Our patients

Our staff

Our services

Clinical Strategy
2019-2024

1. Executive Summary

East and North Hertfordshire NHS Trust has an established and successful track record in delivering large-scale strategic change, delivering meaningful and sustainable benefits for patients and the communities we serve. This clinical strategy sets out the ambition of the Trust to build on the successes of recent years and meet the significant challenges and opportunities facing the Trust, now and over the coming five years.

The process of developing this strategy has been led by the Trust Board and has benefited from a great deal of clinical, staff and public engagement over the last 12 months. The process has included the development of a **Vision** for the organisation, namely:

Proud to deliver high-quality, compassionate care to our community

A detailed examination of the challenges and opportunities facing the Trust resulted in the development of a **Case for Change**. This work included understanding our local population and their healthcare needs; the national strategic context; the commissioning landscape; the Trust's clinical quality and safety; patient experience; research and development; workforce issues; market share; the Trust's financial position; and information technology and innovation.

This showed that the Trust delivers high-quality care to the communities it serves, but that there was a need both for greater consistency in delivering high-quality as well as improvements to the way services are organised and managed, to ensure they are easy to access and navigate both for patients and for those referring patients. It showed that there was an opportunity to develop services and our workforce across traditional organisational boundaries and play a proactive and leading role in the development of services as part of the Sustainability and Transformation Partnership (STP). It showed that there is an opportunity for the Trust to provide a range of services which compete with the best in terms of efficiency, productivity and clinical sustainability.

Our patients
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1. Executive Summary

Responding to the **Case for Change**, five **Strategic Priorities** were developed to shape the work of the clinical teams in creating the clinical strategy, and these are:

- **Deliver high quality care consistently across all of our services in terms of clinical quality, safety and compassion.**
- **Redesign and invest in our systems and processes to ensure that they provide a consistently simple and quick experience for our patients, their referrers, and our staff, minimising frustration and maximising efficiency.**
- **Pursue actively the development of pathways across care boundaries, where this is in the best interests of patients and adds value.**
- **Create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce able to meet the needs of our patients.**
- **Develop a portfolio of services that are financially and clinically sustainable in the long-term.**

Work with each Clinical Division over a number of months has identified the ambition for clinical services for the next five years and the priorities needed to deliver against the five strategic priorities within each clinical area. This work to develop the clinical strategy recognises the imperative to consistently provide high-quality, easy to use services which are clinically and financially sustainable, building on the opportunities that exist to transform and integrate pathways and service models, from emergency to planned care, using the correct mix of skilled people to deliver them.

Implementation of this clinical strategy will begin in April 2019, and a range of enabling strategies on quality improvement, workforce, finance, estates, IT, and research and development will support delivery of the clinical strategy. During this time period, further work will take place with each clinical specialty to refine their five-year plans setting out how each specialty will respond to the challenges and opportunities outlined in the **Case for Change** and help the Trust to deliver on its five **Strategic Priorities**: Quality, Easy to Use; Pathways; People; and Sustainability.

Our patients   Our staff   Our services

1. Executive Summary

This is an exciting time for the Trust and for healthcare across Hertfordshire and West Essex. This clinical strategy sets out the five-year ambition of the Trust on a year-by-year basis, recognising that healthcare is an ever-changing environment and there will be a need to revisit regularly this strategy and the enabling strategies over the coming months and years.

Our patients   Our staff   Our services

2. East and North Hertfordshire NHS Trust

ABOUT US AND THE POPULATION WE SERVE

2.1 Our Services

East and North Hertfordshire NHS Trust (ENHT) provides:

- Secondary acute services to a population of approximately 600,000 people across east and north Hertfordshire, and south Bedfordshire.
- Tertiary cancer services to a population of over 2 million from London, Hertfordshire and Bedfordshire, from the Mount Vernon Cancer Centre (MVCC).
- Community children's services to the population of Hertfordshire.
- Satellite renal dialysis units in Luton, Bedford, St Albans and Harlow.

The Trust offers 23 specialities across four sites (including MVCC). It has a turnover of £417m and employs 5,000 staff.

In 2018/19 (April 2018 to November 2018) the Trust provided:

- 102,043 A&E attendances
- 39,372 non-elective admissions
- 290,885 outpatient appointments
- 42,264 elective day case procedures
- 5,895 elective admissions
- 3,679 maternity deliveries.

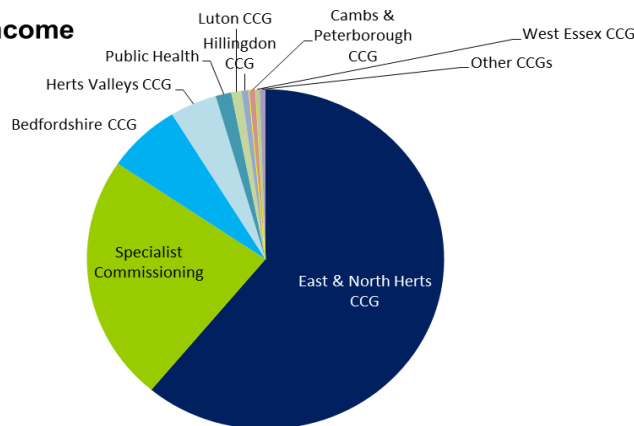Our patients   Our staff   Our services

2.2 Commissioners

Most of the Trust's referrals (60%) come from the East and North Hertfordshire Clinical Commissioning Group (ENH CCG). Of ENH CCG referrals, 75% come from 75 GP practices, largely in east and north Hertfordshire and clustered around the A1. A few practices in south Bedfordshire refer 6% of the activity, and smaller amounts come from the south of Hertfordshire and from Herts Valley CCG (HV CCG).

The commissioning landscape is changing; commissioners are aligning themselves with STP footprints, moving towards strategic commissioning and increasingly focusing on commissioning whole pathways of care to facilitate greater integration.
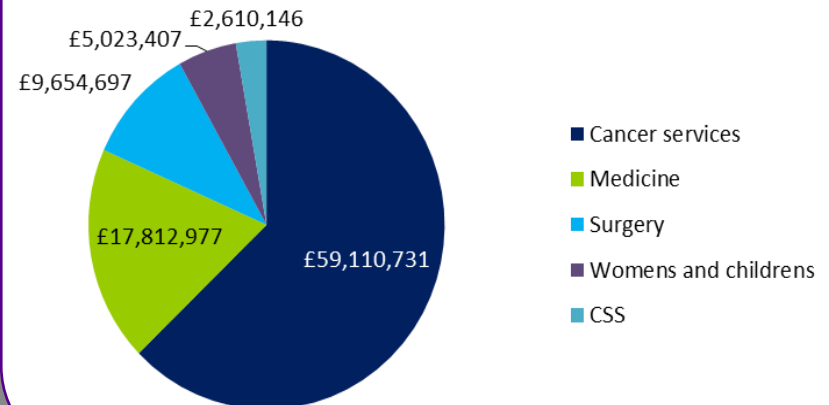
In addition, 23% of the Trust's referrals are from Specialised Commissioning. Of this, 62% is cancer, including referrals to the Mount Vernon Cancer Centre (MVCC). The other major area is renal (at 14%). Smaller amounts arise from cardiology, neonatology and paediatrics, urology, oral surgery, bowel screening and general medicine. MVCC generates £51.4m of income for the Trust. Of this, 78% is from specialised commissioning, and 15% from CCGs.

Specialised commissioners are focusing on commissioning to deliver improvements for patients and sustainability of services within more constrained expenditure growth in the two years ahead. This provides a shared requirement for greater efficiency and productivity across the NHS for both commissioners and providers.

ENHT Income

Luton CCG
Hillingdon CCG
Public Health
Herts Valleys CCG
Bedfordshire CCG
Cambs & Peterborough CCG
West Essex CCG
Other CCGs
Specialist Commissioning
East & North Herts CCG

Specialised commissioning income

£2,610,146
£5,023,407
£9,654,697
£17,812,977
£59,110,731

- Cancer services
- Medicine
- Surgery
- Womens and childrens
- CSS

2.3 Our Population and their Healthcare Needs

The catchment population is forecast to grow by 5.7% by 2023. This is a combination of general demographic factors (4.9%) and planned housing developments (0.8%) (as set out in Local Plans).

