



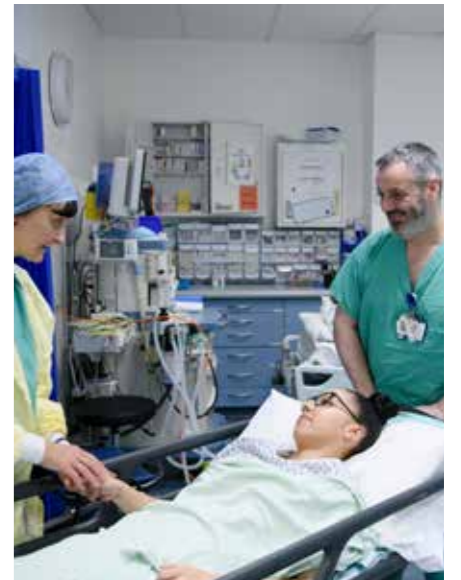
# **gesh Group Strategy, 2023-2028**

**Outstanding Care, Together**

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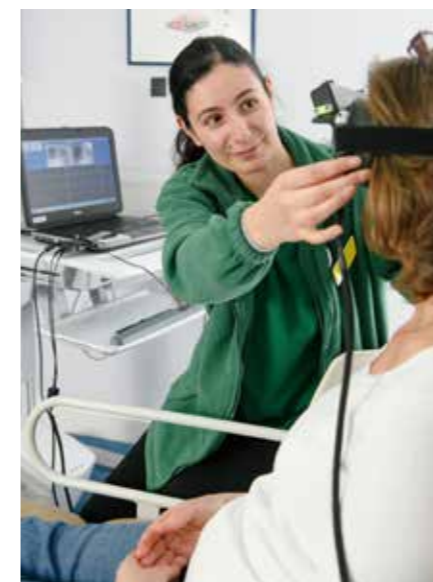
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# Foreword



“Our vision for 2028 is simple but powerful – we will offer outstanding care, together.”

**W**e are delighted to introduce St George's, Epsom and St Helier University Hospitals and Health Group's new strategy for 2023-2028.

It marks a significant step in how we will work together as a Group. Building on years of collaboration in a range of fields, becoming a Group has created one of the largest entities in the whole of the NHS, and brings together two organisations with strengths in different areas.

As the world around us continues to evolve, so too must our approach to healthcare. The formation of the Group – plus COVID-19, and changes to how the NHS works, have given us the opportunity to redefine how we provide the best possible services to our patients and to reflect on the role we play in our local communities and across the wider NHS.

In developing this strategy, we have spoken to hundreds of patients, staff, and partners to get their views on our priorities. Based on their feedback, this document outlines our direction for the next five years. It is a roadmap to a better future where we meet our communities' needs with excellence, affordability, and compassion.

Our vision for 2028 is simple but powerful – we will offer outstanding care, together. This vision is founded on four key aims: we will **collaborate and work in partnership** to meet the needs of our patients, and make sure our services are **affordable and fit for the future**. We will offer the **right care, in the right place, at the right time**, all while ensuring our highly skilled, committed workforce is **empowered and engaged**. This document describes these aims in more detail, and what we need to do to make them a reality.

Our task is not an easy one. The demand for our services is increasing, and resources are more stretched. To meet this challenge, we must seize the opportunities before us – the Building Your Future Hospitals programme, working with our partners, and supporting our staff to work differently.

Delivering our new strategy will require commitment, hard work, and a willingness to embrace change, but we remain very optimistic about the future. We look forward to the next part of our journey – providing outstanding care to the people we serve, together.

**Gillian Norton, Group Chairman**  
**Jacqueline Totterdell, Group Chief Executive**



# Executive summary

Our organisations have seen major change in recent years – such as the COVID pandemic, a new legal framework for the NHS, and St George’s, Epsom and St Helier coming together to form a Group. In that context over the course of 2022 we spoke to hundreds of our patients, staff and partners about what they want the future to look like for our organisations. This strategy, based on those discussions, sets out our direction of travel for the coming five years.

## Where are we now?

Epsom and St Helier and St George’s are great institutions, with proud histories, but we are faced with significant challenges. The need for our services is high and rising, with an ageing population, changing patient expectations, and the demands on the health service as we recover from COVID. Our central challenge is to meet that rising need at a time when both money and healthcare staff are in short supply.

To do so, we must capitalise on the opportunities available to us: for instance, unleashing the potential that comes from empowering our 17,000 staff, embracing digital technology, collaborating with partners across the health and care system, and delivering the Building Your Future Hospitals programme (where we stand poised to benefit from the biggest investment in healthcare in our region for a generation).

## Where do we want to be? Our role

We will act as providers of local health services for the people of Surrey Downs, Sutton, Merton and Wandsworth, and as a major tertiary centre for south west London and Surrey, particularly renowned for our specialist major trauma, renal, neuroscience, paediatric and cancer services. As university hospitals we will also be thriving centres for research and education, working closely with St George’s, University of London. Our two trusts will have distinct identities but operate as one family – delivering to the maximum possible extent the benefits of Group working, while remaining legally distinct organisations. Our partners will experience us as leaders for integration across the health and care system, working alongside them to join up care around our patients’ needs. We will also act as ‘anchor institutions’ in our localities – as major employers and spenders we aspire to have a positive impact in our local communities beyond the provision of healthcare.

## Where do we want to be? Vision for 2028

Our vision is that we offer outstanding care, together.

We will **collaborate and work in partnership** to meet the needs of our patients. Our vision is that by 2028 gesh will be a driving force behind the most integrated local system in the NHS – working with GPs, local government and community partners to keep people well in the community, integrating services across the gesh Group, collaborating with other hospitals in south west London on shared services, elective recovery and financial sustainability, and working through regional networks to integrate our tertiary services with primary and secondary care.

We will make our services **affordable, and fit for the future**. By 2028, we will have taken the difficult actions required to break even financially each year, so that our services are affordable from the government funding allocated to us. We will have reduced our carbon footprint, and be on our way to net zero by 2040. We will have modernised

key parts of our estate, and made major strides in adopting digital technology. We will be a thriving centre for research, innovation and enterprise, playing our part in the development of tomorrow’s healthcare.

We will offer the **right care, in the right place, at the right time**. In 2028, waiting times for our services will be among the best in the NHS, and we will have an outstanding safety culture, delivering lower than expected mortality rates and a reduction in avoidable harm. We will be improving outcomes and patient experience, and working with partners to tackle health inequalities.

To square the circle of delivering improvements in quality of care while taking difficult decisions to make our services sustainable for the long term, we will need to make best use of our greatest asset – our highly skilled, committed workforce. We want to engage and empower our staff. Our vision is that by 2028 gesh will be among the top five acute trusts in London for staff engagement – getting the basics right for our employees, putting staff experience and wellbeing at the heart of all we do, fostering an inclusive culture that celebrates diversity and embeds our values, developing tomorrow’s workforce, and supporting our staff to work differently.

In all this, everything we do will be driven by our patients.

## How will we get there?

We will deliver our vision through:

### 1. Local improvement

Continuous improvement, pursued by teams of staff at every level in our organisations, from Board to ward, against a common framework of annual improvement priorities.

### 2. Corporate enablers

Action led by individual corporate departments, working with clinical teams, to deliver against a range of corporate strategies: quality and safety, people, IT, estates, research and innovation, our green plans.

