Surrey and Sussex Healthcare NHS Trust

TRUST BOARD IN PUBLIC	Date: 28 November 2013 Agenda Item: 2.4
REPORT TITLE:	Clinical Strategy
EXECUTIVE SPONSOR:	Des Holden – Medical Director
REPORT AUTHOR:	Sue Jenkins – Interim Director of Service Strategy
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	Executive Team - 19 November 2013 MBQR – 20 November 2013

Purpose of the Report and Action Required:		(√)
The Board is asked to approve the clinical strategy for the trust which supports our IBP and defines the clinical direction of travel and priorities that the trust will take over the coming years.	**Approval**	√
	Discussion	
	Information	

Summary of Key Issues

This clinical strategy sets out our blueprint for how we will deliver clinical services over the next five years. It describes the key assumptions and drivers for change that we have considered in its preparation as well as articulates the links between the trust's strategic objectives, the clinical strategy objectives and the objectives set by each of the clinical specialty teams.

Relationship to Trust Corporate Objectives & Assurance Framework:

The clinical strategy links to all five of the revised strategic objectives which are

- Safe – To deliver excellent quality of services and be in the top 20% of our peers
- Effective – To deliver clinically and financially sustainable services and be in control of our own destiny
- Caring – To ensure patients are cared for and feel cared about
- Responsive to people's needs – To become the secondary care provider and employer of choice of the population of Surrey and Sussex
- Well led – To develop east Surrey Hospital site to provide a range of specialist and tertiary services closer to home in response to local and national priorities in partnership with others

Corporate Impact Assessment:

Legal and regulatory implications	The trust is required to have a Board approved clinical strategy as part of its application and assessment process to become authorised as a Foundation Trust
Financial implications	The budget implications of the clinical strategy are reflected in the LTFM
Patient Experience/Engagement	The clinical strategy will be shared and monitored in terms of its delivery with the Council of Governors who are representative of the patient and public that we serve
Risk & Performance Management	Successful delivery of the clinical strategy will both reduce risk and improve both operational and clinical performance of the trust
NHS Constitution/Equality & Diversity/Communication	The clinical strategy needs to ensure that clinical care is accessible and of the same high quality standard to all patients.

Attachments:

Cover paper	Our Clinical Strategy 2014/19 Final version 3.8

TRUST BOARD REPORT – 28 NOVEMBER 2013
CLINICAL STRATEGY

1. Introduction

The clinical strategy is a key document for us as it sets the context and helps shape the journey we need to take to becoming a foundation trust.

The clinical strategy will drive and shape the provision of acute healthcare in SaSH for the next five years and the broad direction that each of the clinical divisions will follow to develop and implement detailed plans for the individual specialties and services.

2. How our clinical strategy has been developed

Our clinical strategy has been developed in partnership with

- the executive team
- the chiefs of service
- the chief nurses
- the associate directors of operations and
- the lead clinicians

Its overall vision is to "deliver safe, high quality healthcare which puts our community first" and the strategy is underpinned by our values.

The clinical strategy identifies and recognises our key assumptions and drivers for change which we recognise may change over time. It clarifies the links between academic training and research and patient and public engagement and the workforce implications of this strategy are also summarised and these are reflected in more detail in the workforce strategy.

The clinical strategy will become the reference point for the development of the workforce, IT and estate strategies and is also underpinned by the quality strategy.

3. Key messages

The overarching themes of the clinical strategy are defined in the clinical strategy objectives which are:

- Our patients deserve the best possible care and we intend to deliver good clinical and quality outcomes by further improving patient safety, patient experience and clinical effectiveness.

- We will provide a broad range of high quality integrated district general hospital services that allow us to be a clinically and financially sustainable organisation and to especially work with other expert providers to bring tertiary services and expertise locally to our patients.

- We recognise that a good reputation is key to the delivery of our services, and, therefore, we aim to meet all local and national expectations which include meeting the needs of our patients and our commissioners. We are committed to academic training, research and innovation and aim to be both the provider and employer of choice.

- We understand that we cannot deliver our services in isolation and it is therefore imperative that we work in partnership with our NHS and commercial partners to deliver appropriate services and models of care, which include utilising clinical networks. Partnership means working with others across the whole health economy, both providers and

commissioners, working to the same agenda of delivering high quality, safe and affordable care.

- So that we remain clinically and financially sustainable, we are working hard to improve our productivity by adopting better ways of working. We recognise the role that technology has to play in doing this. We also believe that it is vital to use intelligent information and benchmark our performance. By being sufficiently informed about the right information, we can make better decisions about improving and sustaining our performance

We recognise that this strategy will evolve and adapt over time as the drivers and assumptions that have been used either become a reality or change.

3. Recommendation

The Board is asked to approve the clinical strategy

Des Holden
Medical Director
21 November 2013

Our Clinical Strategy 2014 to 2019

Final
Version 3.8

Version Control

Version	Date	Author	Key changes	Distribution
Draft 3.0	26.09.12			Board Seminar January 2013
Draft 3.1	18.10.13	Sue Jenkins – Interim Director of Service Strategy	Revised format to shorten Alignment of clinical objectives to strategic objectives and drivers Key deliverables aligned to years 1 – 5 of IBP	Des Holden Fiona Allsop Michael Wilson Val Thomson
Draft 3.2	21.10.13	Sue Jenkins – Interim Director of Service Strategy	Added Foreword and Contents pages. Minor typos and amendments	
Draft 3.3	21.10.13	Sue Jenkins – Interim Director of Service Strategy	Comments from Fiona Allsop re version 3.1 Added sections on: Academic training and Research Patient & public involvement Organisation of clinical service	Executive Team Val Thomson Division Chiefs Lead clinicians Division chief nurses Division Associate Directors Janet Miller Andy Humm Shaun Cunningham Eloise Clarke
Draft 3.4	31.10.13	Sue Jenkins – Interim Director of Service Strategy	Feedback from Des Holden, Fiona Allsop, Ian Mckenzie, Luke Herbert, Natasha Hare on v 3.3 Revised clinical strategy objectives Updated strategic objectives and drivers Added some time scales and measurable Added profiled objectives across years Revised clinical specialty objectives and added some timescales	Executive Team Val Thomson Division Chiefs Lead clinicians Division chief nurses Division Associate Directors Janet Miller Andy Humm Shaun Cunningham Eloise Clarke

Draft 3.5	07.11.13	Sue Jenkins – Interim Director of Service Strategy	Feedback from WACH team Feedback from PALs lead	Same as 3.4
Draft 3.6	13.11.13	Sue Jenkins – Interim Director of Service Strategy	Feedback on timescales from WACH team	Same as 3.4
Draft 3.7	15.11.13	Sue Jenkins – Interim Director of Service Strategy	Updated strategic objectives Feedback from medical division Timescales added for surgical division Feedback from CSS division	Same as 3.4 MBQR membership
Final 3.8	20.11.13	Sue Jenkins – Interim Director of Service Strategy	Feedback from exec IBP session Feedback from MBQR Feedback from Clinical Support Services Feedback from medical division	Same as 3.4 Trust Board

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1.0 Foreword

Welcome to our clinical strategy which sets out our blueprint for how we will deliver services over the next five years. Given the fast moving healthcare landscape against a backdrop of global and national financial challenges, this strategy as it is now, is just the starting point. We can make various assumptions about the future but we will never know the whole picture at a given point in time, and therefore it is anticipated that this strategy will evolve and adapt over time.

