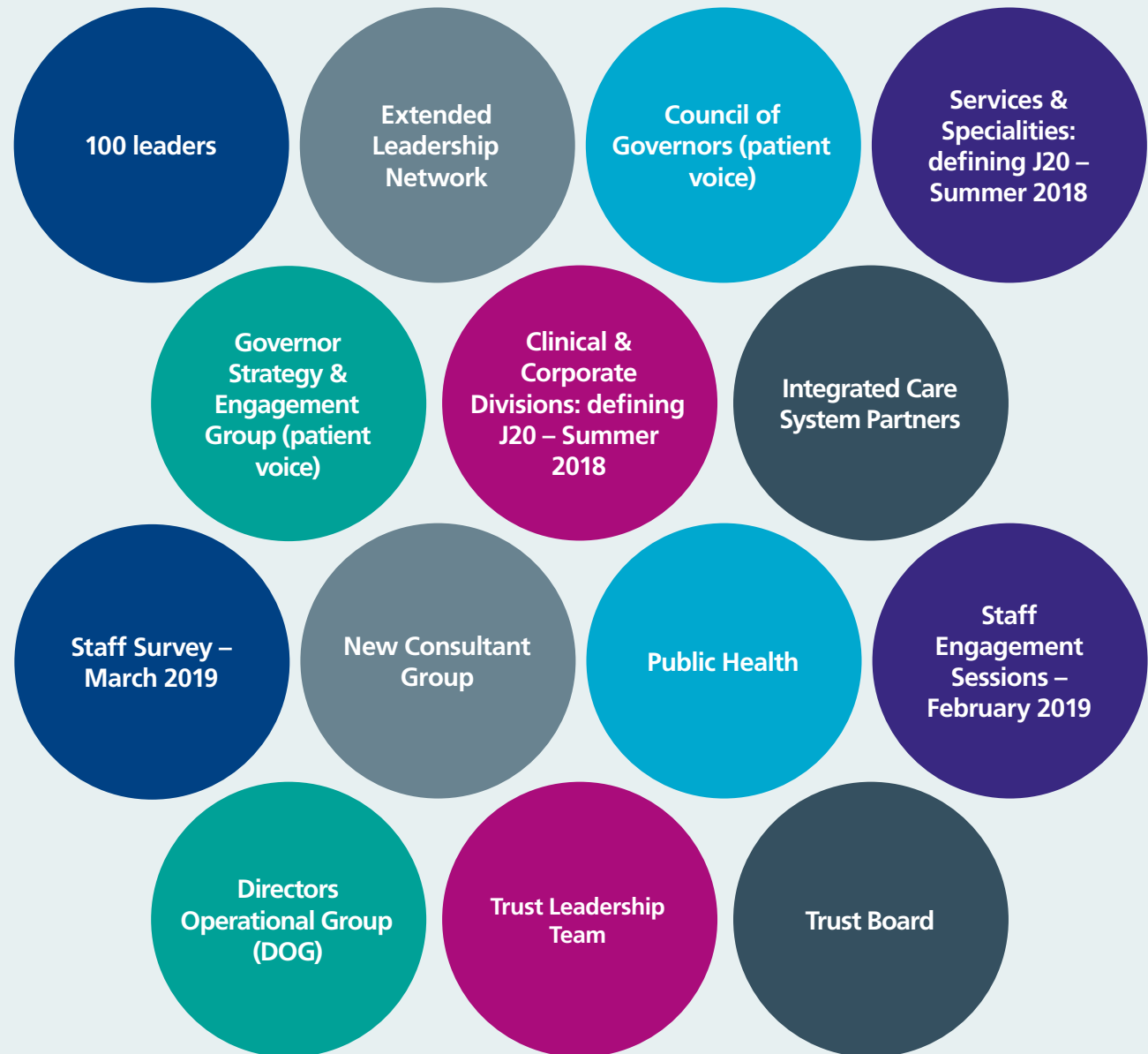


## Approach (cont'd)

We used the engagement groups shown here to present, test and iterate our thinking and assumptions. We used a range of thought-provoking questions (Appendix 2) to help us understand the priorities and collective level of ambition of staff and stakeholders. We created a long list of objectives based on eight emergent enabling strategies, SWOT and PESTLEC analyses, and hundreds of votes and qualitative feedback.