### 3. Strategic initiatives

Nine large, complex, long-term, Board-led, transformational programmes of work:

- The Building Your Future Hospitals programme.
- Supporting a continuous improvement approach throughout our organisations, through high-performing teams and leaders.
- Implementing a shared system for electronic patient records across our Group.
- Transforming our outpatient services.

- Collaborating with other hospitals across south west London.
- Transforming our culture, and making our workplaces more diverse and inclusive.
- Pursuing collaboration across our gesh Group.
- Collaborating with local partners in Surrey Downs, Sutton, Merton and Wandsworth.
- Strengthening our specialised services.



# Where are we now?

Epsom, St Helier and St George's have gone through a period of significant change in the last few years. COVID-19 has had a major impact on our patients, our staff, and the way our services operate. As of 2022, the NHS has been operating under a new legal framework, giving our trusts new duties and opportunities particularly with regards to cooperation across the NHS. Demographics, technology and medical practice continue to change around us. Our two organisations have come together as a Group, bringing new opportunities for our staff and patients.

It is in that changing context that we have drawn up this strategy, to set out our direction and priorities as a Group.

In doing so we have engaged widely with our patients, staff and partners. Through workshops, surveys and online events we have had over 2,000 interactions with people keen to help shape the future of St George's, Epsom and St Helier. We are grateful for their input, which has shaped the strategy set out below.

## Where are we now?

Epsom, St Helier and St George's are great institutions with proud histories. Across our hospitals at Epsom, St Helier, St George's and Queen Mary's Roehampton, and in community sites across south west London and Surrey, together each year we deliver more than 900,000 outpatient appointments, see more than 300,000 people in our emergency departments, deliver more than 8,000 babies, treat 100,000 patients with planned procedures, recruit more than 12,000 people to clinical research trials that help develop the treatments of tomorrow, and train hundreds of people as part of our commitment to educating the healthcare workforce of the future.

Care at both trusts has been getting better, reflected in improved CQC ratings over the past few years, and waiting times for treatment generally compare well to the rest of the NHS. Prior to the shock of COVID and its aftermath, our financial positions had been improving. Despite those financial challenges and historic underinvestment in our estate, with backlog maintenance among the worst in London, our staff report similar levels of satisfaction to the rest of the NHS.

But we know we can do better. We aspire to outstanding care at every opportunity. Following COVID, our patients wait too long for care. We have more to do to be financially sustainable for the long-term. We want gesh to be a place where our staff feel happy at work, able to develop to their full potential, and deliver great care.

As we look to the future, the world is changing – bringing challenges we must rise to and opportunities we must seize in order to achieve our ambitions.

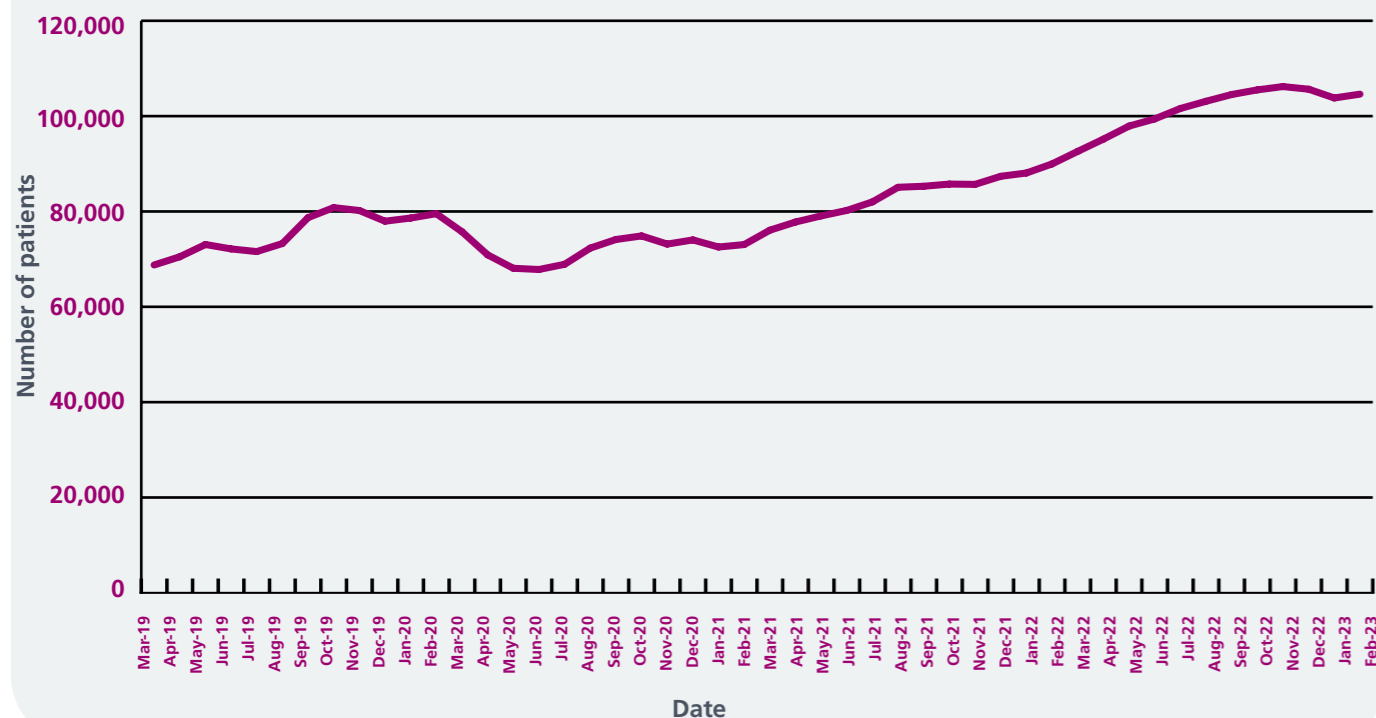
# Our key challenges

## Demand for our services is growing and changing

The need for our services is high and rising. Our population is ageing, increasing the demand for healthcare.

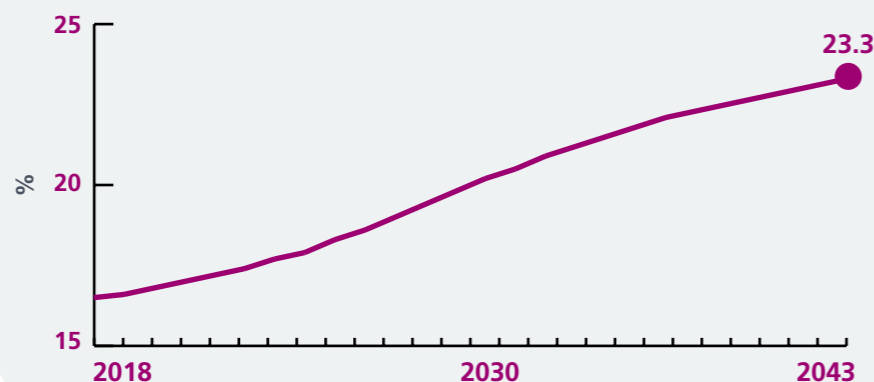
### Number of patients on gesh waiting lists for treatment

#### Referral to Treatment waiting list size



On top of this long-term trend, COVID has had a major impact more recently. Perhaps most obviously, the pandemic has affected access to our care: for instance waiting times and the size of waiting lists have significantly grown against pre-pandemic levels.