This clinical strategy is a key document for us, as it sets the context and helps shape the journey that we need to take to secure our future as a foundation trust. It has been developed in partnership with input from the executive team, chiefs of service, chief nurses, lead clinicians and associate directors of operations.

Our clinical strategy has five key elements:

- Our patients deserve the best possible care and we intend to deliver good clinical and quality outcomes by further improving patient safety, patient experience and clinical effectiveness.
- We will provide a broad range of high quality integrated district general hospital services that allow us to be a clinically and financially sustainable organisation and to especially work with other expert providers to bring tertiary services and expertise locally to our patients.
- We recognise that a good reputation is key to the delivery of our services, and, therefore, we aim to meet all local and national expectations which include meeting the needs of our patients and our commissioners. We are committed to academic training, research and innovation and aim to be both the provider and employer of choice.
- We understand that we cannot deliver our services in isolation and it is therefore imperative that we work in partnership with our NHS and commercial partners to deliver appropriate services and models of care, which include utilising clinical networks. Partnership means working with others across the whole health economy, both providers and commissioners, working to the same agenda of delivering high quality, safe and affordable care.
- So that we remain clinically and financially sustainable, we are working hard to improve our productivity by adopting better ways of working. We recognise the role that technology has to play in doing this. We also believe that it is vital to use intelligent information and benchmark our performance. By being sufficiently informed about the right information, we can make better decisions about improving and sustaining our performance.

We commend this clinical strategy to you.

Alan McCarthy
Chairman

Michael Wilson
Chief Executive

2.0 Introduction

Surrey and Sussex Healthcare NHS Trust (SaSH) employs just over 3,500 staff providing a comprehensive range of emergency and non-emergency services to the residents of east Surrey, north east West Sussex and south Croydon, including the major towns of Crawley, Horsham, Reigate and Redhill.

Our Trust sits at the heart of our community of half a million people, as well as the thousands of people that pass through Gatwick airport each day. Our vision is to:

"**deliver safe, high quality healthcare which puts our community first"**

and we will achieve this through our values which underpin everything we do.

The Trust aims to be the provider of choice for the residents of east Surrey and north east West Sussex. To achieve this we need to take advantage of the benefits of becoming a foundation trust and continue to develop our patient focus, clinical quality and responsiveness to ensure we can fully meet the expectations of service users, the local population and commissioners. We also need to ensure we are financially sustainable.

The clinical strategy will drive and shape the provision of acute healthcare in SaSH for the next five years and therefore the broad direction that each of the clinical divisions will follow to develop detailed plans for the individual specialties and services. This in turn will inform strategies for the clinical support services – workforce, IT, estates, quality, communications and marketing – to ensure their clear alignment with the overall Trust aims and objectives.

The strategy is the starting point for the Trust's rolling five year business planning process which will develop and test the detailed plans of the individual clinical divisions and services. These, based on robust activity capacity and financial planning, will form the core of the Integrated Business Plan.

3.0 Key assumptions

At the Trust we have put clinicians at the heart of all decision making and they have taken an active part in the development of this strategy. The clinical divisions will be primarily responsible for its delivery.

The clinical strategy is underpinned by the following assumptions:

- The continued delivery of high quality responsive care delivered in partnership with patients and other NHS and social care providers where appropriate
- Full understanding of compliance with national standards and guidelines, including nursing and midwifery ratios, with processes in place to achieve full compliance where applicable
- An overall increasing and aging population with more complex clinical needs
- An increasing demand for maternity and paediatric services in response to additional housing, potential service reconfiguration of other NHS Trusts and improved reputation
- A shift of appropriate non elective care from hospital to community settings closer to the patient's home wherever possible
- An increasing prevalence of coronary heart disease, dementia, diabetes, respiratory disease, trauma, cancer and stroke
- The impact of life style factors of the local population including alcohol and drug misuse, smoking rates, obesity and low physical activity rates
- The need to change the ratio of non-elective activity to elective activity (through repatriating elective activity from London, the surrounding areas and independent providers)
- The move towards 7 day a week working to improve access and better meet the needs of patients
- Ensuring most specialties over time have balanced or profitable service lines
- Increasing efficiency and productivity
- Delivering cash releasing savings year on year
- A contracting financial climate for spending on healthcare

The Trust will work with Clinical Commissioning Groups (CCGs) to deliver the required changes that will lead to a sustainable, safe and high quality organisation and that the services we provide meet their commissioning intentions.

4.0 Academic training and research

In March 2012, the Trust developed a new academic partnership with the Brighton and Sussex Medical School, and became an Associated University Hospital. This relationship will help us establish an excellent reputation, through links to academic research and teaching and will positively impact on our ability to recruit both junior and senior medical staff. We also intend to increase the number of medical students

receiving part of their training at SaSH.

All providers of NHS care are required to increase their participation in research and ensure that patients are made aware of research that is of particular relevance to them. As a member organisation of the Surrey & Sussex Comprehensive Clinical Research Network (SSCLRN), SaSH research staff and research committed clinicians work closely with the local research networks to seek out research studies which are appropriate for our organisation and are beneficial to our patients. Research projects have been adopted onto the national research portfolio and have already been recognised as high quality studies which meet these objectives. These high quality portfolio studies are our priority at SaSH and will contribute to developing our own as well as national evidence to further improve the quality and effectiveness of care we provide to patients.

5.0 Patient and public engagement

The Trust is absolutely committed to involving and engaging local people in the development of future services and is already benefiting in this area from the experience and expertise within its user involvement activities.

A Patient Experience Forum has been established for a number of years which is made up of 15 lay members who work with the Trust to improve services. The members of the Patient Experience Forum contribute to Trust projects, surveys, peer reviews and working groups. They also receive and consider presentations and reports from the Trust as well and specialist groups as well as receiving the results from surveys to consider. The chief nurse and the customer care manager are Trust representatives on this forum and the group reports to the Patient Experience Delivery committee which is chaired by the Trust's director of Information and Facilities and includes representation from the forum.