The long list became a short list of 14 strategic objectives which addressed the context and challenges our analyses presented. These were issued to staff, governors, and Board for final feedback, resulting in 10 ambitious, compelling, realistic and achievable strategic objectives.

## Engagement Groups





## Appendix 2: Identifying Priorities and the Scale of our Ambition

# Identifying Priorities and the Scale of our Ambition

**Examples of the thought-provoking questions we used with our engagement groups to help us understand the priorities and collective level of ambition of our staff and other stakeholders:**

## Clinical

- ▷ What benefits must our emerging Centres of Excellence programme deliver for patients and staff?
- ▷ What should our role be in delivering integrated health and social care?
- ▷ What is our role in promoting and supporting population health across Gloucestershire?

## Quality

- ▷ What role can we play in ensuring parity of esteem across physical & mental health
- ▷ What do we want our culture of improving & learning to look and feel like for patients and staff?
- ▷ Where are our opportunities to reduce variation (GIRFT)?
- ▷ How can we continue to build on the success of the Gloucestershire Quality & Safety Improvement Academy (GSQIA)?

## People & Organisation Development

- ▷ How do we make this an organisation and system people want to work in?
- ▷ How can we ensure people with protected characteristics feel safe and valued?
- ▷ What standards do we want to set for supporting and encouraging professional development?

## Financial

- ▷ How aspirational should we be in terms of performance – upper quartile, upper decile?
- ▷ What are the barriers that prevent us from living within our means?
- ▷ What do we want our culture of efficiency to look and feel like for patients and staff?

## Estates

- ▷ How can we ensure our Estates Strategy reflects our ambition but remains realistic?
- ▷ What principles should we set for locating services on/ off-site?
- ▷ If you could focus on improving one area of our facilities service what would it be?

## Digital

- ▷ What does outstanding digital healthcare look and feel like to you and your patients?
- ▷ How can we better use data to predict activity changes and inform decision making
- ▷ If you could focus on one area to improve our digital offer to patients, what would it be?

## Communications & Engagement

- ▷ What does outstanding staff engagement look and feel like?
- ▷ What do we want to patients and stakeholder to say about how we have involved them?
- ▷ How should we define and measure effective engagement?

## Research

- ▷ Should we prioritise achieving University Hospital status? What benefits would it bring to patients and staff?
- ▷ What is our aspiration for research across Gloucestershire?
- ▷ What statement/ change do we need to make to demonstrate research is a priority for this organisation?