### Percentage of population over age of 65 (ONS, 2018): South west London and Surrey Heartlands



## Innovation

We must respond to rising demand for our services while keeping abreast with medical and technological advances. Digital innovation is changing how we deliver healthcare, from 'digital first options' for appointments to the use of artificial intelligence (AI) in screening, diagnostics, disease management and operative care. Developments in genomics offer the potential for 'precision medicine', where treatments and medication are tailored to patients' genetic make-up. New drugs/therapies continue to be developed, such as those that stimulate or restore the ability of the body's immune system (e.g. cell-based therapies such as CAR-T in cancer care, or biologics/biosimilars in specialties from rheumatology to neurology). Robotic surgery is increasingly becoming a key component in surgical treatment, and surgical teams are starting to use 3D custom printing in their work.

## Health inequalities

We must also rise to the challenge of tackling health inequalities. Some of the people we exist to serve (for instance people from less well-off communities, black and ethnic minority communities, people with disabilities, LGBTQ+ people) have higher need for healthcare, but poorer access to it, and worse outcomes and experiences.

## Changing climate

We must do more, while having a lower impact on the environment around us. The healthcare sector is responsible for almost five per cent of global greenhouse gas emissions, and acute trusts are the largest contributor to greenhouse emissions in the health sector. It is an impact we have a duty to address.

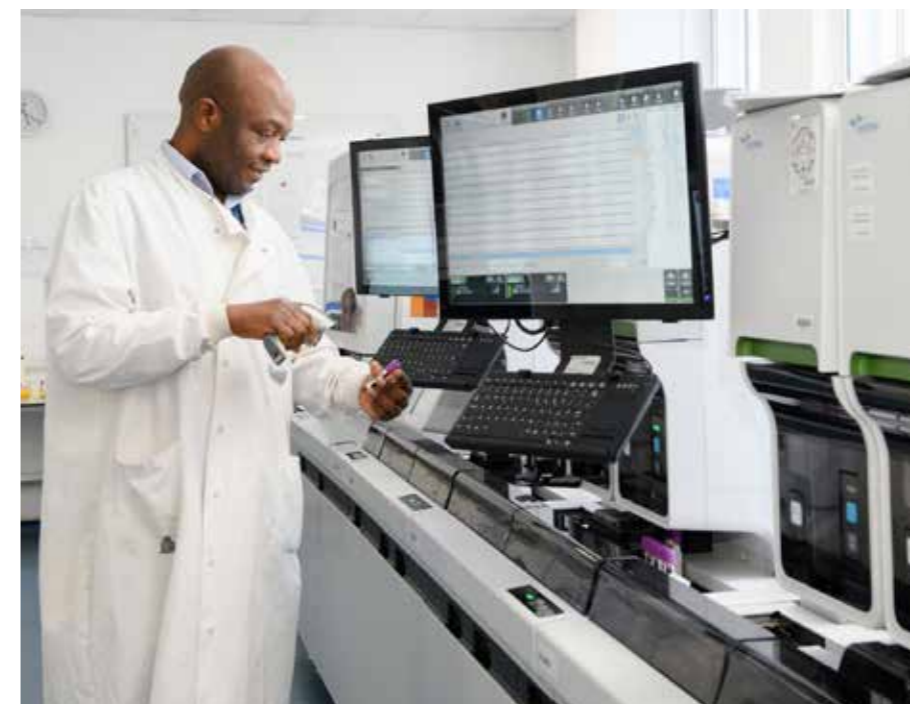
## Financial challenges

Our central challenge is to meet the rising healthcare needs of our communities at a time when both money and healthcare staff are in short supply.

Our two trusts' financial positions for next year show a significant challenge which will not imminently diminish. Efficiency targets and a reduction in COVID-related income are creating a constrained environment. The trusts will likely need to take difficult decisions in the years ahead as a result, and our strategic ambitions will necessarily be limited by what we can afford to deliver.

## Workforce

The NHS is facing unprecedented workforce shortages across a range of areas, from nurses to doctors to allied health professionals. Even if money were no object, we cannot meet the rising healthcare needs of our population by recruiting ever more staff.



# Seizing the opportunities before us

To meet the rising demand for our services when money and staff are in short supply, we must seize the opportunities before us. To name some of the most significant:

## Building your future hospitals programme

Following public consultation, our commissioners have agreed our proposal to build a brand-new Specialist Emergency Care Hospital (SECH) in Sutton, bringing together core major acute services for Epsom and St Helier's most unwell patients and those who need more specialist care on a single site, while care continues in our existing, refurbished hospitals at Epsom and St Helier for the majority of services. This is a once-in-a-lifetime opportunity to truly transform services, patient experience and patient outcomes, and to put our services on a more financially sustainable footing. It represents the biggest investment in healthcare in the region for a generation.

## Workforce

We have an opportunity to empower and equip our staff to work differently. Our 17,000 staff, with their skill and dedication to patient care, are our greatest asset. The COVID pandemic took its toll on our staff, but it also showed that when empowered and equipped to make change, and given clear common purpose, staff in the NHS can deliver change at immense scale and pace, to the massive benefit of our patients.

## Digital technology

Digital technology is transforming a wide range of industries, including healthcare. Some of the digital advances we are starting to pursue (such as a shared system for electronic patient records across St George's, Epsom and St Helier) could lead to major benefits for our patients and staff.

## Collaboration

Finally we know that there is huge opportunity to improve care for our patients and value for taxpayers by delivering more integrated services:

- **With partners in our local communities:** Hospitals, GPs, community services, social care and the voluntary sector collaborating to improve the health of their local population is now a long-standing national policy priority, backed up by recent changes to the law. We see major opportunities here, including to build on successes we have had in some of our local areas (e.g. Epsom St Helier's role as a leading partner in joining up services around the needs of patients in Surrey Downs and Sutton).

- **Across our Group:** Building on years of collaboration in a range of fields, Epsom, St Helier and St George's have come together as a Group, under a single management team. This creates one of the largest entities in the whole of the NHS, and brings together two organisations with leading strengths in different areas. It thereby offers us significant opportunities to standardise outstanding care across both trusts, and deliver the quality and financial benefits that can come with scale.

- **With other hospitals:** Across the country, 'provider collaboratives' are expected to play an increasingly important role in the NHS. In south west London, our Acute Provider Collaborative is seen as an example of good practice nationally. Together we have delivered both clinical joint ventures (such as the South West London Elective Orthopaedic Centre) and combined corporate functions (such as bringing together our procurement teams into one), which have led to better patient care and better value for money. We see significant opportunities in building on these strong foundations.

It is with this set of challenges and opportunities in mind, and following discussion with our patients, staff and partners that we set out our vision for 2028, overleaf.





# Where do we want to be in 2028?

## What role do we want gesh to play?

The creation of the St George's, Epsom and St Helier University Hospitals and Health Group gives us the opportunity to reflect on the role we will play in our local communities and across the wider NHS.

### Our aspiration is that going forward, our patients, staff and partners will experience us as:

- providers of local health services for the people of Surrey Downs, Sutton, Merton and Wandsworth, providing care from our hospitals at Epsom, St Helier, St George's and Queen Mary's (and in future, the new Specialist Emergency Care Hospital in Sutton), and a range of community locations.
- active partners in the design and delivery of integrated services – working flexibly across traditional healthcare boundaries adapting our approach to meet the differing needs of our local communities.
- a major tertiary centre for south west London and Surrey, particularly renowned for our specialist major trauma, renal, neuroscience, paediatric and cancer services. As university hospitals we will be thriving centres for research and

education, working in close collaboration with St George's, University of London.