Members of the Patient Experience Forum feed into a number of key working groups across the Trust. To date this has included membership on the following committees and groups:-

- blood transfusion committee
- critical care delivery group
- drugs and therapeutic committee
- end of life care
- equality, diversity and human right
- nutrition steering group
- oral hydration and nutrition
- patient experience delivery committee
- patient environment action group

Patient representation is also being extended to the following groups in the coming year which will increase the scope and focus of these important representatives

- Endoscopy users group
- Falls prevention
- Infection control task force
- Maternity services

- Resuscitation committee
- Safety and quality group
- Transport management and user group

Over the years various patient groups have been involved in focus groups relating to the Emergency Department, learning disabilities, and hydration and nutrition services. We also involved Age UK in this process. This practice will continue to ensure services meet the needs of patients as we continue to work in partnership with the voluntary and community sector and with Healthwatch both in Surrey and Sussex.

The Trust will engage further with patients and the public during its foundation trust application by undertaking a public consultation and developing its membership which will include patient and public members and the establishment of a Council of Governors. Once the Trust has become a foundation trust it will fully implement the membership strategy which will include providing regular member communications and utilise the public and patient governors to represent the population that we serve as well as actively participating in providing feedback which will contribute to the development of local services.

6.0 Workforce Implications

Our vision is to become the employer of choice where the best people come to work for us, stay with us and know that the job they do is vital to the delivery of high quality services to patients and to the success of the Trust.

The Trust recognises that in order to best meet the changing needs of patients in the future its workforce will need to be skilled, committed and flexible and working in an organisational culture that supports the delivery of safe, high quality, patient focussed services.This will be achieved whilst delivering on some national workforce priorities namely to move to 7 day a week working and ensuring that appropriate nursing and midwifery ratios are maintained at all times.

The workforce strategy and the long term financial model are predicated on an overall reduction of 500 staff by 2018/19. This will mainly be achieved by a reduction in agency staff,increased productivity and efficiency, vacancy management and transformation and redesign of services.

The workforce strategy defines a strategic framework of six inter related themes to support its delivery. The themes are:

- Leadership and management
- Staff engagement and involvement
- Workforceplanning and capacity
- Training and professional development
- Health and well being
- Recruitment and retention

The clinical specialty objectives in section 11.0 of this document highlights some key roles for services in the future. These include specialist and extended nurse roles,

increased paediatric and consultant middle grade cover, specialist physiotherapists and psychology support for some areas. These roles will be subject to a full business case process and need to demonstrate their contribution to new ways of working as well as how they support the Trust in the delivery of its strategy.

7.0 The drivers for change

The Trust has identified four strategic drivers that influence all aspects of our clinical strategy. They are :-

Health economy priorities: There are currently 89 General Practices which form the four CCGs who commission services from the Trust. The Surrey and Sussex Joint Strategic Needs Assessments (JSNAs) is the means by which CCGs and local authorities describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to meet those needs. CCG profiles have recently estimated their population profiles for the SaSH catchment to be circa 535,000 based on the JSNA data. This increase in population size has been verified against the 2011 census data.

Future commissioning requires that services are integrated and of high quality, providing value for money with a focus on prevention as well as innovation. The future transformation in the provision of health care will require providers to identify productivity and value for money arrangements that allow the system to meet the demand placed on it by doing more for less whilst improving the quality of service offered to patients. This rationale underpins and builds on the pivotal and trusted role that GPs and other front line professionals already play and that decision making is made as close as possible to individual patients.

Most significantly, CCGs wish to see a shift of care, where appropriate, from acute service provision to community service provision resulting in the reduction of secondary care referrals wherever possible. In the medium to long term this will increase the acuity case mix of patients in secondary care environments which will potentially increase the overall length of stay for patients admitted.

The commissioning of these services is likely to be through the “any qualified provider” or “prime provider” route which provides the organisation with opportunities to deliver new services that it currently does not provide as well as poses a significant threat to a loss of services which others may demonstrate that they can provide more efficiently and effectively.

CCGs would like to offer patients a greater choice and more local choice of service providers for their treatment and are seeking to repatriate elective activity from independent and London providers. Crawley and Horsham CCGs’ commissioning intentions support the “Sussex Together” model and East Surrey and Surrey Downs CCGs’ commissioning intentions support the Surrey “One Plan”. These commissioning intentions will affect the way the Trust will be expected to deliver its services.

Population demographics: The population in both Surrey and Sussex is set to rise over the coming decade, with notable increases in the number of older people likely

to have a major impact on service planning. Partnership working in the design of health and wellbeing services will be a shared expectation, guided by local strategic direction and informed by the respective JSNAs.

Lifestyle and disease: A major objective for the local health economy is to reduce health inequalities across the population, enabling patients from all backgrounds to access appropriate services at the right time. This will require a specific approach to the provision of services to people from socially deprived areas, and those who exhibit risk taking behaviours such as binge drinking, smoking and drug misuse. The predicted heavier burden of disease will place greater strain on specialist care as well as require an enhancement of the Trust core services including cancer, dementia, diabetes and coronary heart disease.

National priorities: One of NHS England's intentions is that there will be fewer A&E attendances in the future. The Trust's clinical strategy seeks to align itself and is consistent with this aim and the CCG activity profile for non-elective spells by building on: our current ambulatory pathways; a rolling analysis of non-elective patient spells who did not require an overnight stay; and elimination of the delays resulting from patient transfers to and from step down/rehabilitation care settings.

It is the CCG aspiration on non-elective care to be focused on demand management and a potential reduction as a result of QIPP plans and commissioning intentions. In order to support the clinical strategy and service development plans, the Trust will continue to develop a quality focused work programme aimed at improving patient experience whilst delivering productivity and efficiency gains. This programme brings together process transformation, transitional planning and development of workforce capability and capacity within the resources that are available.