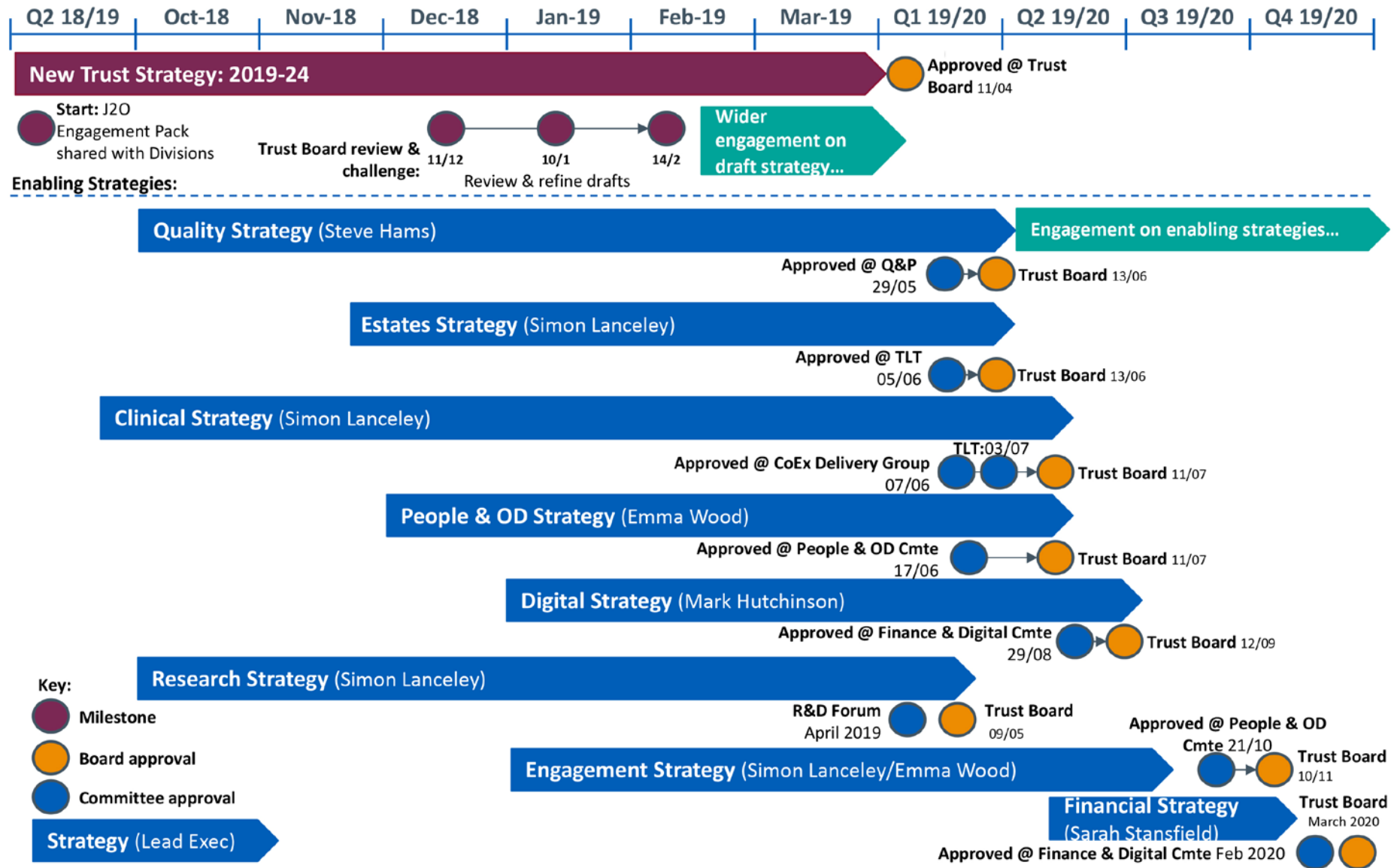
## Appendix 3: Enabling Strategies

### Approval Timeline





# Enabling Strategies Approval Timeline





**Appendix 4:**  
**Context & Challenges**  
National, Regional, Local

# Context and Challenges: National

We used a range of internal and external inputs, to define the national, regional and local context and identify future challenges so that this strategy ensures we are able to plan and respond accordingly.

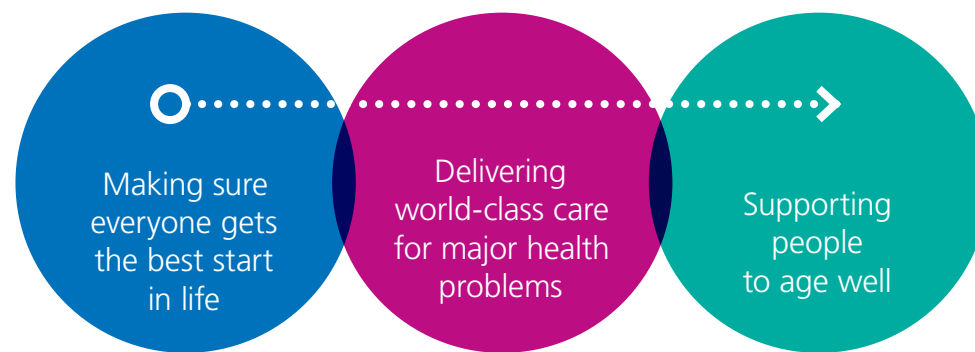
The NHS Long Term Plan was published in February 2019, recognising both the ongoing successes of the NHS in its first 70 years, and the pressures, challenges and opportunities ahead. The Long Term Plan presents an ambition to accelerate the redesign of patient care based on three key factors:

- ▷ Secure and improved funding averaging 3.4% a year over the next five years, compared with 2.2% over the previous five years
- ▷ A wide consensus about the changes needed, confirmed by patient groups, professional bodies and frontline NHS leaders and staff

- ▷ Work generated by the NHS Five Year Forward View is beginning to bear fruit, providing practical experience of how to bring about the changes set out in the Long Term Plan – almost everything in the Plan is already being implemented successfully somewhere in the NHS

The Long Term Plan tackles the three major life stages and sets out broad action areas to overcome the challenges the NHS faces such as staff shortages and growing demand for services:

- ▷ Doing things differently: a new service model for the 21st century
- ▷ Preventing illness and tackling health inequalities
- ▷ Further progress on care quality and outcomes
- ▷ Backing our workforce
- ▷ Making better use of data and digital technology
- ▷ Getting the most out of taxpayers' investment in the NHS



The three major life stages set out in the NHS Long Term Plan

## PESTLEC Analysis

To better understand the wider external context in which we operate we used the PESTLEC analysis model. A summary of the external factors we used to inform our strategy is shown below.

Political	Economic	Social	Technological	Legal	Ecological	Competition
One or more general elections	Brexit – pressure on Public Sector cost reductions; trade	Increasing ageing population & long-term conditions	Remote monitoring/ telecare	New legislation to enable integrated care systems	Climate targets & standards, e.g. waste, travel, emissions	AQP contracts to independent sector de-stabilising 'whole-service' sustainability
NHS/Local Authority funding settlements	Longer term impact of period of austerity, inflation & exchange rates	Population as 'social capital'	Personalised medicine & genomics	Licence changes drive ICS performance	Impact on weather-derived health issues	Affordability and/or perceived additional value of private providers
Integration of NHS England & NHS Improvement	Growing cost of health & social care	More informed consumers	Artificial Intelligence in diagnostics	Pace of innovation & technology; litigious society	Antibiotic resistance	Non-Gloucestershire ICS 'alliances' lowering cost bases below local thresholds and population mass to retain accreditations
Local politician support for clinical strategy and alignment with re-election agenda	Economics as primary determinant of health (+deprivation, work, economy)	Lower availability of workforce in 'caring professions'	Innovation impact on length of stay & out of hospital care	Kark Review of Fit and Proper Persons Test (FPPT)	Global health (pandemics)	LTP shift of care to ICS partner Trusts and primary care
Commitment to collaboration & integration in ICS	NHS contracting/ funding changes	Increased environmental impact & awareness (e.g. sun damage; veganism)	Impacts training need	Revisions to FT Code of Governance	Smoke-free	
Unknown long-term impact of Brexit	Ability of supply chains to deliver	Increase in informal caring	Social media	Regulation of SubCos	Heritage sites constrain development	
		Health tourism	Remote/ mobile work	Data Protection	Corporate Social Responsibility	
			Cyber attacks	Stringent and costly accreditation regimes	Diet & environment impact on allergies	



# Context & Challenges: Regional

## South West

The Gloucestershire health economy, and our Trust, operates within the **South West Region** of the NHS, however our geographical location means we have close working relationships with parts of the Midlands and the Welsh Health Boards.

By 2025 the population of the South West region is estimated to rise by 5.6% above 2017 levels, largely in the over-65 year old group (+16.5%) with resulting demands on healthcare services of long-term conditions.

## Pathology

The NHS is bringing together clinical expertise into hub and spoke '**Pathology Networks**' to deliver high quality diagnostics in a more efficient way. This is a response to the level of unwarranted variation in pay and non-pay costs of providing pathology services across the country, primarily linked to the adoption of best practice and innovative ways of working through advanced roles that can be difficult to replicate across every Trust but easier to implement in fewer, centralised hubs.

We are developing the 'South 3' network with Bristol, Bath acute and Weston Trusts; core services will still take place in our own hospital laboratories, with some samples being analysed quickly and expertly in advanced centres. We are working closely with our partner Trusts to design the best model for our regional Pathology Network that ensures the most efficient and effective service and turnaround times.