- two trusts, with distinct identities within one family. Operating across multiple sites, we will flex to meet the different needs of our different localities, but deliver the same high standard of care wherever our patients are. Our clinical services will play complementary rather than competitive roles in the local NHS offer to patients, and we will deliver a wide range of joint services, particularly in the corporate sphere.
- a positive force for integration. We will be collaborative partners in our local communities in Surrey Downs, Sutton, Merton and Wandsworth, working closely with GPs, community partners and local government to co-produce a more integrated offer for our local population. As a Group constituting two thirds of the acute sector in south west London, we will act as a catalyst for change, collaborating with

commissioners and our local hospital partners to accelerate the setting of common standards and the development of collaborative projects. Through clinical networks across south west London, Surrey and further afield, we will be proactive partners in ensuring that our specialist services work with other tertiary providers, local hospitals and community partners to deliver an integrated offer for patients across our region.

- 'anchor institutions' in our localities: as major employers and spenders we aspire to have a positive impact in our local communities beyond the provision of healthcare.

# Our vision for 2028



# What do we want to achieve?

The following sections set out our vision for 2028. They describe what we aspire to achieve over the coming years, and what success would look like in 2028.



## Collaboration and partnership

To deliver improvements in quality of care while taking difficult decisions to make our services sustainable for the long term, we will play a leading role in integrating services around the needs of our patients. Our vision is that by 2028 gesh will be a driving force behind the most integrated health and care system in the NHS, and will be recognised as a national exemplar for integrated working – working with GPs, local government and community partners to keep people well in the community and avoid unnecessary trips to hospital, integrating services across the gesh Group, collaborating with other hospitals in south west London on shared services, elective recovery and financial sustainability, and working through regional networks to integrate our tertiary services with primary and secondary care.



## In our local communities

As a Group we want to develop our role as an active collaborative partner in our local communities (Surrey Downs, Sutton, Merton and Wandsworth), contributing to improving the health of our local population and delivering more integrated care.

Both trusts have delivered benefits for patients through this more collaborative landscape, but there is more we need to do. Epsom and St Helier's integrated care models across Surrey Downs and Sutton are recognised as examples of great practice achieving real improvements for the communities that they serve. We want to roll out and scale this partnership approach through co-design with local people and clinicians, focusing on population health management and continuous improvement.

Our vision for 2028 is that working together with partners, we will support people in our local communities through each phase of life – 'start well, live well and age well'.

Our organisations will be an integral partner in the delivery of integrated models of care across primary, community, mental health and acute care, and these models of care will have a direct impact on improving the health of our local population, addressing health inequalities and making services sustainable for the long term. Beyond provision of services, we will also act as an 'anchor institution' playing our full role as part of the wider south west London anchor programme. For example we will 'make every contact count' with the patients

we see, by developing our ability and role in addressing the wider determinants of health and wellbeing in collaboration with partners.

## Across our Group

Having come together as a Group, a key part of our strategy for the coming five years will be to seize the opportunities that Group working brings.

Our vision is that:

- we will build on the strengths of both trusts, so that patients experience the same high standard of care, no matter which hospital they attend or where in our catchment area they come from.
- our trusts will play complementary roles in the local NHS's offer to patients, rather than seeking to compete with one another – with our acute hospital services and the community services we host offering a joined up service to patients.
- our patients will be able to move seamlessly from one hospital to another in order to access specialist care or faster treatment.
- we will increasingly act as 'one workforce', with more joint roles, joint training, staff able to rotate across sites, and the development of new roles across the Group – enabling us to offer improved outcomes for our patients, and a richer set of career opportunities for our staff.

- our IT systems will underpin this collaboration, with our staff able to seamlessly access and share electronic patient information to improve the care we offer.
- we will make best use of our collective infrastructure, delivering maximum value for patients from the assets available to us.
- by sharing corporate functions, we will deliver economies of scale, enabling us to invest more into patient care.

What this vision means in detail will vary from service to service.

- In some cases, it will mean services coming together and running as one service. For instance, we will create joint corporate services, catering to both trusts with the quality and efficiency benefits that scale brings. In some clinical areas, the same might apply – for instance our renal teams will come together to form one of the largest such services in the country, with enormous potential to improve patient care and develop new research and treatments.
- But for most clinical services, delivering the vision above is likely to mean remaining as two separately run services, collaborating across the Group to adopt best practice and standardise care, coordinate which elements of individual pathways are best delivered where, deliver joint services e.g. in particular subspecialties, or provide mutual aid.

In each case, what this collaboration looks like will be led and shaped by the services and staff in question, and via engagement with our patients and partners.

This collaboration across our Group will complement the joint work we do with other organisations in south west London through our Acute Provider Collaborative and the South West London Integrated Care System. Our vision is that the Group enables us to act as a 'vanguard' for acute provider collaboration in south west London – enabling us to deliver on projects we agree with our partners at greater pace, develop and test new ideas for collaboration, and accelerate the process by which the four trusts in the Collaborative are able to adopt and implement new joint ventures.

## Acute Provider Collaborative

The South West London Acute Provider Collaborative brings together NHS trusts providing hospital and community services in south west London (Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Trust, Kingston Hospital NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust). It has enabled us to make better use of NHS funds (e.g. through joint procurement), and deliver better services for our patients. (South west London has some of the lowest waiting times for elective care in the country.)

We see significant further opportunity to collaborate with other hospitals in south west London, and our aspiration is that the gesh Group, constituting two of the 4 trusts in south west London, can help accelerate the delivery of these opportunities.



Our vision is that:

- through the leadership of our clinical networks, we deliver a shared best-practice model of care, to the same high standard, across south west London.
- through a shared understanding of hospital capacity and patient demand, we ensure patients across south west London are seen and treated in the right place, at the right time, and by the right clinicians – equalising and driving down waiting times across our region, and maximising the number of patients that we are able to treat within south west London. For some specialties this might mean having a single point of referral, and a single 'patient tracking list'.
- we build on our success to date in delivering elective care from dedicated elective centres and facilities (such as those we currently have at Epsom Hospital and Queen Mary's Roehampton), where elective procedures are not at risk of being cancelled to make way for emergency cases.
- our patients increasingly have access to diagnostics in the community, through a range of Community Diagnostic Centres and Hubs developed across south west London.
- we deliver a growing range of joint clinical support services and joint corporate functions, building on successes to date such as South West London Pathology, the South West London Procurement Partnership and the South West London Recruitment Hub.



## Specialist services

We provide a wide range of outstanding specialist services to the population of south west London, Surrey and beyond. As the budget for these services is devolved from a national level to local integrated care systems, a key part of our strategy for the coming years is to strengthen our specialist services, including through collaboration with other partners.

Our vision is that in 2028 we will continue to be a major tertiary centre for south west London and Surrey, particularly renowned for our specialist neuroscience, cancer, renal, paediatric, and major trauma services.

Our ambition is to use the opportunities that come with the devolution of the specialised service budget to pursue increasingly **integrated models of care** for our tertiary services – with GPs, local district general hospitals and the specialist tertiary centre working together to join up care around the needs of patients and improve population health. Our vision for 2028 is one of strong clinical networks operating across the catchment area for our specialist services (usually south west London and Surrey), enabling us to work together with partners to deliver more joined up care. Together we will be working to give patients the right care, in the right place, at the right time – earlier intervention closer to home to reduce the number of people needing specialist care, and early and easier access to specialist expertise for those who need it, with outreach to our local hospitals and swift referral pathways.