The demographic factors therefore suggest that there will be a rising demand for the Trust's 'core' services. This is supported by the pattern of continuous growth in referrals in medicine which the Trust has experienced over the years.
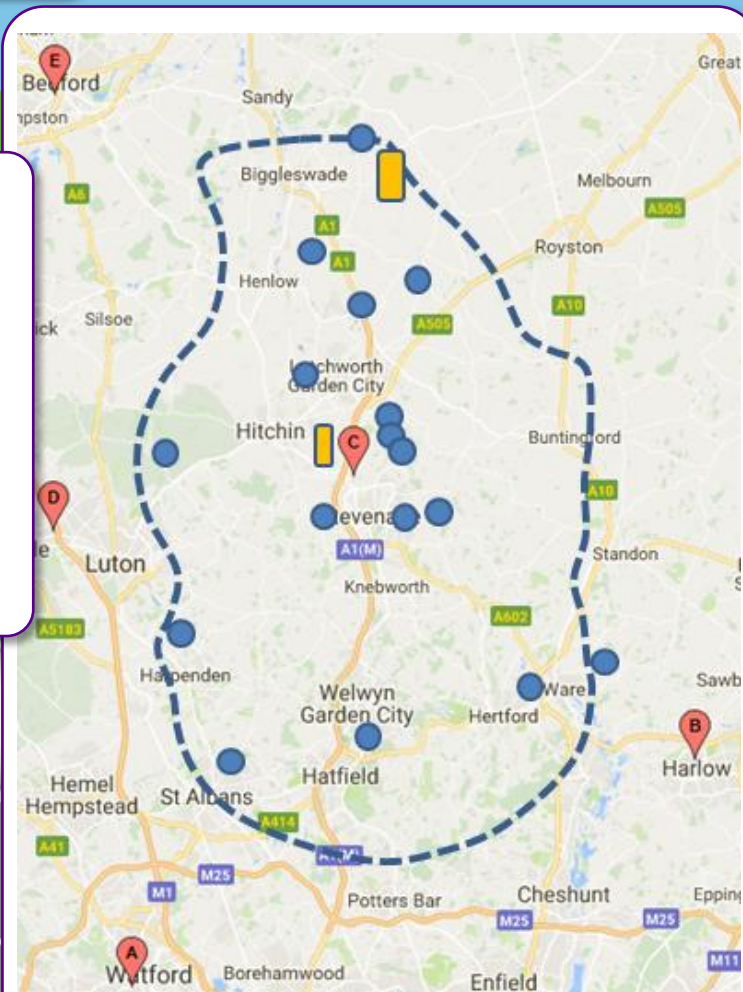
ENHT catchment area (not including MVCC)

Housing developments in Local Plans

Land identified for potential future development in Local Plans

A – West Hertfordshire Hospital
B – Princess Alexandra Hospital
C – Lister Hospital
D – Luton & Dunstable Hospital
E – Bedford Hospital

CCG	% ENHT activity	Population growth					End 5 years
		2019	2020	2021	2022	2023	
East & North Herts	81.97%	1.0%	1.0%	1.0%	1.0%	0.9%	4.82%
Bedfordshire	8.97%	1.3%	1.3%	1.3%	1.2%	1.2%	6.28%
Herts Valley	5.52%	1.1%	1.1%	1.0%	1.1%	1.0%	5.24%
Other	3.55%	1.0%	0.9%	0.9%	0.9%	0.9%	4.51%
Composite population growth		1.00%	1.00%	0.98%	0.97%	0.95%	4.91%
Additional people		617	626	620	619	611	3,092

Set against this background of rising demand, however, is the STP's priority to stem demand for secondary care. Assumptions for QIPP (Quality, Innovation, Productivity and Prevention) plans represent £6.7m in 2018/19 for the Trust, and similar or greater levels can be assumed for future years.

In order to achieve system sustainability, the STP is aiming to reduce forecast demand for non-elective activity by 23% over the next ten years, and reduce forecast demand for planned care by 20% over the same period.

Significant reductions in demand have not been achieved historically and reductions are unlikely to be delivered in the future unless effective alternatives to acute services are in place within the community. However, other providers in the local area and nationally are beginning to see some reductions, which suggests that it is entirely possible to achieve and should be anticipated.

Commissioners will expect providers to play their part in delivering new pathways, supporting preventative strategies and implementing models of care which improve system efficiency and effectiveness and avoid unnecessary secondary care attendances and admissions.

Provision of GPs in East and North Hertfordshire is lower than the national average (1:1538 population, compared to an average of 1:1351), primary care provision is under particular pressure, and satisfaction with General Practice is lower than the national average.

Demand for primary care is forecast to rise, linked to both demographic change and the STP aim of reducing demand for secondary care by providing alternative services within the community.

To achieve the average rate, the CCG would require an additional 50 GPs. There is an increasing challenge to recruit and retain GPs. Nationally, the GP workforce is declining while workload increases. There has been a 2.2% decline in the number of full-time equivalent (FTE) GPs in September 2017 compared to September 2016 and a recent national GP survey found that 62% of respondents aged 50+ planned to leave 'direct patient care' by 2022 and only 21.7% planned to work in full time clinical general practice one year after qualifying.

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# 2.3 Our Population and their Healthcare Needs (continued)

Headline messages

- The Trust's catchment **population is largely in line with UK averages** in terms of demographics and health needs, compared to the rest of England.
- The future pattern of disease is likely to be in line with the rest of UK (that is, a growth in conditions associated with an **aging population and lifestyle factors**).
- Growth of 5.7% in the catchment population is forecast by 2023, which suggests a continued **rising demand for 'core' services**.
- **GP provision is lower than the national average** and deteriorating. Primary care is experiencing increasing challenges in recruiting and retaining GPs.

The population served by the Trust is very much in line with the England average in terms of demographic profile. It is marginally better off in terms of health need; deprivation is below average, and life expectancy better than average (except in Stevenage). Key areas of population growth are forecast to be in the over 65s, with a consequent increase in conditions associated with age. There is expected to be a 19% growth in the over-75 age group during the next five years.

Lifestyle factors are also generally in line with the England average (although obesity in children is better than average, and there are some parts of the county where mortality from cancer and cardiovascular disease is poorer than average). In common with the rest of the country, the Trust faces a rise in risk factors such as obesity and inactivity.

Population Pyramid for Hertfordshire & West Essex STP 2017 & 2037

ONS MYE 2014
ONS SNPP 2014

PH.Intelligence@hertfordshire.gov.
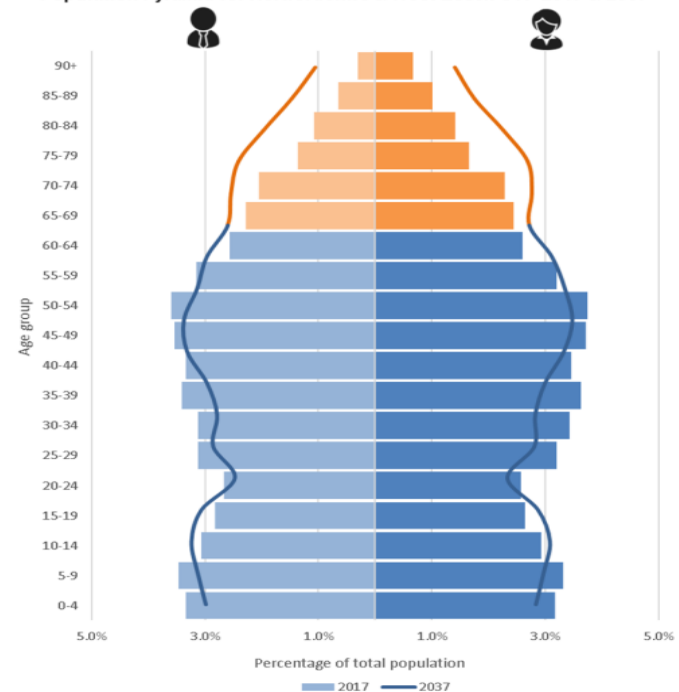
3. STRATEGIC CONTEXT

3. Strategic Context

National Strategy Context

In 2017, NHS Improvement (NHSI) and NHS England (NHSE) published Next Steps on the Five Year Forward View which outlined progress on the ambitions set out in the Five Year Forward View (2014). It defined four priorities for the NHS in 2017/18 as being to:

- Deliver financial balance across the NHS
- Improve A&E performance
- Strengthen access to GP and primary care services
- Improve cancer and mental health services.