## Academic Health Science

We work actively with the West of England **Academic Health Science Network (AHSN)**, driving the development and adoption of new innovations and enabling patients to play an increasing role in their own care. Funding for AHSNs has been extended for at least the first four years of this strategic period, and we will work in close partnership to support innovation and improve patient safety through evidence-based improvement and the involvement of our patients and the public.

## Genomes

Our involvement with the **100,000 Genomes** project, and the planned expansion and mainstreaming of genomic medicine in the NHS over the next 5 and 10 year periods, aligns us with the current **West of England Genomic Medicine Centre** and the genomics laboratory in North Bristol Trust. Some of our senior doctors hold regional positions for the regional genomics medicine service and we have influenced both the original 100,000 Genomes Project and its mainstreaming successor work.

## Clinical

Over the next five years we will continue to work closely with the **South West Clinical Senate** and the **South West Clinical Network** teams to inform our new clinical model, reduce unwarranted variation in health and well being services, encourage innovation in how services are provided now and in the future, and influence clinical advice and leadership to support decision making and strategic planning.





# Context & Challenges: Local

## One Gloucestershire

In 2016, NHS organisations and local councils came together to form 44 Sustainability and Transformation Partnerships (STPs) covering the whole of England, and set out their proposals to improve health and care for patients. Some of these STPs evolved over the following two years to form **Integrated Care Systems (ICS)** in which the system partners take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. All STPs will become ICSs during the next few years.

The **One Gloucestershire ICS** was a wave two 'early adopter' area. Our ICS is characterised by its relative simplicity – one clinical commissioning group, one community care provider and one mental health service provider (these two organisations will become one Trust in the first year of this strategic period), one county council, one ambulance service provider, and 74 GP practices grouped into Primary Care Networks and Integrated Locality Partnerships.

Our Trust is the provider of acute healthcare services in the One Gloucestershire ICS. The majority of these services are provided from our two main hospital sites in Gloucester and Cheltenham, with further maternity services provided in Stroud. We also provide services within the county's seven community hospitals, and to a number of other commissioners outside the county.

The benefits of an ICS are a focus on improving the health and wellbeing of the population through reducing barriers between our organisations that could delay patient care, reducing administrative overheads, and ensuring we get the most value out of every 'Gloucestershire £'.

Naturally this involves a pace of change that we need to maintain in addition to our everyday operational priorities; as the ICS develops we will adapt our organisational form to ensure the system, patients, and partners benefit from the value a high performing acute Trust brings to a partnership.

A key challenge we face, as presented in the NHS Long Term Plan, is the drive to move more care out of acute hospital settings and into the community or patients' own homes where appropriate. Detailed planning and risk management between all members of the ICS will be critical to ensuring the long-term sustainability of our services, and we believe there are significant opportunities for our buildings, staff and resources.

This strategy has been developed with full consideration to the challenges these crucial changes will bring. Our most significant transformational work around new models of care and integrated pathways are being conducted in full partnership with the rest of the ICS.

## Gloucestershire 2050

The public sector organisations in the county are collaborating on a wide scale 'conversation' that started in 2018 to explore ideas and shape the long-term future with all stakeholders, particularly younger people, to understand how we can plan for and tackle the priority issues arising from our changing demographic. Its key findings are important for Gloucestershire health services and our Trust and include:

- ▷ Limited job opportunities
- ▷ Net migration of younger people out of county
- ▷ Loss of skills
- ▷ Loss of investment to cities
- ▷ Limitations of infrastructure, transport and internet connectivity
- ▷ High cost of housing



# Context & Challenges: Hospitals Trust

## Market Analysis

### Demand

Change in demand is determined by two primary factors – population and demographic change, and commissioning intentions (i.e. the services purchased by commissioners to address the healthcare priorities for the population). By 2025 the Gloucestershire population will increase by 5.9% compared to 2017; the vast majority of this increase is in the over-65 year old population (+19%), with associated demands on healthcare services of long-term conditions.

Overall we are a net ‘importer’ of patient referrals and patient choice. This is in part a consequence of our role as the main provider of specialist cancer services for Gloucestershire, South Worcestershire and Herefordshire. Pathways are relatively stable but we have recently secured a seat at the West Midlands Cancer Alliance so we are able to influence possible pathway changes – we already form part of the Somerset, Wiltshire, Avon & Gloucestershire (SWAG) Cancer Alliance.