We also know that for many specialised services, there are opportunities to improve the quality and efficiency through **tertiary providers working together**, from sharing best practice to collaborative projects to delivering services jointly. In 2028, we want our specialised services to be working closely with other tertiary providers (e.g. through our Acute Provider Collaborative or the South London Specialised Services Programme), leveraging the best that our different organisations have to offer, and seizing the benefits of scale where it will benefit our patients (e.g. by bringing St George's and Epsom St Helier's specialist renal services together to create a national leader in specialist renal care, research and education). In cancer services, our vision is to provide outstanding cancer care to our population, working in partnership with the Royal Marsden and RM Partners and playing to the strengths of our respective organisations.





## Affordable healthcare, fit for the future

We will make our services sustainable for future generations. By 2028, we will have taken the difficult action required to break even each year financially. We will have reduced our carbon footprint, and be on our way to net zero by 2040. We will have modernised key parts of our estate, and made major strides in adopting digital technology. Additionally, we will be a thriving centre for research and innovation, playing our part in the development of tomorrow's healthcare.



## Financial sustainability

We are in an extremely challenging financial environment. By law, we must not exceed our spending limits set by NHS England, but following the pandemic we enter into 2023/24 with a significant financial deficit – which we must close.

Our vision is that by 2028 we will have eradicated that deficit, and be spending no more than we earn. This will be a significant challenge, and will require us to take difficult decisions. However it is essential if we are to put our services – upon which millions of people in south west London and Surrey rely – on a sustainable footing for the future.

It will require us to work differently – in some cases radically so.

It will require action from all of our 17,000 staff – from front-line staff working in teams to make continuous small improvements to the efficiency of their service, to major transformation programmes led by the Board.

It will only be possible in collaboration with our partners – from working differently with GPs and community partners to deliver care in different ways in the community, through to working with other hospitals to reduce duplication and do more jointly.



## Environmental sustainability

Becoming an increasingly sustainable group of hospitals is a growing priority due to the climate emergency and the link between environment and health.

Our vision for 2028 is that we will be a significantly more environmentally sustainable group of organisations. We will have reduced our carbon footprint, and be on track to meet the NHS's net zero target by 2040. With the right support, more of our staff will be using more sustainable forms of travel to get to work, and fewer patients will be travelling to hospital due to greater use of digital platforms and a reduction in unnecessary outpatient trips. We will be wasting less, having completed the shift from paper-based to efficient and effective electronic clinical systems, and having improved levels of recycling. We will have increased levels of biodiversity on our hospital estates. And in progressing the Building Your Future Hospitals programme, we will have taken a major step forward on Epsom and St Helier's journey to net zero.

## Buildings fit for twenty-first-century healthcare

We will continue to develop, invest in and maintain our estate, seeking to make our buildings and facilities more accessible, efficient, environmentally friendly, and fit for twenty-first century healthcare.

We will continue to develop, invest in and maintain our sites in the community and at Epsom, Queen Mary's Roehampton, St Helier and St George's hospitals, and by 2028 we expect to have invested tens of millions more in redevelopment, refurbishment and transformation projects.

We will also be on track to open a brand-new Specialist Emergency Care Hospital in Sutton (directly next to the Royal Marsden Hospital and the Institute of Cancer Research), bringing together core major acute services for Epsom and St Helier's most unwell patients and those who need more specialist care on a single site, and with specialist renal services consolidated in a dedicated hub at St George's.

We will have also progressed our plans for the phased redevelopment of the St George's site over the next 20 years – a plan that will see us make better use of our buildings for clinical care as well as building on the vacant land on the St George's site.



## Keeping pace with digital technology

Digital technology has great potential to improve how the NHS delivers its services: providing faster, safer and more convenient care, and supporting our staff to work more flexibly and efficiently. It is a key ambition of the national NHS long term plan which sets out how digitally enabled technology will be mainstreamed across the NHS.

Our vision for 2028 is that our staff and patients will have access to the information and digital technology they need, when and where they need it. We will continue investing in our digital infrastructure, with upgrades to the systems that underpin the work of our staff, and action on cyber security. Digital technology will support new models of care for our patients, such as virtual interaction with our clinicians. It will also support our staff to work

differently. A shared system for electronic patient records across our Group will enable clinicians to access the information they need quickly about patients moving between our sites, and help us offer the same high standard of care across our services.



## Developing tomorrow's treatments through research

Healthcare research is vital for the deployment of safe and effective new healthcare strategies and interventions. We currently play an important role in developing the treatments of tomorrow through research, but our ambition is to do more.

Our vision is that by 2028 we will be leading significantly more research from gesh, contributing to changes in care that will directly impact upon and improve the health and wellbeing of the diverse populations that we serve across south west London.

gesh will be a thriving community for research, offering a dynamic and enabling environment for all types of healthcare research, that will attract and retain high calibre, talented healthcare professionals across all specialties.

We will continue to have particular strengths in leading cardiovascular, neuroscience, genetics/genomics and infection research, where we have strong partnerships with St George's, University of London, but we will also capitalise on new research growth opportunities resulting from the gesh Group. For instance, bringing together Epsom and St Helier and St George's renal services will create one of the largest centres for kidney care in the country, which will bring significant opportunities to expand our research portfolio in this area. We will continue to build collaborations with academic and other health and care providers that will allow us to deliver the goal of making research accessible and inclusive.

## Innovation and enterprise

Advances in healthcare science and technology (e.g. 3D printing, robotics, artificial intelligence, genomic medicine, cell-based therapies) will change the future of the NHS. We will continue to adopt innovations such as these, particularly where they relate to some of our tertiary service strengths. For instance, we will make increasing use of cell-based therapies in our specialist cancer services, and play a leading role in our region in embedding genomics in NHS care. In parallel, we will foster innovation and enterprise amongst our own staff, supporting them to take innovations from initial concept to implementation and commercial success.





## Right care, right place, right time

We will offer high-quality care to our patients. In 2028, waiting times for our services will be among the best in the NHS, and we will have an outstanding safety culture, delivering lower than expected mortality rates and a reduction in avoidable harm. We will also be improving outcomes and patient experience, and working with our partners to tackle health inequalities in our communities.



## Accessible

A key aspect of high-quality care is that patients should get the care they need, when they need it. We know that long waits for care (whether in A&E or for elective care) mean poor patient experience, and sometimes poorer clinical outcomes. And while we perform relatively well compared to other hospitals in the NHS, we know that following the pandemic, our patients are often waiting too long. This will be a central challenge for us over the coming five years. We will act to drive waiting times down, and our vision for 2028 is that we will be among the best performing trusts (top quartile) in the NHS on access/ waiting times in A&E, Referral to Treatment, cancer care and diagnostics.

This will be built on staff across our organisations leading continuous improvements in the efficiency of our surgical theatres, and in the speed at which we are able to help people we admit to hospital recover and be discharged back into the community.

But our vision is also that in 2028 more joined up, proactive and preventative care with our local partners will mean fewer people attending A&E unnecessarily or being admitted to hospital when with the right support they could avoid it, and speedier discharge for people who are ready to leave hospital. This will enable us to focus our limited capacity on meeting the needs of patients who do need our care more quickly.