The prime minister's announcement of extra funding for the NHS in 2018 represents a real terms growth of 3.4%. This is in the context of an assessment by the Institute for Fiscal Studies which reported that the NHS required a 3.3% funding increase in order to stand still. Alongside this, the chief executive of NHSI has identified productivity as a key area of focus for providers in order to address the provider sector deficit.

NHSI and NHSE has engaged with the health and care sector to develop a long term (ten year) plan which is due for publication in November 2018. Key stated priorities are expected to include:

- Delivery of performance standards
- Prevention and personal responsibility
- Integrated and personalised care for people with long term conditions and the Frail
- Clinical priorities; cardiovascular disease, cancer, children's services, mental health and health inequalities.

Commissioning and the development of Integrated Care Systems

The Hertfordshire & West Essex health and care system is unsustainable in its current form. The STP has developed a clinical strategy which sets out a blueprint for integration and sustainable, high quality health and care in order to address three burning platforms of: a health and wellbeing gap; a care and quality gap; and a funding and efficiency gap.

At its heart the STP blueprint is based on the principles of population health management – targeting interventions and resources at defined population cohorts where they are expected to have the greatest impact on health and wellbeing outcomes, care quality and sustainability.

The STP blueprint also recognises that the population served by the STP is made up of individuals who live in local communities and that services need to be wrapped around people rather than their conditions or disease. The STP aims to drive the transformation to develop and deliver integrated models of care to prevent, reduce, or delay needs and prevent people reaching crisis points in their care. This will include focusing increasingly on reducing variation by adopting standardised pathways of care, developing place-based services within localities and working to shift activity from reactive to proactive, ensuring interventions are effective and efficient.

Trust context

The Trust has a well earned reputation for strategic delivery and continuous improvement. The Our Changing Hospitals programme saw the effective reconfiguration of acute services which led to significant improvements in both services and outcomes for patients.

There are now a number of challenges facing both the NHS, local health and care system and the Trust. These include the need to:

- Continue to drive up and sustain consistent high quality outcomes and patient experiences while meeting rising demand for services – for example the Trust's CQC Inspection Report (2018) highlighted that the Trust is not yet consistently delivering high quality care across all of its services.

- Consistently meet and sustain performance of key national standards – the Trust is not currently achieving key performance measures including Emergency Department and Cancer Waiting Times standards.

- Respond to forecast workforce changes to ensure the sustainability of services - the Kings Fund has recently commented that workforce challenges are recognised nationally as presenting a greater threat to service sustainability than funding.

- Reduce variation in care outcomes and costs in order to improve productivity and efficiency to not just meet the rising demand for services but to meet the financial challenges facing the NHS.

- Secure a long term sustainable future for the Mount Vernon Cancer Centre – responsibility for services provided by the MVCC transferred to the Trust in 2004 when the NHS in Hertfordshire expected to build a new hospital at Hatfield, including MVCC. Following the decision to not proceed with these plans on the basis of affordability, many patients within the Trust's catchment area continue to have long travel times to access cancer services, particularly radiotherapy. MVCC has continued to deliver tertiary services from a non-acute site within a number of buildings, not owned by the Trust, which are not suited to modern cancer treatment and care. The Trust has recently established an academic and clinical collaboration with University College London Hospitals NHS Trust in order to provide further clinical and academic support for MVCC. It is recognised that the changing range of cancer treatment is expected to be available to patients in the future will increase the requirement for acute services, such as ICU and HDU, whilst the limited availability of cancer consultants, scientists and other staff necessitates transformation of services in order to support the sustainable provision of high quality care and treatment.

Clinical Quality and Safety

While the Trust has a strong track record of delivering quality improvements in areas targeted by the Board and Executive Team and underpinned by clinical engagement, the 2018 CQC inspection highlighted that the Trust continues to have inconsistency in quality and leadership between different services and some shortcomings in the Trust's basic systems and care.

The Trust has achieved substantial improvements in a number of areas over the last few years including patient mortality (SHMI and HSMR). However, sustainable improvements in other key areas remain to be achieved, including:

- Delivering Harm Free Care including a reduction in avoidable pressure sores and improvements in infection prevention and control
- Keeping our patients safe including safer surgery, improved recognition and timely management of sepsis and maternal and newborn care
- Patient experience including learning from complaints and feedback

Other priorities identified include:

- Ensuring patients are seen and commence treatment within national cancer waiting time standards
- Reducing outpatient appointment cancellations and waiting times.
- Timely production of discharge summaries for GPs to support continuity of care following discharge.

Patient Experience

The majority of feedback received via the Trust's Patient Experience surveys , including friends and family test questions, is positive. The highest proportion of negative comment relate to the environment and waiting times.

Feedback from patients and their carers is generally that the Trust offers 'friendly staff, and good care; but poor administration, communications and waiting times'.

Key themes from concerns managed by the Trust's patient Advice and Liaison Service (PALS) relate to difficulties with out patient appointments including to make, cancel or rearrange appointments. This has been confirmed by patient engagement informing the development of this strategy which also highlighted that the Trust's appointment and communication systems are complex, opaque and not easy to use.

The majority of formal complaints received relate to the quality of care received, either medical or nursing care and communication and delays in procedures and outpatient appointments.

3. Strategic Context (continued)

Research and Development

The Trust is an active member of the National Institute for Health Research and is one of the most research active providers in the East of England with over three thousand patients participating in research trails in 2017/18. Research undertaken across the Trust is a combination of studies which staff have received external funding to undertake, commercial studies and participation in research funded by local and national charities. The Trust has particular strengths in cancer, renal medicine, cardiovascular disease and diabetes research.

The Trust recognises the benefits for patients of being cared for by a research active organisation. Recent direct patient benefits from research have included research with mono-clonal antibodies (PCSK9 inhibitors) which has informed NICE guidance, research into the use of oral anticoagulants as an alternative to Warfarin to achieve therapeutic anticoagulation and research into the efficacy of shorter courses of chemotherapy for colorectal cancer in order to achieve full therapeutic effect with significantly less toxicity, time and cost.

Workforce

In common with the rest of the NHS, the Trust is facing increasing workforce scarcity in some key areas and specialties; particularly in relation to the supply of sufficient junior doctors to sustain services. The Kings Fund has reported that across NHS trusts in England there is a shortage of more than 100,000 staff. Based on current trends, they project that the gap between staff needed and the number available could reach almost 250,000 by 2030. If the emerging trend of staff leaving the workforce early continues and the pipeline of newly trained staff and international recruits does not rise sufficiently, this number could be more than 350,000 by 2030.

The Trust has a sound record of recruitment, but retention has become increasingly challenging. Any significant shortages of staff will have direct implications for access times, clinical quality and financial sustainability. Of the Trust's nursing and midwifery posts, 9.7% were vacant in September 2018 whilst 6.5% of medical posts were vacant.

This is all the more important given the need to develop and retain a flexible, skilled and engaged workforce that is aligned with the changing models of integrated healthcare delivery and able to respond flexibly to meet the needs of patients in the context of forecast national shortages of key groups of staff, including nurses, doctors and allied health professionals.

Market share

The Trust is facing strong competition and has been losing NHS market share (although in some specialties this is disguised by continued high volumes of outpatient appointments). Its competitors (both NHS and in the independent sector) are strengthening their positions, with increased local capacity and active marketing. This poses a challenge for the Trust in several key areas that influence patient and GP choice, including:

Waiting times - where waiting times for outpatient consultations at the Trust exceed those of alternative providers, some of whom have invested in additional capacity.

Ease of access and use - feedback from patients and GPs highlights that they do not find that the Trust offers a smooth end-to-end experience or is easy to use.

Financial position

The financial outlook remains challenging, both in terms of revenue and capital availability. The Trust is expected to end the 2018/19 year in deficit, despite income performing favourably. Cost pressures are being experienced in several key areas including pay, notably medical staffing, and delivery of Cost Improvement Plans(CIPs).