Our provision of private patient services has reduced over the last ten years. This is a consequence of both a reduction in the fee paying market and the need in recent years to prioritise beds, previously ring-fenced for private patients, for NHS use. This was compounded by our recent financial challenges reducing available capital for investment.

### Our competitors

Our positioning as the only major provider of NHS acute care in Gloucestershire means that we have very little competition for the non-elective services we offer.

In recent years a wider range of ‘specialised services’ have moved from local to national commissioning directly by NHS England and we have participated in providing these services where appropriate, mindful of not destabilising our existing core services.

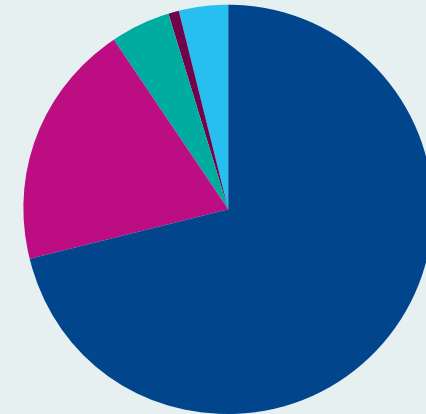
A small transfer of NHS choice activity to commercial providers, including elective orthopaedic activity, has continued as a way of managing demand and helping our efforts to meet some access targets.

The independent and third sector in Gloucestershire is providing increasing levels of NHS funded treatment, although the level of provision (as a proportion of commissioning spend) remains small.

We face some notable threats from commercial providers, as detailed on the next page.

## Income and market share

The main income sources for our Trust are as follows (2018-19):



We continue to be the market leader for the provision of acute health services in Gloucestershire. 84.9% of Gloucestershire CCG’s spend on acute care is with us. The projected trend over the next five years is that this will continue, with a marginal transfer of some activity and income to other providers; conversely we anticipate repatriating some activity from other areas and providers into the Trust. The market share trend is expected overall to remain relatively static.

## Market Opportunities 2019-21

In response to national policy to enhance plurality of provision alongside capacity constraints in some services, we have lost market share to local independent sector providers – most notably in the areas of urology ambulatory care and aspects of elective orthopaedic provision. As an output of the national Getting It Right First Time (GIRFT) programme we are actively mobilising plans to repatriate this work with a view to increasing our market share in the first year of this strategy once backlogs and residual capacity constraints are addressed.

As we develop our consultant and service base in cardiology, there are new opportunities to repatriate patient flows from Birmingham and Bristol, most notably in the areas of interventional cardiology and devices. New consultant appointments and a business case to develop 24/7 primary percutaneous angioplasty will support this ambition. These developments are especially important for patients and families, many of whom travel considerable distance for this care currently.



Similarly an improvement in our interventional facilities and capacity present the opportunity to stop sending patients to tertiary centres (with 6 month waits) for electrophysiology studies and ablation. This development would also enable us to work towards establishing a seven days a week urgent pacemaker implant service, reducing length of stay and improving inpatient flow while reducing morbidity and mortality associated with temporary pacing wire use.

Our proximity to Wales presents opportunities to further expand our range of offered services to patients across the border.

We also have key opportunities in reinvigorating our private patient. Analysis shows that there is demand for these services that is either unmet, or met by services that we could either host or provide directly without compromising our core NHS services; indeed increasing our private capacity would lead to increased income to invest in all services. Likely clinical areas would initially be: fertility services, ophthalmology, maxillo-facial surgery, audiology, cancer treatment and pain management.

## Market Threats 2019-21

We are facing a number of market threats, some of which have the potential to impact on the future sustainability of services.

We face the threat presented of some sub-specialty contracts being awarded to commercial providers, migrating lower-cost, income-generating work out of the Trust whilst we have retained the complex and high-cost/low-margin elements that are potentially unsustainable without the 'balancing' financial effect of the more routine procedures. This has already occurred in the field of cataract surgery.