Similarly, our vision for 2028 is that we will be operating a radically different model for outpatient care, enabled by digital technology. We will offer more advice and support from hospital consultants to GPs to enable them to care for patients in the community. We will assess referrals virtually before bringing patients in for an appointment, so that patients who do not need hospital care or who need a diagnostic test before coming to their appointment do not make wasted trips. Where appropriate we will make greater use of 'patient-initiated follow-up', so that patients who have been treated and are well do not automatically get called in for follow-up appointments they do not need, but can initiate a follow-up if they wish to. Again, this will free up thousands of hours of clinical time to see patients who need our care more quickly, and enable us to deliver more patient-centred care.



## Safe

Another central challenge for us over the coming five years will be improving safety. The great risk is that in times of financial challenge in the NHS, patient care suffers – and we are determined instead to make our care safer despite the headwinds.

Our vision is that in 2028 mortality rates in our hospitals will be lower than expected, and that we will have delivered and be continuing to deliver a continuous reduction in avoidable harm in our care.

This will be built on effective governance, systems and processes, but above all on an outstanding patient safety culture. We aim to build a culture in which all our staff feel psychologically safe to speak up or admit mistakes (rather than a culture of blame or fear), and to be a learning organisation focused on continuous improvement. We will mirror that ambition in our efforts to improve health and safety in the workplace for our staff.



## Effective and good patient experience

We will also seek continuous improvement in the outcomes of our care, and our patients' experience of our services. We will equip and support our staff to make improvements in their teams, on their wards, or in their services. We will continue to build co-productive relationships with our patient groups, to help us focus on what matters to our patients. We will also capitalise on the opportunities that come with our new gesh Group and the South West London Acute Provider Collaborative in terms of adopting and sharing best practice, adopting common high standards of care, and reducing unwarranted variation.

## Equitable

For us, high-quality care means high-quality care for all our patients. The COVID-19 pandemic threw further light on health inequalities that have long existed within society. As a result, it is rightly an area of increased focus within the NHS. We will actively pursue a more strategic and systematic approach to tackling health inequalities, in collaboration with our local partners. We will make reasonable adjustments to the way care is provided ensuring we are not further embedding health inequalities for patients who utilise our services. We will embrace proactive outreach into communities most impacted by health inequalities (for instance to promote uptake of services such as screening programmes). We

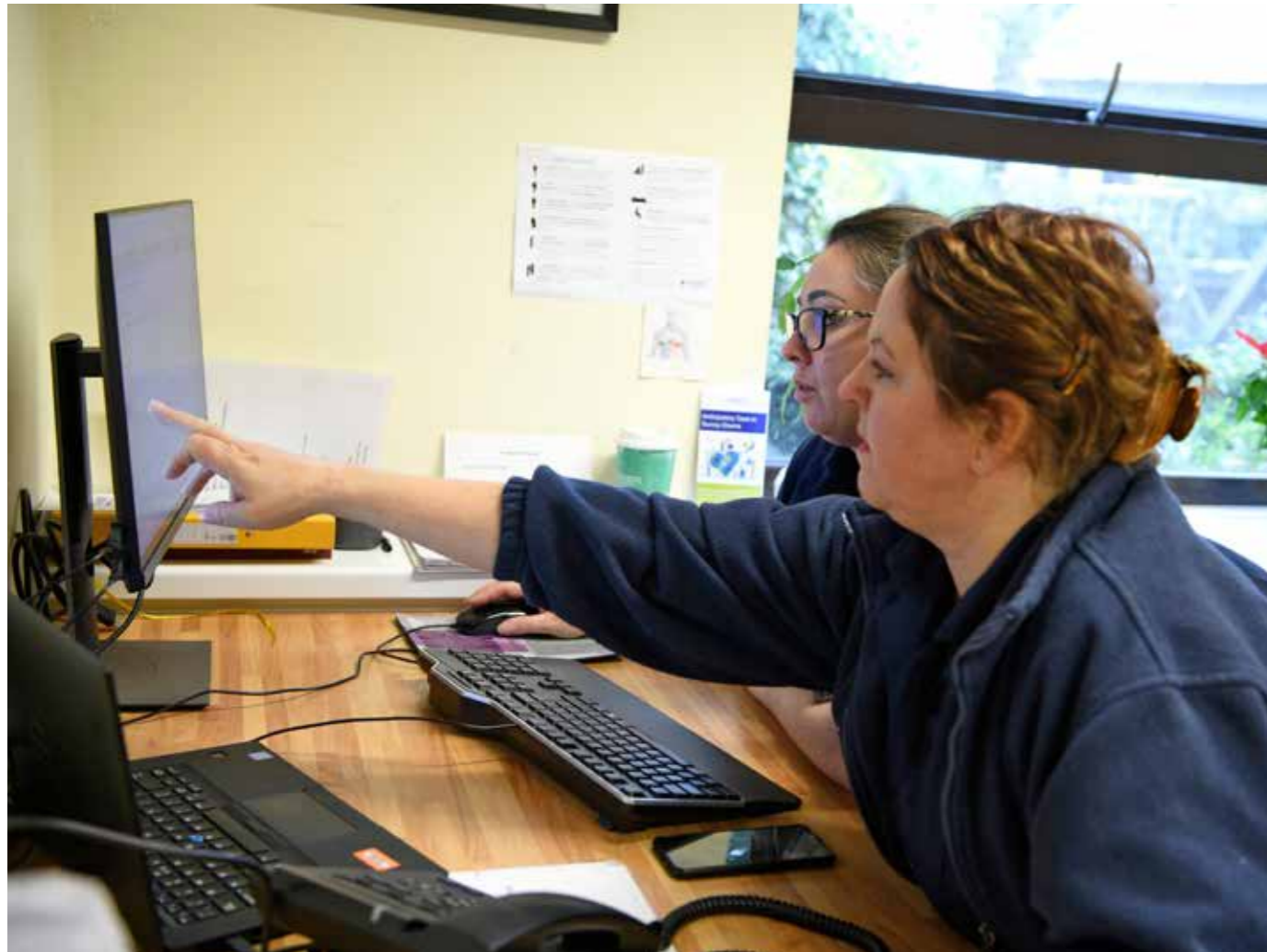
will act as an 'anchor institution': using the assets and resources of our trusts to benefit our surrounding communities, for instance, making the most of the economic benefits we can bring as a major employer in south west London and Surrey.



## Empowered, engaged staff

To square the circle of delivering improvements in quality of care while taking difficult decisions to make our services sustainable for the long term, we will need to make best use of our greatest asset – our highly skilled, committed workforce. Our vision is that by 2028 gesh will be among the top five acute trusts in London for staff engagement. This will involve getting the basics right for our employees, putting staff experience and wellbeing at the heart of all we do, fostering an inclusive culture that celebrates diversity and embeds our values, developing tomorrow's workforce, and supporting our staff to work differently.





## Getting the basics right

We will focus in the short term of getting the basics right for all our staff, equitably across the Group – so that our staff can rely on accurate and timely services including for payroll, recruitment, employee relations and good people management processes.

## Putting staff experience and wellbeing at the heart of what we do

We will put staff experience and wellbeing at the heart of what we do.

Our vision is that:

- between now and 2028 our staff will have the required tools, support, and resources when and where needed to carry out job roles efficiently.
- the physical environment which staff work in will enable staff to perform at their best in their roles.
- our organisations and its leaders at all levels will deliver compassionate and inclusive leadership and they will be equipped with knowledge and access to services to promote wellbeing of individuals and teams.
- our staff will have timely and equitable access to a comprehensive range of support and initiatives covering physical and mental wellbeing.
- through ongoing feedback and an open dialogue with our staff on their experience and wellbeing we will be able to respond quickly to what our staff need.