Failure to achieve key performance standards including for A&E have also impacted the Trust's ability to achieve agreed control totals..

It is clear that the Trust will not be able to achieve the CIPs necessary to deliver financial sustainability in the long term without significant action to redesign and transform services to address workforce shortages and improve productivity. Continuing to provide the same services in the same way will not be an option.

NHS capital funding is constrained across the NHS and in the future the Trust's primary access to capital will either be through the STP, linked to the delivery of transformed ways of delivering care, or through internal generation of capital via delivering improved productivity.

IM&T, Technology and Innovation

A number of new technologies are now maturing and coming into commercial and effective use. Some or all of these have the potential to transform the delivery of healthcare.

Providers in the NHS and the private sector are exploring the use of these technologies, and they will offer powerful competitive advantage when they are applied.

However, the pre-requisite for exploiting any of these technologies at scale is an integrated and digitised patient record. ENHT is currently not yet able to make use of the potential innovations on offer because this basic pre-requisite is not in place. The key factors impeding progress are:

- The Trust services run largely on paper.
- Individual services have introduced their own, preferred systems making integration difficult, complicated and costly.
- Processes are overly varied across the organisation – at service, team and individual level.

In addition, in 2017/18 two new patient administration systems, Lorenzo and Nerve Centre were introduced. The Trust has recognised the imperative to stabilise systems in 2018/19.

In the context of constrained availability of capital, a key challenge for the Trust is to reach the baseline of digital patient records, achieve the necessary standardisation and transformation, and fully integrate the individual systems within the Trust. This will then provide the gateway for accessing not just service enhancements enabled by new technologies but complete step changes in service delivery, and clinical quality.

The partnership with the University offers potential for capitalising further on benefits related to new and emerging innovation and technology.

Our patients   Our staff   Our services

4. Trust Vision and Strategic Priorities 2019 - 2024

THE TRUST'S VISION AND STRATEGIC PRIORITIES 2019 – 2024

STRATEGIC PRIORITY:
Sustainability
Develop a portfolio of services that is financially and clinically sustainable in the long term.

STRATEGIC PRIORITY:
Quality
Deliver high quality care consistently across all of our services in terms of clinical quality, safety and compassion.

STRATEGIC PRIORITY:
People
Create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce able to meet the needs of our patients.

VISION:
Proud to deliver high-quality, compassionate care to our community

STRATEGIC PRIORITY:
Ease of use
Redesign and invest in our systems and processes to provide a consistently simple and quick experience for our patients, their referrers, and our staff, minimising frustration and maximising efficiency.

STRATEGIC PRIORITY:
Pathways
Pursue actively the development of pathways across care boundaries, where this is in the best interests of patients and adds value.

Our patients   Our staff   Our services

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4.1 What our Vision and Strategic Priorities Mean for our Clinical Strategy

The Trust's vision, *"proud to deliver high-quality, compassionate care to our community"*, places the ambition to deliver high-quality, compassionate care to our patients and carers at the heart of ENHT's clinical strategy. The Trust's strategic priorities have been developed through engagement with staff and stakeholders and are intended to provide a framework to help the organisation meet the needs of the community, and the challenges faced by the local health and care system over the next five years.

The clinical strategy has been developed through engagement with clinical directorates and their multi disciplinary teams, informed by an assessment of their services in relation to a range of internal and external factors, including quality, safety, demographic and disease burden forecasts, patient experience, workforce, market share and financial and clinical sustainability.

Over the next five years the Trust will continue to sustain and improve the quality and ease of use of services – delivering a consistent standard of high-quality care across all services and specialties supported by highly skilled, engaged clinical teams who continually evaluate their services and identify opportunities for improvement.

ENHT's clinical strategy recognises the imperative to consistently provide high-quality services which are clinically and financially sustainable, building on the opportunities that exist to transform and integrate pathways and service models, from emergency to planned care. This supports the local health system to effectively and efficiently meet the healthcare needs of the community that the Trust serves. Working with local system partners, the Trust's clinicians will be encouraged to play active, leading roles within the STP in order to co-design and deliver sustainable services at scale.

The following section highlights the particular relevance of each of the Trust's strategic priorities for the clinical strategy and details the resultant guiding principles that have framed the development of the clinical strategy priorities.

Our patients   Our staff   Our services

4.2 Strategic Priorities and Clinical Strategy Guiding Principles - Quality

Strategic Priority: Deliver high quality care consistently across all of our services in terms of clinical quality, safety and compassion.

This is a strategic priority because, whilst we are proud of the quality of many of our services, we recognise that there are areas where we fall short. External assessors have highlighted the need for us to do more in securing and assuring the quality of our services in a number of areas. For example the CQC has assessed our Women's & Children's services as being consistently Good, with some services considered Outstanding while other services provided by the Trust, for example in Surgery, have been assessed as Inadequate. Mortality (HSMR and SHMI) has also improved at a faster rate for some conditions than for others. The Trust is increasingly exposed to competition for NHS patients from other providers, including the independent sector, and must ensure that its quality of care and associated reputation bears comparison with these.

It is therefore a Strategic Priority to focus sharply on any area of care which falls short of acceptable standards, and ensure that by the end of the strategic period we can confidently say that our services are consistently good.

Therefore, guiding principles for the clinical strategy have included:
- We will deliver consistently high quality, safe, patient-centered care across all our services, 7 days a week
- Our services will be underpinned by a culture of continuous quality improvement and learning
- We will standardise clinical pathways and eliminate unwarranted clinical variation, ensuring that every patient receives the most appropriate care for their condition

4.3 Strategic Priorities and Clinical Strategy Guiding Principles – Easy to Use

Strategic Priority: Redesign and invest in our systems and processes to ensure that they provide a consistently simple and quick experience for our patients, their referrers, and our staff, minimising frustration and maximising efficiency.

We know that a significant determinant of choice for patients and GPs is ease of access and convenience. The feedback from our local patients, carers, and their GPs is that our greatest current weaknesses are in administration, communications and waiting times. As we face increasing competition from other providers it is critical that we address these issues to protect our market and stem the loss of current and future market share. Our competitors currently have wait times comparable with or lower than ours, and these are likely to improve in future as they bring additional planned capacity on stream. Some of our staff and GPs also say that they are frustrated by Trust systems and processes that do not work as they should and /or prevent them from delivering good care, efficiently.

Although this could be seen as just one subset of our strategic priority to deliver consistently high quality, the issue of systems, communications and ease of access has been highlighted as a key priority for the Trust by all categories of stakeholder. It has been an intransigent and recurring theme for many years and it now merits specific focus within the Trust's strategy as a Priority in its own right.

Therefore, guiding principles for the clinical strategy have included:
- We will streamline our models of care and optimise pathway times in order to enhance patient experience and outcomes
- We will improve underpinning processes and harness technology and digitisation to make our services, pathways and processes easier to use for our patients, referrers and staff
- We will support GPs and community teams to make timely decisions for their patients by ensuring they can rapidly access specialist advice and opinion

4.4 Strategic Priorities and Clinical Strategy Guiding Principles - Pathways

East and North Hertfordshire
NHS Trust

Strategic Priority: Pursue actively the development of pathways across care boundaries, where this is in the best interests of patients and adds value.

The drive from local and national policy is to increasingly commission and develop care along pathways. This encompasses not just pathways across traditional NHS boundaries (acute – community) but also across sector boundaries (health – social care – education). The successful organisations will be those who take leadership / ownership of pathways. The Trust will need to be in a position to credibly bid for such leadership roles, and to carry them out effectively and efficiently, if it is to retain its position within the STP as a strong and influential organisation. We do not have a strong track record, nor reputation, in relation to this and at present are unlikely to be first choice in most areas. We must therefore be proactive if we are to secure such contracts and develop a track record and reputation for delivery.

Therefore, guiding principles for the clinical strategy have included:
- We will promote integration in our clinical pathways, working both across and beyond our services where it is in the best interests of patients to do so
- We will provide assessment and treatment on a planned outpatient, ambulatory or day case basis wherever possible - inpatient admission will be the exception rather than the norm
- We will co-design pathways and models of care, informed by best evidence and feedback from patients, carers, staff and partners

4.5 Strategic Priorities and Clinical Strategy Guiding Principles – People

Strategic Priority: Create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce able to meet the needs of our patients.