8.0 Our strategic objectives

These strategic drivers are embedded in five Trust strategic objectives. They are:-

- **Safe – To deliver excellent quality of services in the top 20% against our peers by ensuring that:**
  - The safety of patients and staff comes first in all we do
  - Embedding safety and quality into everyday systems and processes
  - We are open and transparent
  - We achieve harm free care
  - We maintain and exceed a “Good” CQC rating
  - Supporting safety by providing excellent learning environments and supporting our students as the workforce of tomorrow

- **Effective – To deliver clinically and financially sustainable services and to control our own destiny by ensuring that:**
  - We have appropriately qualified and competent staff provide care
  - We achieve the best possible clinical outcomes for our patients
  - Demonstrate full compliance with all NICE guidelines
  - Use quality evidence at the point of care
  - Live within our means to remain clinically and financially sustainable
  - Embed a culture of lifelong learning ensuring our education and

training meets our needs to enable the best delivery of care

- **Caring – To ensure patients are cared for and feel cared about by ensuring that:**
    - We deliver high quality care around the individual needs of each patient
    - We show compassion and go the extra mile at all levels
    - We treat patients and their families with dignity and respect
    - Always working to the highest standards of professionalism and ethics

- **Responsive to people's needs – To become the secondary care provider and employer of choice for the populations of Surrey & Sussex by ensuring that:**
    - We listen to patients and their families
    - We involve patients & carers in their treatment and care
    - Use feedback to shape and improve the experience of patients and the services they receive
    - Ensure an effective patient journey with the right patient, in the right place, at the right time
    - Maintain improving patient satisfaction and friends and family test results

- **Well led – To develop the East Surrey hospital site to provide a range of specialist and tertiary services closer to home and in response to local and national priorities in partnership with others, ensuring that:**
    - We are an organisation that is clinically led and managerially enabled
    - We are a well governed organisation working in partnership with stakeholders
    - All staff consistently demonstrate the Trusts values and behaviours
    - We will have visible leadership who are engaged and play a valuable part in the local health and social care system to ensure the development and delivery of safe and sustainable services

9.0 Our clinical strategy objectives

Our clinical strategy is underpinned by five clinical strategy objectives aligned with the Trust's strategic objectives. The primary clinical strategy objective is:

- **Our Business:** To provide a broad range of high quality, integrated district general hospital services that allow us to be a clinically and financially sustainable organisation and to especially work with other expert providers to bring tertiary services and expertise locally to our patients.

This primary objective is supported by four key enablers which are:

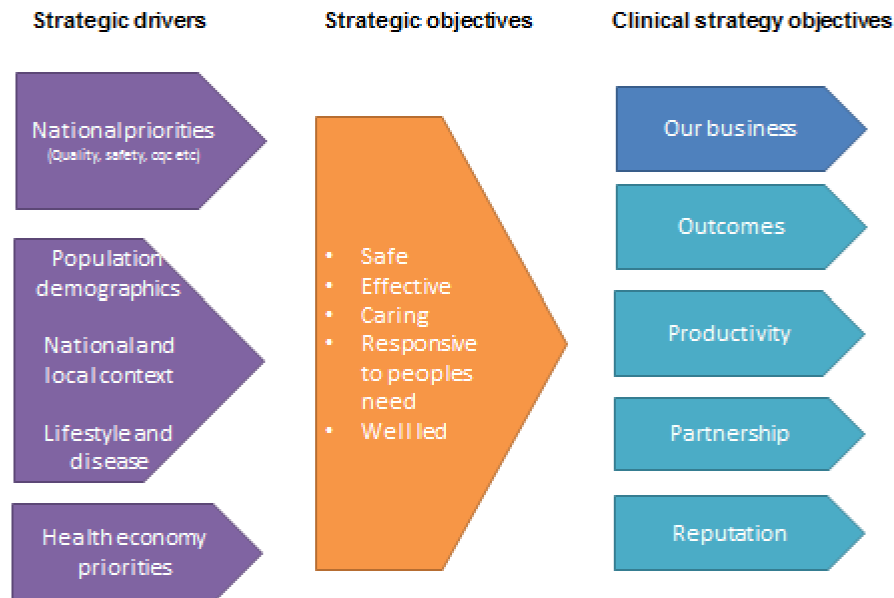
Reputation: Establish an excellent reputation through delivery of local and national expectations, commitment to academic training, research and innovation and becoming both a provider and employer of choice.

Outcomes: Deliver good clinical and quality outcomes for our patients by

further improving patient safety, patient experience and clinical effectiveness

Partnership: Work with our NHS and commercial partners and engage with our community to deliver appropriate services and models of care and utilise clinical networks to ensure safe and sustainable services.

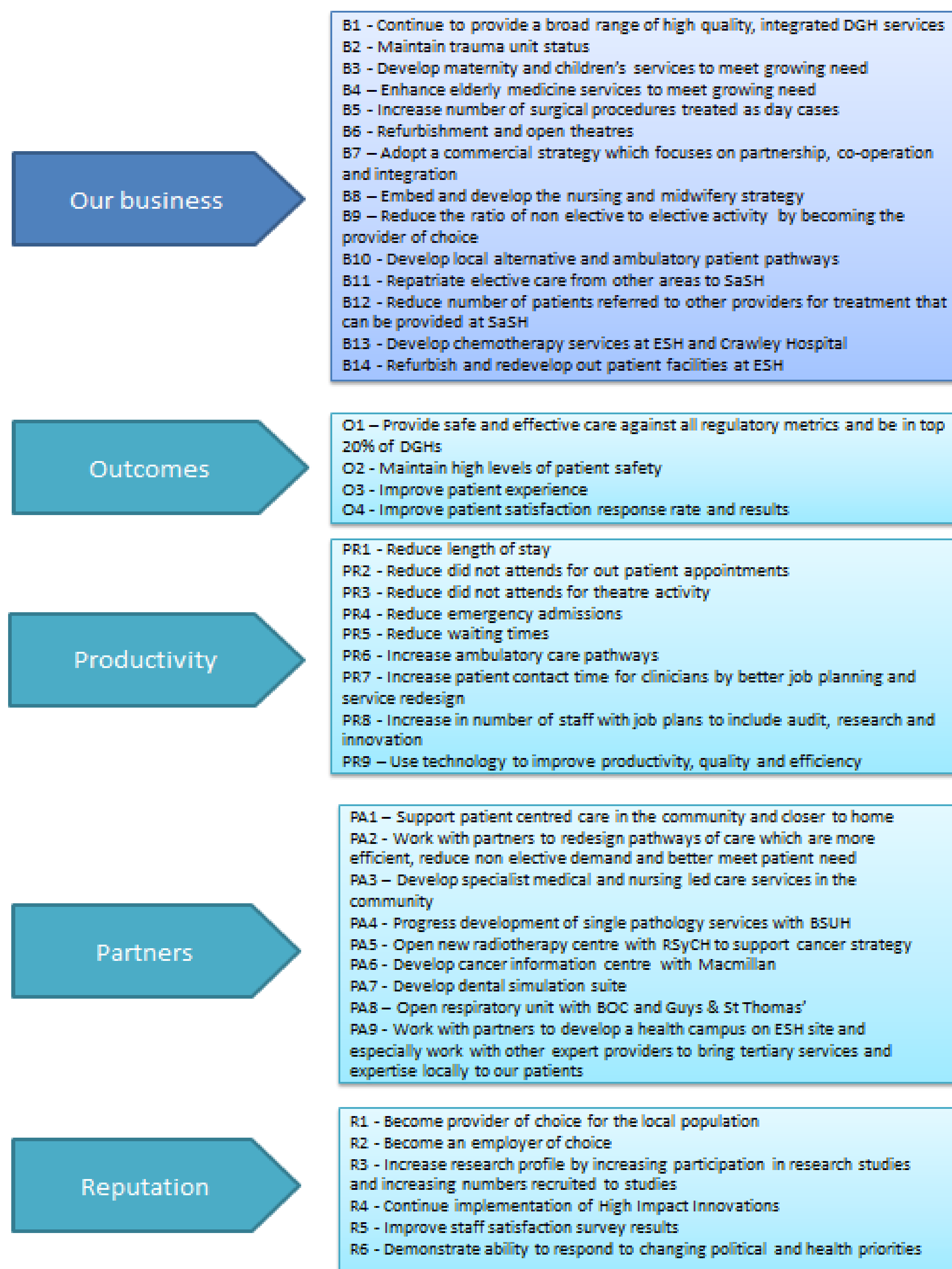
Productivity: Improve productivity by adopting better ways of working, effective job planning, using intelligent information, exploring technological solutions and benchmarking our performance.