## Fostering an inclusive culture that celebrates diversity and embeds our values

Our vision in 2028 is for our trusts' values to be embedded in all we do and all our diverse staff to feel included and able to fulfil their full job role potential.

To embed our values at each of our two trusts, we will further develop our organisational culture with an emphasis on collaboration, diversity and inclusion, compassion, continuous improvement and safety (including civility and psychological safety).

We will improve inclusion by creating a strong sense of identity for gesh, developing further our sense of pride as a diverse and progressive employer of choice.



## Developing tomorrow's workforce

Workforce shortages are affecting the whole NHS, and gesh is no exception – with impacts on patient care, our finances as we are forced into use of more expensive agency staff, and the strains our own staff feel.

A key part of our strategy is therefore about developing the workforce of tomorrow. Our vision is that in 2028, we will be better at attracting new recruits to our organisations, but also better at developing and retaining staff – building our position as a major provider of education, including through partnership with St George's, University of London. We will also have made strides in adopting new workforce models and embracing newer clinical and non-clinical roles (e.g. physician associates) at scale – enabling all our staff to act 'at the top of their licence', and thereby making better use of the staff that we do have in scarce professions.



## Working differently

To deliver our ambitions we need to work differently.

Our vision is that in 2028:

- we will be '**flexible by default**': supporting staff to work flexibly in the different ways that work for people as they progress through their careers, from recent graduates to colleagues with caring responsibilities to experienced staff looking for flexible alternatives to a traditional retirement.

- **digitally-supported working** will both support our aspiration to be a flexible employer, and help our staff operate 'at the top of their licence'.
- **our leaders** at all levels will be great line managers, and compassionate and effective coaches - equipped to lead and develop diverse, inclusive, flexible, high-performing teams.
- our teams will work differently, with **continuous improvement** at the heart of how we run our services. Teams that work well together deliver better

clinical outcomes and are more efficient. Most of us can probably name at least one high performing team and describe many of the characteristics that make them successful. But we know that sustained success can only be achieved by having the right conditions, the right skills and the right mindset. To deliver our ambition, we need to work differently and we will deliver and embed a continuous improvement culture across our group that is right for our staff and the patients we serve.



# How do we get there?

## Our approach

We will deliver our vision through:

### 1. Local improvement

Continuous improvement, pursued by teams of staff at every level in our organisations, from Board to ward, within a common framework of corporate improvement priorities.

### 2. Corporate enablers

Action led by individual corporate departments, working with clinical teams, to deliver against corporate support strategies, e.g. improvements to our estate or IT.

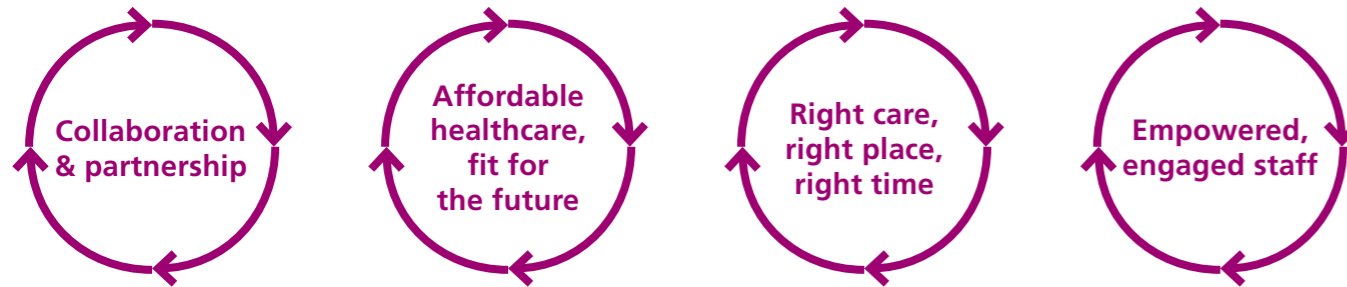
### 3. Strategic initiatives

Large, complex, long-term, Board-led, transformational programmes of work.

Our approach to delivery will be underpinned by working in collaboration – with partners in our local health and care system, with our hospital charities and other voluntary organisations, and with our patients in a spirit of co-production.



## Local improvement



Some 17,000 people work at Epsom, St Helier and St George's. Our ability to deliver our vision – to deliver high-quality care, make our services sustainable for the future, make our trusts

better places to work, and join up services around our patients – will depend in large part on improvements our 17,000 people make every day, however big or small.

We will support our staff to pursue this kind of continuous improvement, against a shared set of improvement objectives based on our vision for 2028.



## Corporate enablers

Progress against a range of corporate enabling strategies will underpin delivery of our vision.

### Quality and safety

**Action** to make our services more accessible, safe (including work to build an outstanding patient safety culture built on psychological safety), effective, with improved patient experience, and more equitable (tackling health inequalities).

### People

**Action** to get the basics right, put staff experience and wellbeing at the heart of what we do, foster an inclusive culture that celebrates diversity and embeds our values, build the workforce of tomorrow, and work differently (flexible by default, digital working, in well-led, high-performing teams).

### IT

**Action** to build more robust digital infrastructure (including cybersecurity), and to put in place the digital enablers to new models of care, and new ways of working – making the most effective use of limited available resource.

### Estates

**Action** to address our ageing buildings, continuing to develop, invest in and maintain our sites in the community and at Epsom, Queen Mary's Roehampton, St Helier and St George's hospitals and to deliver estate and facilities that are fit for the future – accessible, efficient, environmentally-friendly, flexible and future-proofed, high-quality, innovative, optimise space, safe and sustainable.

## Corporate enablers

### Green Plan

**Action** to make our trusts more environmentally sustainable, through a focus on: providing a healthy workplace and promoting wellbeing for all staff; delivering care in both a financially and environmentally sustainable manner; using digital technology to reduce the need to travel to our hospitals for care; delivering a travel plan that increases sustainable travel to work; using more efficient forms of energy; reducing the environmental impact in the way medicines are provided; obtaining hospital supplies from environmentally friendly suppliers; reducing food waste; and building a resilient infrastructure to the impacts of a changing climate.

### Research and innovation

**Action** to increase our research output, and foster innovation. Through the St George's Translational and Clinical Research Institute, which will be expanded to cover both St George's, Epsom and St Helier, we will invest in our staff (e.g. supporting them to access relevant training, have protected time to develop research proposals or grant applications, or to access statistical support).

We will continue to develop the infrastructure for research, building on the success of our NIHR-funded Clinical Research Facility, and developing a new data warehouse, incorporating linked and searchable clinical, radiological and pathological datasets and acting as a powerful resource for researchers. Our partnership with St George's, University of London will be at the heart of our approach, and together we will pursue research excellence and growth in areas of shared strength (such as infection, neuroscience, genetics and cardiovascular), while pursuing new opportunities (e.g. in renal research).

## Strategic initiatives

**We will pursue nine strategic initiatives – large-scale, Board-led, complex programmes of work running over many years – which will help us deliver our vision for 2028.**

### Building your future hospitals

In line with the decision made by our commissioners following public consultation in 2020, we will continue the work towards a new model of care for Epsom and St Helier patients – with a brand new, state of the art hospital in Sutton that will consolidate Epsom St Helier's six core services for the trust's most unwell patients and those who need more specialist care.