We also face threats relating to haematology & oncology and cancer surgery, stemming from alliances that Herefordshire and Worcestershire Acute Trusts are forging with other providers in their STP area, and wider Midlands networks. These undermine flows from these areas to our Trust, where population mass is required to maintain accreditation and/or cancer unit status.

We are working closely with our commissioners in the rest of the ICS to plan for the long-term sustainability of services; and our proposed Gloucestershire Cancer Institute and close work with the regional cancer alliance will tackle the latter threat.



## Progress Against Previous Strategy

Below is a summary of the key highlights and achievements from the previous strategic plan, which covered the period 2014 – 2019. We made significant progress, despite some challenging circumstances, and take confidence from the progress we made and success we delivered as we transition to our new strategic plan.

### Our Patients

- ▷ CQC overall rating 'Good' February 2019
- ▷ A&E 4-hour wait standard – NHS Improvement target achieved; upper quartile of Trusts nationally,
- ▷ Cancer 2ww standard met for Q4 18/19 (93.6%); 90% as a whole (best performance since 2015/16)
- ▷ Cancer 62 day treatment recovery plan to deliver by Sept. 2019
- ▷ Diagnostics 6 week standard met
- ▷ Hospital standardised mortality ratio below 100 (99.1)
- ▷ FFT score of 93% recommending us to friends and family met in Outpatients and Maternity
- ▷ Reduced average monthly outpatient complaints to 22

### Our Services

- ▷ New 'Centres of Excellence' clinical model developed
- ▷ New urgent care assessment units implemented
- ▷ RTT reporting recovery plan delivered on schedule
- ▷ Allocated £39.5m estates development funding
- ▷ Reconfiguration of Gastroenterology as part of winter planning
- ▷ Armed Services Covenant 'Gold' award; Veteran Aware
- ▷ Hundreds of staff trained to support making healthy choices

### Our Staff

- ▷ Staff engagement score improved from 6.7 to 6.8
- ▷ Staff turnover rate below 11% (10.95%)
- ▷ More staff recommend us as a place to work (56%)
- ▷ New talent management system launched
- ▷ Innovative clinical and apprentice roles in place
- ▷ Quality Improvement academy trained hundreds of staff and implemented dozens of improvement projects
- ▷ 'One stop shop' for staff health and wellbeing launched May 2019

### Our Organisation

- ▷ Exited financial regulatory action in November 2018
- ▷ Cost Improvement Programme delivered industry-leading results (6%) year on year; however delivery of financial recovery against trajectory not complete
- ▷ 78% of CIP delivery was recurring
- ▷ Favourable benchmarking on 'Model Hospital' tool
- ▷ Range of investment projects approved to drive further quality and financial improvement
- ▷ Integration of respiratory teams commenced; model for integrated leg ulcer (diabetes) agreed; new MSK model progressing (shortlisted for HSJ award)
- ▷ Recruited 1,678 patients (target 1,000) across over 100 clinical trials

## Strengths, Weaknesses, Opportunities and Threats (SWOT)

To better understand the context in which we operate we used a simple Strengths, Weaknesses, Opportunities and Threats (SWOT) assessment with a range of groups as part of our engagement programme, and this is summarised below. We linked our strengths to our opportunities and our weaknesses to our threats and used this to inform our strategic objectives.

### Strengths

**Patient care is our priority** – We provide high quality patient care and are recognised for that locally, nationally and internationally. Our good reputation is growing.

**Culture, leadership and engagement** – We have a renewed vigour, energy and vision. We are resilient, open to conversations, and we are responsive to risks and concerns.

**Our staff** – Are our greatest strength; we overwhelmingly have shared values and purpose, and go the extra mile whenever possible. Staff are proud of the services they give to patients and each other.

**Improvement** – Is evident in our track record of service delivery in response to real needs, notably emergency care performance, reduced mortality, and productivity and cost improvement.

**Risk** – Is managed well and used as a driver for improvement. We listen and respond to staff, patient and public concerns and make the right decisions at every opportunity, and learn from our mistakes.

**Transformation** – Is at the heart of our daily work – we seek ways to improve quality in all we do and we have a track record of delivering projects that improve patient care and our use of resources.