It is acknowledged that workforce is going to be the critical scarce resource in the future, as a result of many factors. Competition for staff will be as fierce as competition for income. The resilience of the organisation in a financially challenging and clinically changing environment will be dependent on a workforce having the skills, flexibility and motivation to adapt to changing service demands and embrace new models of care. The Trust has a strong track record: although turnover is rising, staff in post is also rising (which implies that we are recruiting more people than we are losing). We have also successfully reduced the use of agency staff. This provides a strong foundation to build from over the course of this strategy. We are still unable to cover 8% of vacant shifts, with consequent direct impact on staff wellbeing and indirect impact on service quality.

Therefore, guiding principles for the clinical strategy have included:
- We will work to promote a workforce which is compassionate, competent and adaptable; able to provide services across whole pathways of care and across traditional organisational boundaries
- We will actively seek and embrace opportunities for research and innovation, enhancing the work environment for our staff and bringing benefits for our patients
- We will drive and support workforce training, development and transformation; so that our people have the capability, skills and knowledge to fulfil their roles effectively and with confidence

4.6 Strategic Priorities and Clinical Strategy Guiding Principles - Sustainability

Strategic Priority: Develop a portfolio of services that is financially and clinically sustainable in the long term.

The financial outlook remains challenging, notwithstanding the NHS settlement. Capital funds are strictly limited and access to them in the future is likely to be via STPs. At present we know that there are some services which are fragile clinically, and / or costing more to provide than we recover through income. This is unsustainable and must be addressed. Some such services may never be financially productive on their own, and yet are strategically essential to maintain; but this will not apply to all. The Trust must develop a clear, coherent portfolio of services which is appropriate and sustainable into the future. This is all the more urgent as commissioners and the STP begin to design new pathways; the Trust will need to understand its own portfolio strengths and weaknesses if it is to respond swiftly and positively to such developments and discussions.

Therefore, guiding principles for the clinical strategy have included:
- We will work to ensure that every service we provide is both clinically and financially sustainable and seek innovative solutions to addressing unsustainable services, in partnership with commissioners and system partners
- Our corporate support functions will focus on empowering clinical leads and teams to develop, improve and maintain high quality, efficient and effective services
- We will order diagnostics only once and only when clinically necessary

5. TRUST STRATEGIC CLINICAL PRIORITIES

Our patients

Our staff

Our services

The following section sets out the key clinical strategy priorities for the Trust over the period of this Strategy. This and other key strategies support the delivery of the Trust Strategy as shown on the strategy map in section 6. A number of cross cutting clinical themes have been identified which all Divisions will consider throughout the next five years and apply to their clinical development.

Delivery of the Trust's clinical strategy priorities will be integrated into the Trust's annual operating and financial plans and their delivery will be monitored via business as usual internal governance mechanisms including Divisional Accountability Reviews. Oversight of delivery of the strategy across the organisation will be monitored by the Strategic Programme Board which reports to the Trust Board via the Finance and Performance Committee.

Our patients   Our staff   Our services

Cross Cutting Clinical Themes

NHS
East and North Hertfordshire
NHS Trust

Clinical Strategy Priorities

- Clinical Support Services
- Cancer Services
- Medicine
- Surgical
- Women & Children's

Cross Cutting Clinical Themes

- Frailty
- Dementia
- End of Life
- Mental Health
- Learning Disabilities
- Children and Young People
- Carers
- Living Well

5.1 Medical Division Strategic Clinical Priorities
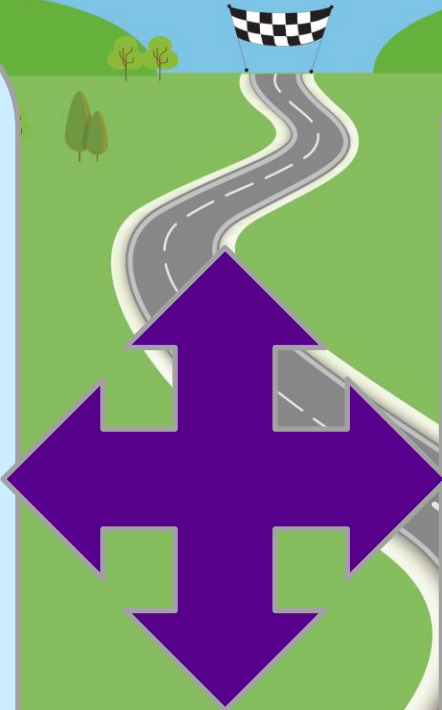
Detailed plans to support delivery of these priorities are in Appendix 1

Medical Division Strategic Clinical Priorities 2019 - 2024	Strategic Priorities				
	S	P	P	E	Q
Provide consistently high quality urgent and emergency care by : a) reviewing and revising the medical inpatient model to ensure that every patient is admitted under the care of the most clinically appropriate specialty with inter-specialty support as required; b) optimising the use of ambulatory and outpatient models of care to avoid unnecessary hospital admissions and enable patients to be cared for in their homes	■		■	■	■
Work collaboratively with system wide partners within the STP to promote self care and to ensure standardised pathways for the management of long term conditions to help reduce emergency attendance, with a particular focus on: • Frailty • Diabetes • Respiratory	■		■	■	■
Deliver outpatient services effectively, improve ease of use and make best use of resources (e.g. maximising use of nurse-led clinics), introducing new models of delivery (such as telemedicine) and moving activity to primary care and self management where clinically possible.	■	■	■	■	■
Secure sustainability by working with the STP, reducing reliance on locum staffing and finding alternatives to the medical model, through innovative staffing structures, training and development, with a particular focus on: • Elderly medicine • Dermatology/Skin Health • Neurology	■	■			
Ensure all services are clinically and financially sustainable, working with the STP as appropriate, with rigorous focus on challenged specialties, including: • Renal • Diabetes / Endocrinology • Dermatology/Skin Health	■	■			

Sustainability	People	Pathways	Ease of Use	Quality

5.2 Surgical Division Strategic Clinical Priorities

NHS
East and North Hertfordshire
NHS Trust

Detailed plans to support delivery of these priorities are in Appendix 1

Surgical Division Strategic Clinical Priorities 2019 - 2024	Strategic Priorities				
	S	P	P	E	Q
Consistently deliver high quality, compassionate care across all services.	■				■
Enhance the accessibility, efficiency and capacity of planned surgical services to meet demand and facilitate repatriation of services provided for local patients in the independent sector.	■		■	■	
Deliver the best possible care, experience and outcomes for trauma and emergency patients from their arrival to discharge by comprehensively reviewing and improving emergency surgery and trauma services. Ensure pathways address the needs of frail patients.	■		■	■	■
Optimise theatre and bed utilisation to ensure delivery of activity is as efficient as possible; making delivery of day case surgery the norm rather than the exception.	■		■	■	■
Offer a flexible, stimulating environment to develop and work within in order to provide a sustainable, highly engaged workforce able to meet patients' needs.	■	■			■

Sustainability	People	Pathways	Ease of Use	Quality

NHS
East and North Hertfordshire
NHS Trust

Detailed plans to support delivery of these priorities are in Appendix 1

Women & Children's Division Strategic Clinical Priorities 2019 – 2024	Strategic Priorities				
	S	P	P	E	Q
Achieve an outstanding CQC rating for our services by transforming services in line with National Ambitions and Drivers to improve outcomes	■				■
Ensure services are at a scale to deliver long-term clinical and financial sustainability	■				
Protect market share and grow birth numbers by delivering Better Births Ambition and maintaining the quality and reputation of our services	■				■
Deliver consistent, high quality care and ensure patients receive the most appropriate care for their condition, from those most clinically appropriate to deliver it, and in the most appropriate setting			■	■	■
Develop and establish Private Patient Services, offering greater choice to our local community and improving financial sustainability	■			■	
Create a sustainable workforce by becoming 'Employer of Choice' for our Services, helping reduce challenges of retention and recruitment		■			