10.0 Broad summary of our clinical strategy

The clinical strategy describes how the Trust's clinical services will be delivered over the next five years to achieve its vision and strategic goals. It has been designed to ensure that future services meet the needs of the local population, achieve the standards and requirements laid out in national policy and guidance and are provided in a way that ensures clinical and financial sustainability for the medium to long term, particularly in the light of the constrained financial climate for public sector services which is set to continue.

The following diagram describes some key developments which will deliver the clinical strategy objectives



11.0 Detailed divisional clinical objectives

Our clinical services are led and managed through a robust clinical structure with four clinical divisions which are: Medicine, Surgery, Women and Children's, and Clinical Support Services. The divisions are led by Chiefs of Service who are all currently medical consultants and they are each supported by Lead Clinicians, an Associate Director of Operations and either a Divisional Chief Nurse or Chief Midwife. This structure facilitates clinical decision making and leadership that safeguards patient safety controls and enhances our accountability.

Surgical	Medicine	Women & Children	Clinical Support Services
Anaesthetics Breast Surgery Colorectal surgery Critical Care Dentistry & Orthodontics (including paediatrics) Ear, Nose & Throat General Surgery Gastroenterology/ Endoscopy Ophthalmology Oral and Maxillofacial Surgery Pain management Trauma & Orthopaedics Urology Vascular surgery	Emergency Care (ESH) Cardiology Chemotherapy Clinical Haematology Clinical/Medical Oncology Dermatology Elderly Medicine Endocrinology End of Life Care General Medicine Neurology Rheumatology Thoracic Medicine	Maternity Gynaecology Neonatology Paediatric medicine & surgery	HSDU Pathology Pharmacy Diagnostic Imaging Out-patients Therapies

Clinical divisions have developed their own objectives which align to the overall clinical strategy objectives for the trust. This list is by no means exhaustive but it aims to demonstrate areas across the Trust where plans are advanced and aligned to the overall strategy.

Objective	Link to clinical strategy objective (p.14)	Timescale
MEDICAL SERVICES		
Emergency Medicine		
Refurbishment of resus department and CT scanner to be located in ED	B1, B2, O2, O3, O4, PR7, PR9, R5	2014/15
Medicine for the Elderly		
Redesign services to implement an acute elderly unit focusing on short stay patients and frailty assessment	B1, B4, B10, O1, O2, O3, O4, PR1, PR4, PR6, PR7, PA2, R1, R2, R5, R6	2016/19
Redesign services to extend an acute and liaison service to all non-medical specialties (Older People's Advice and Liaison Service (OPALS))	B1, B4, O3, O4, PR6, PR7, PA2, PA3, R1, R6	2014/15

Objective	Link to clinical strategy objective (p.14)	Timescale
Enhance orthogeriatric care to meet increasing demand	B1, B4, B10, O2, O3, O4, PR1, PR4, PR6, PR7, PA2, PA3, R1, R2, R6	2014/15
Enhance community geriatrics and share secondary care expertise into the community	B1, B4, B7, B10, O2, O3, O4, PR4, PR1, PR4, PR6, PR7, PA1, PA2, PA3, R1, R2, R6	2014/15
Stroke and TIA		
Redesign the stroke pathway to create a seamless in and out of hospital patient centred pathway across all providers	B1, B4, B8, B10, O2, O3, O4, PR1, PR6, PR7, PA1, PA2, PA3, R1, R2, R5, R6	2014/15
Redesign the pathways in elderly medicine to create seamless patient care across all providers including early supported discharge	B1, B4, B8, B10, O2, O3, O4, PR1, PR6, PR7, PA1, PA2, PA3, R1, R2, R5, R6	2014/15
Active participation in all clinical networks	B1, B2, B7, B10, 01, 02, 03, 04, PR1, PR4, PR5, PR6, PR7, PR8, PA2, PA3, R1, R2, R3, R4, R6	2014/15
Extend recruitment to CVA trials	PR8, PA2,R3, R6,	2014/15
Acute medicine		
Expand and enhance ambulatory pathways to ensure that all available options for patient-centered ambulatory care are available at ESH in partnership with community sites	B1, B8, B10, B11, B12, O3, O4, PR1, PR4, PR6, PA1, PA2, PA3, R1, R2, R6	2014/15 2015/16
For patients who require a short (up to 3 days) hospital stay, they will be cared for in the acute admissions unit, with twice daily consultant ward rounds (one daily at weekends)	B1, O3, O4, PR1, PR4, PR7, PA2, R1, R2, R6	2015/16

Objective	Link to clinical strategy objective (p.14)	Timescale
Design a Day Medicine Unit to provide patient centered secondary medical care in an ambulatory or day case setting across all medical specialties	B1, B4, B8, B9, B10, O2, O3, O4, PR1, PR6, PR7, PA2, R1, R2, R6	2016/19
Clinical Haematology Service		
Refurbish and improve phlebotomy and out patients services for Clinical Haematology department	B1, B14, O3, O4, PR5, PA2, R1, R6	2014/15
Maintain BCSH level 2B standards	O1,O2, O3, O4	214/15 onwards
Redesign of services to expand the specialist nurse role with nurse led outpatient clinics	B1, B8, B10, O3, O4, PR2, PR5, PR6, PR7, PA1, PA2, R2, R5, R6	2015/16
Redesign of service to support a revision of the iron infusion service	B1, B5, B9, B10, O3, O4, PR1, PR4, PR5, PR6, PA1, PA2, R6	2015/16
Diabetes and Endocrinology		
Develop community based diabetic services providing locally accessible services	B1, B7, B8, B10, 03, O4, PR2, PR5, PR6, PA1, PA2, PA3, R1, R6	2014/15
Integrate community and hospital diabetes podiatry services to provide seamless care for patients with diabetic foot disease	B1, B8, B10, 03, O4, PR2, PR5, PR6, PA1, PA2, PA3, R1, R6	2015/16
Work with Queen Victoria Hospital to establish joint thyroid clinic	B1, B7, B10, B12, 03,04, PR6, PA1, PA2, PA3, R1, R2, R5, R6	2014/15
Redesign of services to recruit an additional diabetes specialist nurse to provide a full-time in-patient service at East Surrey hospital	B1, O3, O4, PR1, PA2, R2, R5, R6	2014/15
Redesign of services to reconfigure diabetes clinics and MDTs to focus on distinct patient groups	B1, B8, B10, B12, O3, O4, PR6, PR8, PA2, PA3, R1, R2, R5, R6	2015/16