**Working in partnership** – With local, regional and national organisations, NHS or otherwise, is increasingly core to what we do, and we seek to influence best practice through our successes.

**Training, education and research** – Are things we have a strong reputation for, and we recognise the need to increase these as the foundation for continuously improving patient care.

### Weaknesses

**Staff management** – Is as consistent as it should be; some staff are not treated as they deserve to be, and some poor performance is not tackled.

**Workforce gaps** – Exist in some services, creating pressures both in terms of frontline patient care, and support services to our clinicians.

**Our IT systems and data** – Are not yet providing improved insight on which to base better decision-making; we still rely too much on paper.

**Patient ‘flow’** – Through some of our services can be inconsistent; too many patients who could be safely discharged stay with us longer than necessary.

**Variation** – In some clinical practice variation undermines consistent performance and patient experience, impacting morale and our improvements.

**Inefficiency** – Across our hospitals inefficiency still exists in some services, and we have some excessive waiting times leading to poor patient experience.

**Communication** – With staff and patients can be difficult in an organisation of our size, complexity and diversity. Despite best efforts we don’t always get it right.

**Staff ownership** – Of, and involvement in, service change can be inconsistent, impacting on their morale, increasing risk to improvements, and risks impacting patient experience.

**Financial deficit** – Has created a lack of capital investment, and ageing buildings, equipment, IT, and medical and diagnostic equipment. We have huge costs but there is more to do.



## SWOT (cont'd)

## Opportunities

**Recruitment and retention** – Of the best staff by ensuring we create roles that people want to do that help solve our workforce gaps, and we keep investing in and developing all our staff.

**More patients could choose our services** – If we reduce waiting times and how long patients have to stay with us while improving their experience while in our care, and communicate clearly with them.

**University Hospital** – This status could enhance patient care and outcomes through the positive impact of research, education and training and enable us to deliver more specialist services.

**'Integrated Care Provider'** – Contributing constructively would enable us to reduce barriers and improve how patients move between us and other providers, and within our own services.

**Expand our services** – To new clinical specialties and/or locations by assessing and improving our productivity and performance, and accurately model what we can achieve to make realistic bids.

**Private Patient** – Private services could improve our income and good reputation, increasing the amount we have available to invest in our NHS services and improving our long-term financial stability.

**Working in community locations** – Can be reviewed to understand where services are not working efficiently, and where we could provide excellent services outside our two main hospitals.

**Efficiency, productivity and financial health** – Can all be improved by innovative use of the resources we already have, improved digital and IT systems (e.g. telecare).

**Population health** – Can be a crucial part of what we do by promoting healthy lifestyle and choices for patients and staff alike, and ensuring we prevent ill-health whenever possible.

## Threats

**Growth in demand** – Could exceed capacity to provide services in a timely fashion, creating risks to care, staff morale and financial sustainability.

**Recruitment and retention** – In various staff groups including doctors, nurses and professional support services.

**Loss of market share** – To other Trusts or new private providers due to attractive reward packages and work patterns; some contracts move simple procedures to providers with shorter waiting times while we continue providing higher-cost complex procedures.

**Adverse impacts of NHS structural changes** – The drive towards out-of-hospital care could leave us with liabilities and risks. Pace of change to deliver projects could conflict with operational capacity and priorities.

**Sustainability of clinical services (including screening programmes)** – Due to lack of capital, increasing stringency & subsequent resource demands of accreditations (e.g. labs), pathology networks etc, it may be challenging to sustain the current portfolio of provision in its current format.

**Financial issues out of our control** – Could worsen sustainability, such as outdated tariffs, increased outsourcing costs, inability to access greater purchasing power through regional arrangements.

**Lack of commissioning** – Of some of the work we do due to historical reasons, combined some lack of locally agreed tariffs, means that some services have no income.

**External regulations** – These could change or be applied stringently.

**Brexit** – The implications are relatively unknown despite planning; adverse national economy likely to hit public funds; workforce pipeline may be further constrained; disruption to supply chains and innovation routes.

**Politicisation of healthcare** – Both national and local, diverts support for 'right' decisions.



**Gloucestershire Hospitals**  
NHS Foundation Trust