Sustainability	People	Pathways	Ease of Use	Quality

5.4 Cancer Services Division Strategic Clinical Priorities

Detailed plans to support delivery of these priorities are in Appendix 1

Cancer Services Division Strategic Clinical Priorities 2019 - 2024	Strategic Priorities				
	S	P	P	E	Q
To secure a long term, sustainable, future for the Mount Vernon Cancer Centre	●		●	●	●
Deliver sustained improvement of patients' experiences of the Trust's cancer services including improving access to radiotherapy to meet the needs of the population we serve	●		●	●	●
Improve patient outcomes by facilitating earlier diagnosis and timely, effective treatment and support - own complete cancer pathways end to end for Breast, Urology, Lung and Colorectal (from diagnosis; living with and beyond cancer; supporting and managing End of Life)	●		●	●	●
Establish strategic partnerships to maximise commercial opportunities for long term sustainability and better patient outcomes	●	●		●	●
Become the Regional Centre for Excellence in Radiation Services (to include Immunotherapies, Nuclear Medicine, Radiation Protection and Aseptic Services)	●	●	●	●	●

Sustainability	People	Pathways	Ease of Use	Quality

5.5 Clinical Support Services Division Strategic Clinical Priorities

NHS East and North Hertfordshire NHS Trust

Detailed plans to support delivery of these priorities are in Appendix 1

Clinical Support Services Division Strategic Clinical Priorities 2019 - 2024	Strategic Priorities				
	S	P	P	E	Q
Deliver a better patient experience by seeking to undertake all diagnostics only once, unless clinically indicated otherwise, working with primary care to ensure easy sharing of results across the health system.			P	E	Q
Develop a radiology strategy and enabling funding strategy to ensure appropriate capacity to sustainably meet demand, by critically assessing working arrangements, capital requirements, technological solutions, existing physical capacity and future demand drivers.	S	P	P	E	Q
Deliver the pharmacy transformation programme, securing high quality services, to enable effective patient flow through wards and clinics.	S	P	P	E	Q
Ensure the future provision of high-quality, cost-effective pathology services, working collaboratively with STP partners to establish an STP pathology network.	S	P	P	E	Q
Work with STP partners to develop a sustainable model for Interventional Radiology across the STP which will meet Trust and STP expectations of future requirements.	S	P	P	E	Q

Sustainability	People	Pathways	Ease of Use	Quality

6. Enabling Strategies

Delivery of our clinical strategy will be facilitated by a suite of key enabling strategies, either refreshed or developed to support delivery of the clinical strategy. The Trust Five Year Strategy Map, overleaf, shows how the Trust's vision, strategic priorities and clinical strategy priorities link with key enabling strategies including:

- Quality Strategy – this shows our continued commitment to quality improvement which transforms our organisational culture so we can deliver consistently good quality care for our patients.
- People Strategy – this frames all that we do to attract, recruit, develop, retain, support, engage and reward our people and teams so that we can meet our vision.
- Estates Strategy – this will provide a review of the Trust's current estate, analysis of how our estate needs to develop to support the delivery of our five year clinical strategy and will set out what is required and how this could be delivered.
- IM&T Strategy – this will identify the route by which the Trust will make both internal information and data easy to use for staff and patients and facilitate a resilient and functional infrastructure that supports integration of health and social care within the local system.
- Research & Development Strategy – this strategy will further build on the Trust's research culture which will bring a host of benefits for patients, clinicians and the NHS. It can drive innovation, give rise to better and more cost-effective treatments and create opportunities for staff development.
- Financial Strategy – this will provide a long term financial model which forecasts the Trust's finances, activity and workforce over the medium to long term and enables the Trust to forecast the impact of changes to services provided, service models and demand.

Our patients   Our staff   Our services

Five Year Trust Strategy Map 2019 - 2024

NHS
East and North Hertfordshire
NHS Trust

Vision: Proud to deliver high-quality, compassionate care to our community

Hertfordshire & West Essex STP

Sustainability:
Develop a portfolio of services that is financially and clinically sustainable in the long term.

People:
Create an environment which retains staff, recruits the best and develops an engaged, flexible and skilled workforce, able to meet the needs of our patients.

Pathways:
Pursue actively the development of pathways across care boundaries, where this is in the best interests of patients and adds value.

Ease of Use:
Redesign and invest in our systems and processes to ensure that they provide a consistently simple and quick experience for our patients, their referrers, and our staff, minimising frustration and maximising efficiency.

Quality:
Deliver high quality care **consistently** across **all** of our services in terms of clinical quality, safety and compassion.

Supporting Strategies

Clinical Strategy Priorities

Clinical Support Services

Cancer Services

Medicine

Surgical

Women & Children's

Enabling Strategies

Quality

People

Financial

IM&T

Estates

Research & Development

6. Conclusion

East and North Hertfordshire NHS Trust faces a number of significant challenges and opportunities, now and over the coming five years.

The Trust must provide its services across whole patient pathways and across the Hertfordshire and West Essex health system; it must work as part of the wider health economy across traditional organisational boundaries; it must continue to improve the quality of the services it provides to it patients, making its services easy to access and use; it must also strive to be among the highest performers in terms of efficiency and productivity. These are the key areas of focus if the Trust is to meet the expectations and needs of the population it serves. This strategy has set out how the Trust's clinical services will be changed and enhanced to meet these challenges and opportunities. The detailed involvement of clinical staff has ensured that the 'clinical voice' is clear throughout the document and therefore the patient is at the heart of what we propose to do over the coming five years to *deliver high-quality, compassionate care to our community*. This strategy will be further developed with the work with each clinical specialty between January and March 2019 to further refine their five-year plans on a page which will set out how each specialty will respond to the challenges and opportunities outlined in the Case for Change and help the Trust to deliver on its five strategic priorities: Quality, Easy to Use; Pathways; People; and Sustainability.

Implementation of this clinical strategy will begin on 1st April 2019 and a detailed implementation plan will be required to support this. In addition a range of enabling strategies will be developed between January and March 2019 to support the delivery of the clinical strategy, these will include strategies for quality improvement, workforce, finance, estates, IT and research and development.

Appendix 1: Detailed Divisional Priorities

Medicine Division

Clinical Strategy Priorities 2019 - 2024

Clinical Strategy Priorities 2019 - 2024	Strategic Priorities				
	S	P	P	E	Q
Provide consistently high quality urgent and emergency care by : a) reviewing and revising the medical inpatient model to ensure that every patient is admitted under the care of the most clinically appropriate specialty with inter-specialty support as required; b) optimising the use of ambulatory and outpatient models of care to avoid unnecessary hospital admissions and enable patients to be cared for in their homes	🟩		🟦	🟦	🟪
Work collaboratively with system wide partners within the STP to promote self care and to ensure standardised pathways for the management of long term conditions to help reduce emergency attendance, with a particular focus on: • Frailty • Diabetes • Respiratory	🟩		🟦	🟦	🟪
Deliver outpatient services effectively, improve ease of use and make best use of resources (e.g. maximising use of nurse-led clinics), introducing new models of delivery (such as telemedicine) and moving activity to primary care and self management where clinically possible.	🟩	🟧	🟦	🟦	🟪
Secure sustainability by working with the STP, reducing reliance on locum staffing and finding alternatives to the medical model, through innovative staffing structures, training and development, with a particular focus on: • Elderly medicine • Dermatology/Skin Health • Neurology	🟩	🟧			
Ensure all services are clinically and financially sustainable, working with the STP as appropriate, with rigorous focus on challenged specialties, including: • Renal • Diabetes / Endocrinology • Dermatology/Skin Health	🟩	🟧			