Objective	Link to clinical strategy objective (p.14)	Timescale
Dermatology		
Redesign of service to extend allergy testing to include skin prick testing	B1, PR5, O3, O4, PR5, PA2	2014/15
Cardiology		
Consider viability and development of second cath lab	B1, B12, O1, O2, O3, O4, PR4, PR5, PR9, PA1, PA2, PA3, R1, R2, R5, R6	2014/15
Redesign of services to develop repatriation of complex pacemaker device implantation and follow up and electrophysiology	B1, B9, B10, B11, B12, O3, O4, PA1, PA2, R1, R4	2014/15
Consider development of PPCI capability on a 24/7 basis	B1, B7, O1, O2, O3, O4, PR4, PR5, PR7, PR9, PA1, PA2, R1, R2, R5, R6	2016/19
Consider development of cardiac private beds	B1, B7, O2, O3, O4, R1, R6	2014/15
Continue to develop CT service as part of the chest pain pathway	B1, B10, O3, O4, PR6, PR9, PA2, R1, R2, R6	2014/15
Redesign of services to develop role of heart failure nurse	B1, B8, O1, O2, O3, O4, PR4, PR5, PR6, PR7, PR8, PR9, PA1, PA2, PA3, R1, R2, R3, R5, R6	2016/19
Redesign of services to develop support implementation of ambulatory chest pain pathway	B1, B9, B10, O2, O3, O4, PR5, PR6, PR7, PA1, PA2, PA3, R1, R6	2014/15
Redesign of services to develop further review of Consultant job plans to support intra take activity	B1, O2, O3, O4, PR1, PR7, PA2, R6	2015/16
Redesign of services to deliver 7 day week consultant presence	B1, O2, O3, O4, PR1, PA2, R1, R6	2016/19
General surgery		
Tender for tier 3 and 4 weight loss management	B1, B7, PA1, PA2, R1, R6	2015/16

Objective	Link to clinical strategy objective (p.14)	Timescale
Rheumatology		
Work in partnership to develop tender and implement MSK services in West Sussex	B1, B7, B9, B10, B11, B12, O2, O3, O4, PR5, PR6, PA1, PA2, PA3, R1, R2, R5, R6	2014/16
Redesign of service to establish metabolic bone disease clinic	B1, B10, B11, B12, O3, O4, PR6, PA1, PA2, PA3, R1, R2, R5, R6	2014/15
Ensure compliance with NICE guidelines offering regular follow up and monitoring of patients on biologics	B1, O1, O2, O3, O4, PR6, PR7, PR8, PA1, PA2, PA3, R1, R2, R5, R6	2014/15
Redesign of service to match capacity to demand and improve access targets for all patients	B1, O1, O2, O3, O4, PR2, PR5, PA2, R1, R2, R6	2014/15
Redesign of service to facilitate more specialty time and consultant input to medical beds	B1, O3, O4, PR1, PR7, R1, R6	2014/15
Respiratory		
Develop and implement respiratory unit in partnership with BOC and Guys & St Thomas'	B1, B7, B12, O2, O3, O4, PR1, PA1, PA2, R1, R2, R5, R6	2014/15
Redesign service to create HDU respiratory beds	B1,B4, B8, O2, O3, O4, PR1, PR7, PA2, PA8, R1, R2, R5, R6	2014/15
Work with community and primary care services to optimise COPD pathway and reduce admissions	B1, B4, B7, B10, O1, O2, O3, O4, PR4, PR5, PR6, PA1, PA2, PA3, R1, R2, R6	2014/15
Redesign lung cancer service to improve patient pathway and meet national standards	B1, B4, B8, O1, O2, O3, O4, PR7, PA2, R1, R6	2014/15

Objective	Link to clinical strategy objective (p.14)	Timescale
Redesign and development of respiratory services to support care and treatment being delivered locally by repatriation of patients who are being treated in London and other hospitals	B1, B11, B12, O2, O3, O4, PA1, PA2, R1, R2, R5, R6	2016/19
Develop joint clinics and services with other clinical specialties	B1, B8, O3, O4, PR7, PA2, R1, R2, R5, R6	2014/15
Work with hospices to improve end of life care for respiratory patients	B1, O3, O4, PR7, PA2, R1, R6	2016/19
SURGICAL SERVICES		
Theatres		
Refurbish and open theatres	B1, B2, B6, B9, PR3, PR5, R6	2014/15
Anaesthetics		
Enrol in Anaesthesia Clinical Services Accreditation from RCoA and achieve full accreditation within 4 years	B1, B2, O1, O2, O3, O4, R1, R6	2016/19
Critical Care		
Provide integrated critical care service with intensivist medical cover in the high dependency unit	B1, O2, PR1, PR7, PA2, R1, R6	2014/15
Support level 1 care beds in acute wards	B1, O2, PR1, PR7, PA2, R1, R6	2015/16
Improve access and timely discharge to and from critical care	B1, O2, PR1, PR7, PA2, R1, R6	2014/15
Develop a paperless critical care service	PR9	2015/16
Provide a more comprehensive follow up service for critical care	B1, O2, PR1, PR7, PA2, R1, R6	2014/15
Ensure the rehabilitation of patients discharged from critical care (NICE)	B1, O1, O2, PR1, PR7, PA2, R1, R6	2014/15
Day Surgery		
Develop a day surgery strategy to increase % of all surgical procedures to 80% as day cases	B1, B5, B9, O3, O4, PA2, R1, R6	2014/15
Develop 23 hour day surgery at Crawley hospital	B1, B5, B9, O3, O4, PA2, R1, R6	2014/15