We will also modernise buildings at Epsom and St Helier where we will retain 85% of the Trust's current services delivering planned care, 24/7 urgent care, outpatient, diagnostics and rehabilitation.

This will address the long-standing Epsom & St Helier workforce, estates and financial challenges arising from running duplicate services across two sites, which are overstressing our workforce and impacting on the care we offer our patients.



## Strategic initiatives

### Collaboration with partners in our local communities

We will work with our partners in Surrey Downs, Sutton, Merton and Wandsworth to develop more integrated models of care across primary, community, social care and hospital services, to improve the health of our local population, and reduce demand for hospital care. Our integration programmes will focus upon:

- playing a lead role in improving people's experience of **urgent and episodic care**, developing integrated services and teams that provide enhanced and timely care following hospital attendance and discharge; access to specialist advice to support people to remain in their own home following an acute exacerbation including digital innovations and integrated care at home to support recovery.
- embracing an increasingly multi-disciplinary team (MDT) approach to looking after the needs of people who would benefit from **continuity of care** to remain at home. This will include utilising digital support to enable specialists to join MDT meetings, changing the way outpatient care is provided with more focus on advice and guidance and patient activation and organising care differently for people who have multiple long term, complex conditions.
- playing a full role working with local communities and partners to proactively address **health inequalities and support preventative health care**. This will include being aware of and meeting the needs of individuals, being flexible to support different ways of providing care to better meet the needs of local communities, using our gesh resources, in particular estates and workforce, to enhance opportunities for local people and playing a full role in the anchor programme work across our systems and regions.

In making these commitments we are starting from strong foundations in relation to our existing place partnerships and innovative models of care. Our aspiration is that we scale those integrated services already in place and demonstrating good outcomes, co-design increasingly innovative services and aspire to shared outcomes driving out unwarranted variations in outcomes whilst supporting local developments.

## Strategic initiatives

### Collaboration across our gesh Group

A key part of our strategy is to deliver on the opportunities of our new Group, and we will pursue a programme of work to seize those opportunities. We will bring together corporate teams across both trusts to create joint corporate services catering to both trusts.

This will apply to our HR, finance, IT, corporate medical services, corporate nursing services, corporate affairs, estates and facilities, strategy, and improvement/transformation departments.

We will also support clinical services to collaborate across the Group, bringing services together in a structured way to consider the opportunities for collaboration, and supporting them to pursue them. This will include building a new state of the art renal wing on the St George's site, to house our combined tertiary renal services.

### Collaboration across south west London hospitals

We will collaborate with other hospitals in south west London to improve the timeliness and quality of care we offer our patients, and to deliver long-term financial sustainability for the NHS in our area.

That will include collaboration on clinical services, for instance taking joint approaches to reducing waiting times for elective care ('referral hubs' that make it easier for patients to choose faster treatment at a different hospital, or shared 'elective centres' like SWLEOC that bring clinicians from different hospitals together to deliver faster and higher quality care).

It will also mean continuing to collaborate on corporate functions, building on our successes in areas such as procurement and recruitment.

## Strategic initiatives

### Strengthening specialised services

We will strengthen the specialist services we provide to patients in south west London, Surrey and further afield. Particularly for the tertiary services that we want to be renowned for (neurosciences, renal, paediatrics, major trauma, cancer), we will seek to remain leaders in clinical care and research, and use the opportunity offered by the devolution of specialised budgets to pursue increasingly integrated models of care.

Working through our clinical networks across south west London and Surrey, we will collaborate with partners in primary care and local hospitals to give patients the right care, in the right place, at the right time – earlier intervention closer to home to reduce the number of people needing specialist care, and early access to specialist expertise for those who need it.

Recognising the link between scale and quality of care in specialist services, we will also pursue more networked models of care with other tertiary providers where it will benefit our patients, working through the South West London Acute Provider Collaborative and the South London Specialised Service Partnership. For our cancer patients, we will seek to deliver outstanding care by continuing to work in partnership with the Royal Marsden and RM Partners, playing to the strengths of our respective organisations.

### Culture, diversity and inclusion

We will develop the organisational culture to make the Group a great and more inclusive place to work that will support great patient care. To achieve this we will implement a wide ranging culture development programme which will include: action on equality, diversity and inclusion; building pride in what we do and who we are; and embedding our values into policies, processes and behaviour, including to build a culture of psychological safety.

## Strategic initiatives

### High-performing teams and leaders

To deliver our ambition, we need to work differently: with high-performing teams pursuing a continuous improvement approach, supported by outstanding leaders and managers. We will embed a culture and management approach that gives teams at every level of the organisation the capability and capacity to deliver continuous improvement.

We will support staff to feel psychologically safe to identify problems, learn from them, and improve the way we work. We will do this by working with leaders across the Group to embed a new approach, overlaying a continuous improvement approach onto our major corporate transformation programmes, undertaking targeted work with particular parts of the organisation to embed a different approach to improvement, and training a cadre of people across the organisation in continuous improvement.

We will develop all our leaders to be compassionate and effective coaches, with a collaborative and inclusive leadership approach that builds high-performing teams. We will design a Group-wide leadership development programme at every level of the organisation and across professions. This will be combined with a Group-wide approach to talent management.

### Outpatient transformation

We will continue to change the way we deliver outpatient care, reducing the number of unnecessary trips that we ask our patients to make to hospital, and freeing up clinicians' time to see patients who need treatment more quickly.

This will include working differently with partners in primary care, with more advice and guidance available from hospital consultants to GPs to help them care for patients closer to home; greater use of virtual assessments of referrals, so that patients who do not need hospital care or who need a diagnostic test before coming to their appointment do not make wasted trips; improving the way we communicate with patients coming for outpatient appointments; and greater use of 'patient-initiated follow-up' where appropriate, so that patients who have been treated and are well do not automatically get called in for follow-up appointments they don't need, but can initiate a follow-up if they wish to.

## Strategic initiatives

### Shared electronic patient records across gesh

We will deliver a shared system for electronic patient records across our Group, with clinicians being able to access the whole record irrespective of site. Where resources allow, we will invest in medical devices integrated into this electronic patient record, aiding our clinicians in providing efficient healthcare.

This initiative will build on the wider delivery of our IT strategy (e.g. investment in maintenance of underpinning infrastructure such as network, wifi, and remote working solutions in a cybersecurity compliant way as the essential foundation to adopting more transformational digital technology).



There are many ways you can keep in touch with us and stay up to date about what's happening across the Group, and how our strategy is progressing.



**Our websites:**

[www.epsom-sthelier.nhs.uk](http://www.epsom-sthelier.nhs.uk)  
[www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)



**You can find us on Twitter:**

[@epsom\\_sthelier](https://twitter.com/epsom_sthelier)  
[@StGeorgesTrust](https://twitter.com/StGeorgesTrust)



**You can also sign up to our monthly stakeholder bulletin email.**

If you would like to be added to the distribution list, please email:  
[communications@stgeorges.nhs.uk](mailto:communications@stgeorges.nhs.uk)



**Our charities:**



**St George's  
Hospital  
Charity**

[www.stgeorghospitalcharity.org.uk](http://www.stgeorghospitalcharity.org.uk)



**Epsom and St Helier  
Hospitals Charity**

*A helping hand for your hospitals*

[www.esthcharity.org.uk](http://www.esthcharity.org.uk)

**Outstanding Care,  
Together.**