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Medicine Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Provide consistently high quality urgent and emergency care by : a) reviewing and revising the medical inpatient model to ensure that every patient is admitted under the care of the most clinically appropriate specialty with inter-specialty support as required; b) optimising the use of ambulatory and outpatient models of care to avoid unnecessary hospital admissions and enable patients to be cared for in their homes	**Urgent care:** Establish "Emergency Village" (as per Model Hospital) to improve quality, outcomes and patient flow: • Establish effective bed bureau to ensure bed state managed in the optimal way • Ringfence assessment capacity to eliminate unwarranted delays in assessment and direction to appropriate service. • Maximise ambulatory care, aiming to reach X % ambulatory by 2022 • Deliver "direct to specialty" care, to provide the optimum expertise for every patient, including: • Hot clinics • Review balance of inpatient capacity to match patient need. • Continue to build new pathways and embed new ways of working to secure sustainability in line with STP plans and aspirations.	S	P		E	Q	1					Emergency Village established; meeting 4 hour target; bed wait from DTA reduced; use of ambulatory care increased; hot clinics established; review completed on inpatient specialty requirement and changes made to bed allocation
	Extend specialty support to other specialties, including: • Elderly care input (such as that offered in the ortho-geriatrics service) to a wider range of surgical patients. • Extending Neurology support (e.g. hot clinics to reduce unnecessary admissions) • Cardiology input to non-cardiology ward extended to 6 days.	S				Q	1	2				SOP in place for management of patients; LoS reduced; number of medical outliers reduced

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Medicine Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Work collaboratively with system wide partners within the STP to promote self care and to ensure standardised pathways for the management of long term conditions to help reduce emergency attendance, with a particular focus on: • Frailty • Diabetes • Respiratory	Work with STP to standardise patient pathways, removing unwarranted variation, particularly in: • Frailty • Diabetes • Respiratory • Cardiology	■		■		■	■					Pathways revised and implemented; reduced LoS; reduced admissions
	Define a Divisional priority plan for extending pathways into the community, based on an assessment of each specialty's current position and potential (to avoid risk to quality of existing services).	■		■		■	■					Divisional plan written
	Pursue priority areas for pathway extension where pathway already established and ready to roll out: • STP Frailty pathway • Acute Kidney Injury (AKI) pathway	■				■	■					Frailty and AKI pathways rolled out; reduced LoS; reduced admissions
	Pursue other areas for pathway extension, as defined in above Divisional priority plan			■	■	■		■	■			Pathway plans in place; reduced LoS; reduced admissions
	Work with system partners to co-design and optimise pathways for OPAT (outpatient antibiotic therapy), to reduce unnecessary admissions and improve quality and outcomes.			■	■	■	■					Pathway redesigned and in place; reduced admissions; better QoS

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Medicine Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Deliver outpatient services effectively, improve ease of use and make best use of resources (e.g. maximising use of nurse-led clinics), introducing new models of delivery (such as telemedicine) and moving activity to primary care and self management where clinically possible.	Actively engage in the Outpatient Transformation Project (part of Model Hospital) to co-design models and improve ease of use, resource utilisation and quality of care.	■			■	■	■					Use of Seeker embedded in Division; review of outpatient activity demand and capacity completed
	Contribute to Contact Centre redesign, to ensure that all clinic scheduling is optimised to match the specific clinical needs of individual specialties.	■			■	■	■					Redesign completed
	Identify successful examples within the Division of new models, including virtual clinics and telemedicine, and use lessons learned to extend elsewhere (for example, virtual fracture clinic in ED).	■		■	■	■	■	■	■			Plan in place
	Work with STP Planned Care workstream re. provision of and appropriate use of advice and guidance, both telephone and letter, and moving activity to primary care and self management where clinically possible.	■		■	■	■	■					Plan in place; use of advice and guidance increased with corresponding decrease in referrals
	Extend the range of multi-disciplinary outpatient clinics, including "one-stop shops" to improve ease of use.	■		■	■	■	■	■				Number of multi-disciplinary clinics increased; reduced internal referrals

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Medicine Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Secure sustainability by working with the STP, reducing reliance on locum staffing and finding alternatives to the medical model, through innovative staffing structures, training and development, with a particular focus on: • Elderly medicine • Dermatology/ Skin Health • Neurology	Identify new medical staffing model to deliver Emergency Village (see Objective 1); explore alternative approaches to junior and middle grade staffing (e.g. Physician Assistants in elderly medicine, training posts / MTIs in stroke services).	■	■				■	■				New staffing models identified for use in each specialty
	Develop workforce planning tools to allow a more sensitive matching of staffing with workload				■	■				■	■	Planning tools developed
	Map current non-medical workforce and identify opportunities for new roles / crossover roles, under-pinned by training and development of staff, to reduce reliance on scarce medical staffing and improve quality. Examples may include extending the use of: • Specialist Nurse roles in Neurology (MS and epilepsy) • Specialist Nurse roles in Rheumatology • Specialist Nurse roles in Elderly Medicine • ACPs in **ED**		■	■			■					Mapping completed; plans in place for recruitment of alternative staffing roles

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Medicine Division's Strategic Clinical Priorities

NHS East and North Hertfordshire NHS Trust

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Ensure all services are clinically and financially sustainable, working with the STP as appropriate, with rigorous focus on challenged specialties, including: • Renal • Diabetes / Endocrinology • Dermatology/ Skin Health	Swift resolution of future for Dermatology / Skin Health – either STP solution or link with Plastics	■	■	■		■	■					Plan in place
	Develop a sustainable model for Renal services across the main Trust sites and satellite locations.	■			■	■	■					Model in place
	Develop strategic partnerships in order to strengthen the overall sustainability of, and local access to, cardiology services within the STP.	■	■	■	■	■	■					Improved local accessibility to cardiology service within STP
	Address clinical sustainability issues in acute medicine through Emergency Village development (see objective 1)	■	■			■	■	■				Acute medicine assessed as clinically sustainable
	Address clinical sustainability issues in Elderly care through workforce initiatives (see objective 4)	■	■			■	■	■				Elderly care assessed as clinically sustainable
	Address financial sustainability issues in challenged specialties – current analysis suggests these include Diabetes / Endocrinology, Elderly Medicine and Rheumatology	■					■	■	■			Contribution %
	Review progress with delivering GIRFT recommendations. Develop, agree and deliver plan to implement remaining actions to optimise expected benefits.	■				■	■					Plan in place and being delivered

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Clinical Strategy Priorities 2019 - 2024

	Strategic Priorities				
	S	P	P	E	Q
Consistently deliver high quality, compassionate care across all services.	■				■
Enhance the accessibility, efficiency and capacity of planned surgical services to meet demand and facilitate repatriation of services provided for local patients in the independent sector.	■		■	■	
Deliver the best possible care, experience and outcomes for trauma and emergency patients from their arrival to discharge by comprehensively reviewing and improving emergency surgery and trauma services. Further pathway work to support frail patients.	■		■	■	■
Optimise theatre and bed utilisation to ensure delivery of activity is as efficient as possible; make delivery of daycase surgery the norm rather than the exception.	■		■	■	■
Offer a flexible, stimulating environment to develop and work within in order to provide a sustainable, highly engaged workforce able to meet patients' needs.	■	■			■

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Surgery Division's Strategic Clinical Priorities

NHS
East and North Hertfordshire
NHS Trust

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Consistently deliver high quality, compassionate care across all services.	Develop and deliver a comprehensive quality programme which will improve quality, safety and patient experience by focussing on and embedding the basics of care.	■	■			■	■	■	■			Achieve and sustain a Good CQC rating by 2020. Quality programme in place, including patient satisfaction, complication management, mortality, length of stay and unplanned re-admissions.
	Review progress with delivering GIRFT recommendations. Develop, agree and deliver plan to implement and embed remaining actions to optimise expected benefits.	■	■		■	■	■	■	■			Plan in place
	Lead a review of quality and safety of PEG insertion service. Implement any recommendations.					■	■					Review concluded. Plan in place for implementation of recommendations
	Enhance patient safety and service efficiency in Anaesthetics and ICU by developing and implementing business cases for paperless records in Anaesthetics and ICU.	■				■	■	■				Business case developed and approved. Plan in place for delivery
	Improve patient experience and prevent long term adverse health impacts by developing and implementing an ICU Survivor Programme	■	■	■		■			■	■	■	Plan developed and implemented