Objective	Link to clinical strategy objective (p.14)	Timescale
Dental Services		
Develop and implement dental simulation suite	B1, PA2, PA7, R1, R6	2014/15
Trauma and Orthopaedics		
All emergency patients with FNOF to be admitted to a specialist ward within 4 hours of arrival and operated on < 36 hours	B1, B2, O1, O2, O3, O4, PR1, R1, R6	2014/15
All patients to be admitted under the joint care of an orthopaedic surgeon and ortho geriatrician and receive falls and bone health assessments and full MDT review and rehabilitation during admission	B1, B2, O1, O2, O3, O4, PR1, PA2, R1, R6	2014/15
All falls patients without a FNOF will receive an MDT assessment and therapy assessment < 24 hours	B1, B2, O1, O2, O3, O4, PR1, PA2, R1, R6	2014/15
Redevelop and merge the existing emergency T&O wards to create a single purpose built T&O unit	B1, B2, O2, O3, O4, PR1, PR7, PA2, R1, R6	2014/15
Redesign of service to develop resilient sub-specialties for spinal, feet and hands	B1, O3, O4, PR7, PA3, R1, R2, R5	2016/19
Work in partnership to develop tender and implement MSK services in West Sussex	B1, B7, B9, B10, B11, B12, O2, O3, O4, PR5, PR6, PA1, PA2, PA3, R1, R2, R5, R6	2014/16
Participate in peer review and other assessments to demonstrate improving quality	B1, B8, O1, O2, PR8, R1, R6	2014/15
Maintain the low incidence of surgical site infections	O1, O2, O3, O4, R1	2014/15
Breast Surgery		
Meet all access targets including 2 weeks referral, 31 days and 62 days	B1, O1, O2, O3, O4, PR5, R1	2014/15
Improve access to one stop service	B1, O3, O4, PR5, PA2, R1	2014/15
General Surgery		
Redesign of service to develop and implement new treatment protocols for the expedient and appropriate use of immunosuppressant and biological agents	B1, O3, O4, PA2, R1	2015/16
Ear, nose and throat		
Implement dedicated paediatric clinics	B1, O3, O4, PR5, PA2, R1	2014/15
Develop the tinnitus service	B1, O3, O4, PR5, PA2, R1	2015/16

Objective	Link to clinical strategy objective (p.14)	Timescale
Gastroenterology		
Develop specialist ambulatory pathways to prevent admission for monoclonal antibody infusions, iron infusions, venosections, transfusions and ascetic drains	B1, B9, B10, O3, O4, PR1, PR4, PR6, PA2, PA3, R1	2015/16
Redesign of service to expand and develop a comprehensive inflammatory bowel disease (IBD) service in line with the published National IBD standards	B1, O1, O2, O3, O4, PA2, R1	2014/15
Redesign of services to develop and implement hepatitis services including treatment of hepatitis B and C and screening for cirrhosis	B1, O1, O2, O3, O4, PA2, R1	2015/16
Endoscopy		
Redesign of service to develop and implement a bowel screening facility and repatriate activity currently undertaken at the cancer centre	B1, B9, B10, B11, B12, O3, O4, PR6, PA2, R1	2014/15
Ophthalmology		
Develop and redesign service to match capacity with demand and ensure patient experience improves and national access targets continue to be met	B1, B10, O1, O2, O3, O4, PR5, PR7, PA2, R1, R2, R5, R6	2014/15
Pain management		
Redesign of service to integrate team with MSK and rheumatology services and provide care closer to patient's home	B1, B7, B10, O3, O4, PR6, PA1, PA2, R1, R6	2015/16
Urology Surgery		
Redesign of service to ensure appropriate patients receive care closer to home	B1, B10, O3, O4, PR6, PA1, PA2, R1, R6	2015/16
Develop a comprehensive stone service on site including access to a lithotripter	B1, B12, O3, O4, PR9, R1, R6	2015/16
Vascular		
Fully implement a hub and spoke model of service delivery	B1, B10, PA1, PA2, PR6, PR9, R1	2016/19
Redesign of service to develop and implement venous day case surgery at East Surrey and Crawley hospitals	B1, B5, B9, B12, O3, O4, PR6, PR7, PA1, PA2, R1, R6	2016/19

Objective	Link to clinical strategy objective (p.14)	Timescale
Redesign of service to implement a daily (Monday to Friday) on site vascular ward round at East Surrey hospital, ensuring that inpatients have timely access to a vascular opinion	B1, O3, O4, PR1	2014/15
CANCER SERVICES		
Chemotherapy		
Redesign of services to provide chemotherapy treatments in patients' homes wherever possible	B1, B10, B13 O3, O4, PA2, PA3, PR6, R1	2014/15
Radiotherapy		
Deliver and implement new radiotherapy services on site at ESH site	B1, B7, O3, O4, PA1, PA2, PA5, R1, R6	2014/15
Cancer Information centre		
Work with Olive Tree, Friends of east Surrey and Macmillan Cancer Support to develop and implement a Cancer Information and Support Centre at East Surrey Hospital	B1, O3, O4, PA2, PA6, R1, R6	2014/15
Recruit Macmillan Information manager to manage the ICISC	O3, O4, PA2, PA6, R6	2014/15
WOMEN AND CHILDRENS' SERVICES		
Maternity		
Maintain consultant obstetrician cover at 98 hours per week	B1, B3, O1, O2, O3, O4, R1, R6	2014/15 onwards
Redesign of service to ensure that the birthing unit provides intra-partum and postnatal care for 20% of women booked for maternity services at East Surrey hospital	B1, B3, O1, O2, O3, O4, PA2, R1, R6	2014/15
Plan for the step change that would be required to support 5000 births per annum	B1, B3, B8, O1, O2, O3, O4, R1	2015/16
Maintain compliance with national midwifery ratios	B1, B3, O2, O3, O4, R1, R6	2014/15
Redesign of service to support development of consultant and specialist midwives	B1, B3, O2, PA2, R1, R2, R5	2016/19
Achieve compliance with new CNST standards	B1, B3, O1, O2, R1, R6	2014/15
Redesign of service to further develop the home birth service	B1, B3, B10, O2, O3, O4, R1, R6	2014/15
Redesign of service to develop the antenatal day unit	B1, B3, B10, O2, O3, O4, R1, R6	2015/16
Redesign of service to develop post natal beds	B1, B3, O2, O3, O4, R1	2015/16

Objective	Link to clinical strategy objective (p.14)	Timescale
Redesign of service to develop specialist psychology support	B1, B3, O2, O3, O4, R1	2016/19
Gynaecology		
Develop day case management of hyperemesis	B1, B5, B9, B10, O3, O4, PR1, PR4, PR5, PR7, PA2,	2015/16
Redesign of service to develop ambulatory, medical gynaecology service on ESH site	B1, B5, O3, O4, PR1, PR4, PR5, PR7, PA2, R1, R2, R5, R6	2015/16
Ensure compliance with medical management of miscarriage NICE guidelines	B1, O1, O2, O3, O4, R1, R6	2014/15
Redesign of service to develop increased capacity for early pregnancy and gynaecology assessment unit and ultrasound scans	B1, O2, O3, O4, PR5, PA2, R1, R6	2015/16
Hysteroscopy service		
Redesign of service to develop and implement a nurse hysteroscopy service	B1, B8, O3, O4, PR1, PR4, PR5, PR7, PA2, R1, R2, R5, R6	2014/15
Child health		
Redesign of service to collocate the children's assessment unit alongside paediatric ED	B1, B3, O3, O4, PR5, PR7, PA2, R1, R6	2016/19
Redesign of service to develop specialist psychology support	B1, B3, O2, O3, O4, PA2, R1	2014/15
Redesign of service so that the Advanced Neonatal Nurse Practitioner becomes part of the middle grade medical rota	B1, B3, B8, O3, O4, PR7, PA2, R1, R6	2014/15
Redesign of service to support increase in consultant and middle grade presence in Child Assessment Unit to cover evenings and weekends	B1, B3, PR7, R1, R2, R5	2014/15
Redesign of service to support the repatriation of children's day case orthopaedic surgery from St George's	B1, B3, B5, B9, B11, B12, O3, O4, PR6, PA1, PA2, R1, R2, R5, R6	2014/15
In partnership with the medical teams consider development of both a general inpatient and specialist diabetes adolescent service for 16 to 19 year olds	B1, B3, O3, PA2, R1, R6	2015/16
In partnership with clinical network consider the further development of the paediatric oncology shared care unit on the ESH site	B1, B3, O2, O3, O4, PA2, R1	2015/16

Objective	Link to clinical strategy objective (p.14)	Timescale
Redesign of service to increase surgical day case capacity for children	B1, B3, B5, PA2, PR6, O2, O3, O4, R1, R6	2015/16
Redesign of service to further develop specialist local services for epilepsy, outpatient capacity and children's surgery	B1, B3, B5, B14, PA2, PR6, O1, O2, O3, O4	2016/19
CLINICAL SUPPORT SERVICES		
Diagnostic Imaging		
Redesign of service to support the development of enhanced MRI capacity with a second scanner	B1, O3, O4, PA2, PR9, R4	2015/16
Redesign of service to develop a unified one stop breast service for all patients	B1, O3, O4, PR7, PA2, R1, R6	2015/16
Redesign of service to support providing CT Colonography to digestive diseases services in replacement of barium studies and as an alternative to colonoscopy for some patients as suggested by NICE guidance	B1, O1, O2, O3, O4, PA2, PR9, R4	2014/15
Redesign of service to develop a one stop CTC service following failed Colograms	B1, O3, O4, PR7, PA2, R1, R6	2014/15
Redesign of service to develop integrated, 7 day a week interventional services including day case capacity to support vascular surgery and gynaecology with St Georges Hospital	B1, B5, O3, O4, PR6, PR9, PA2, R1, R2, R5, R6	2014/15
To consider recommendations from the strategic review of radiology services undertaken in autumn 2013 and agree and implement action plan	B1, O1, O2, O3, O4, PA2, R1, R6	2014/15
Redesign of service to support the installation of a digital mammography machine on the ESH site	B1, B10, B11, B12, O1, O2, O3, O4, PR5, PR9, PA1, PA2, R1, R6	2014/15
Redesign service to provide 24/7 working which will improve access, turnaround and referral processes	B1, O1, O2, O3, O4, PA2, R1, R6	2015/16
Implement a managed equipment service which is supported by a rolling equipment replacement schedule	B1, PR9	2014/15
Redesign service to develop EEG service to offer an ambulatory outpatient service in possible networked partnership with local NHS organisation(s)	B1, O1, O2, O3, O4, PA2, R1, R6	2016/19

Objective	Link to clinical strategy objective (p.14)	Timescale
Pathology		
Redesign of service to support development of networked pathology services with BSUH	B1, PR9, PA2, PA4, R1, R6	2016/19
Pharmacy		
Redesign of service to support the introduction of electronic prescribing and medicines administration (ePMA) for chemotherapy and all other specialties	B1, PA2, PR9, R4	2016/19
Redesign of service to centrally locate together the pharmacy store and the dispensary	B1, PA2, R2, R5	2016/19
Redesign of service to extend patient home delivery service for appropriate patients	B1, B10, O3, O4, PR6, PA2, R1, R6	2015/16
Redesign of services to improve timely discharge and extend 7 day a week working to meet national standards	B1, B10, O3, O4, PR1, PR6, PA2, R1, R6	2014/15
Redesign of service to introduce automated dispensing machines (dispensing robots)	B1, PR9, PA2	2015/16
Outpatient services		
Refurbish and redevelop outpatient facilities at ESH	B1, B14, O3, O4, PR5	2016/19
Redesign of outpatient service delivery to match capacity to demand, stream line referral and booking processes and improve the experience for patients	B1, B10, B14, PR2, PR5, PA1, PA2, PA3, R1, R6	2016/19
Therapy Services		
Work in Partnership with British Oxygen and the Lane Fox Unit at St Thomas's hospital to develop a specialist team of Respiratory Physiotherapists to support the opening of the new build on the ESH site of a Respiratory unit.	B1,O2,O3, PR4,PA2,R1,R2 R3,R5,R6	2014/15
Work in partnership to develop tender and implement MSK services in West Sussex	B1, B7, B9, B10, B11, B12, O2, O3, O4, PR5, PR6, PA1, PA2, PA3, R1, R2, R5, R6	2015/16
Redesign of the paediatric service alongside the WACH directorate and support the repatriation of orthopaedic services	B1, B11, B12, O2, O3, O4, PR4, PA1, PA2, R1, R2, R4, R6	2015/16
Deliver and implement new radiotherapy services on site at ESH site	B1, B7, O3, O4, PA2, R6	2014/15

Objective	Link to clinical strategy objective (p.14)	Timescale
Continue to move the therapy services to a 7 day a week model of care	B1, B2, B10, B11, O2, O3, O4, PR1, PR4, PA2, R1, R2, R5, R6	2015/16
OTHER AREAS		
Healthcare records		
Develop additional capacity for health care records storage to reduce costs on commercial storage solutions	B1, PR9, R1, R4	2015/16
HSDU		
Scope feasibility of centralising services on ESH site only	B1, PA2, R6	2016/19
Health Campus		
Work with partners to develop health campus in the ESH site	B1, O3, O4, PA7, PA8, R2, R5, R6	2016/19
Private beds		
Consider the development of a private patient wing on the ESH site	B1, O1, O2, O3, O4, PR5, PA1, PA2, R1, R6	2015/16