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Surgery Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Enhance the accessibility, efficiency and capacity of planned surgical services to meet demand and facilitate repatriation of services provided for local patients in the independent sector	Improve patient experience and reduce service costs by streamlining outpatient pathways and introducing efficient service models which will sustainably deliver all national standards and offer referral times that benchmark equitably with those offered by surrounding providers, including One Stop clinics and patient-initiated follow ups (e.g. in Ophthalmology, General Surgery (laparoscopic) & Urology)						●	●	●	●		RTT First OPA waiting times NP:Fup Service costs
	Work with STP partners to improve accessibility and sustainability of services within the STP including: - Vascular Surgery: develop and agree an OBC and FBC to develop a STP Vascular Surgery Network with hub at Lister Hospital. - Paediatric ophthalmology - Paediatric urology - Lithotripsy	●	●	●		●	●	●				Plan in place
	Work with STP to remove variation from clinical pathways, particularly gastro and gall bladder	●		●		●	●					Plan in place; pathways redesigned and standardised
	Develop and deliver a phased plan to repatriate planned care undertaken in the independent sector back to the Trust including: • Ophthalmology • Orthopaedics • Gastroenterology incl Endoscopy	●					●	●	●	●		Plan in place; work repatriated; Market share; Income

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Surgery Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Enhance the accessibility, efficiency and capacity of planned surgical services to meet demand and facilitate repatriation of services provided for local patients in the independent sector (continued)	Plastic Surgery will actively contribute to ensuring a sustainable, high quality dermatology /skin health service model for local patients by: • co-designing and supporting delivery of a high quality local dermatology service with other specialties and partners • Assessing the benefit and sustainability of offering Mohs micrographic surgery (MMS) and Sentinel Node Biopsy service within the Trust and for skin cancer	■			■	■	■	■	■			Assessment concluded and action plan in place
	Enhance the financial sustainability and quality of head and neck services. Review Trust OMFS requirements, identify preferred partner and agree new service contracts/SLAs to deliver.	■			■	■	■					Review conducted; preferred partner identified; SLA in place
	Ensure timely access to colonoscopy. Redesign pathways to meet demand and provide high quality patient experience including: - respond to changes in demand following the roll out of FIT - co-design and implement a Straight to Test model for colonoscopy	■		■	■	■	■					Access times; RTT; pathway redesign and implementation; straight to test model redesign and implementation; Market Share; Patient Experience
	Improve patient care, outcomes, experience and mortality by assessing the benefits and sustainability of offering gastroenterology fibroscan as an alternative to liver biopsy.	■	■		■	■	■	■				Quality programme in place, including patient satisfaction, complication management, mortality, length of stay and unplanned re-admissions.
	Ensure the future sustainability and quality of the breast surgery service by developing a sustainable service model and pathways which provide a consistently high quality, timely experience for patients.	■	■	■		■						Service model designed and in place; quality and access time measures in place

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Surgery Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Deliver the best possible care, experience and outcomes for trauma and emergency patients from their arrival to discharge by comprehensively reviewing and improving emergency surgery and trauma services. Further pathway work to support frail patients.	Provide a consistent high quality, sustainable trauma service by: • Developing and implementing a Trauma Strategy. • Reviewing and revising the Hand Trauma service and workforce model • Improve Fracture Clinic efficiency and patient experience by implementing virtual fracture clinics	■	■			■	■	■				Patient satisfaction, complication management, mortality, length of stay and unplanned re-admissions. NHFD (National Hip Fracture Database) demonstration of relative improvement. Fracture Clinic costs
	Agree and implement a new service model to provide sustainable 7 day eye casualty and urgent eye services to meet local needs.	■	■	■		■	■	■				Patient satisfaction, complication management, service availability and accessibility
	Continuously improve the management and quality of emergency surgical care by : • Fully integrating emergency surgery into the ED, ensuring that surgical decision-making occurs promptly after arrival. • Reviewing the impact of the consultant of the week model and the potential benefits of extending the model to other surgical specialties. • Developing and implementing proposals to sustainably optimise theatre availability for emergency surgery, without adversely impacting planned care • Developing Hot Clinic and ambulatory pathways to provide sustainable alternatives to ED attendance.	■	■			■	■	■				Time for ED patients to be placed on emergency surgery pathway Achievement of ED standard for surgical patients Patient satisfaction, length of stay, outcomes, unplanned re-admissions Length of Stay Access to Surgery Theatre utilisation ED attendances

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Surgery Division's Strategic Clinical Priorities

NHS — East and North Hertfordshire NHS Trust

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Optimise theatre and bed utilisation to ensure delivery of activity is as efficient as possible; make delivery of daycase surgery the norm rather than the exception.	Benchmark and model theatre capacity required to meet expected demand to 2024, whilst demonstrating increasing efficient utilisation.	■				■	■					Benchmarking and modelling completed
	Implement revised theatre session patterns and timetable in order to meet demand and optimise use of available capacity.	■				■		■				Demonstrable progress towards upper quartile theatre performance as measured by Model Hospital.
	Model longer term theatre configuration and capacity requirements to inform Estates Strategy. Assess impact of alternative options including innovative anaesthetic models on future capacity requirements.	■				■	■					Longer term theatre planning completed and requirements fed into Estates strategy.
	Following modelling work for theatre configuration, agree medium to long term plan to provide theatre capacity required. Develop and submit a business case for the redevelopment of and / or increase in theatres.	■				■		■	■	■	■	Modelling work completed; business case developed and submitted, with agreed timescales for completion.
	Release acute site theatre and ward space, improve patient access and strengthen community-based MDT service models by relocating and integrating pain services within locality teams.	■		■		■		■				Plan in place; patient experience
	Achieve and sustain a significant increase in daycase rates by developing a regional (nerve block) anaesthesia service to release theatre capacity.	■			■	■	■	■				(BADS) day case rates; LoS Patient Experience; Implementation and delivery of benefits for theatre availability

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Surgery Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Optimise theatre and bed utilisation to ensure delivery of activity is as efficient as possible; make delivery of daycase surgery the norm rather than the exception (continued)	Benchmark and model bed capacity required to meet expected demand to 2024, whilst demonstrating increasing improved LoS and day case rates.	■				■	■					(BADS) day case rates; LoS; Patient Experience
	Reassign inpatient bed capacity according to specialty needs to meet demand and efficiency levels.	■				■	■					(BADS) day case rates; LoS; Patient Experience
	Develop, agree and implement a sustainable and appropriately staffed Enhanced Recovery Programme across all surgical specialties to reduce LoS, improve quality and enhance patient experience.	■	■	■		■	■	■	■			Enhanced Recovery Programme implemented; QoS; LoS; Patient Experience
	Review the model and use of ITU beds. Develop, agree and implement a sustainable model going forwards which supports support optimal length of stay, flow, use of ITU beds, patient outcomes and experience.	■	■			■	■	■	■	■		ICNARC incl LoS, outcomes, access to ITU

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Surgery Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Offer a flexible, stimulating environment to develop and work within in order to provide a sustainable, highly engaged workforce able to meet patients' needs	Mitigate the potential adverse service impact on service quality and sustainability as a result of a future reduction in trainee doctors by: • Develop and deliver a plan to achieve Royal College of Anaesthetics Accreditation • Developing and implementing a business case for a Hand Fellow role and hand Therapists to clinically sustain and qualitatively enhance the hand surgery service • Deliver consistent, sustainable service quality and mitigate risks related to the availability and allocation of trainee doctors by achieving Guidelines for the Provision of Intensive Care Services (GPICS) in ICU	S	P			Q	1					Impact understood and plan in place; QoS, mortality
	• Developing and implementing alternative non medical and enhanced roles.	S	P			Q	1	2	3	4	5	Impact understood and plan in place; QoS, mortality
	Ensure service quality and sustainability by proactively developing a divisional consultant supply forecast to inform recruitment, retention and succession planning for all consultant posts. Develop divisional workforce plan and deliver.	S	P				1	2	3	4		Impact understood and plan in place; ongoing recruitment
	Enhance service quality and workforce recruitment & retention by developing and delivering a divisional plan to expand and increase research activity across all surgical specialties to raise skill sets, enrich job roles and benefit patients.		P			Q	1	2	3	4		Plan in place

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Clinical Strategy Priorities 2019 - 2024	Strategic Priorities				
	S	P	P	E	Q
Achieve an outstanding CQC rating for our services by transforming services in line with National Ambitions and Drivers to improve outcomes	■	■	■	■	■
Ensure services are at a scale to deliver long-term clinical and financial sustainability	■				■
Protect market share and grow birth numbers by delivering Better Births Ambition and maintaining the quality and reputation of our services	■	■		■	■
Deliver consistent, high quality care and ensure patients receive the most appropriate care for their condition, from those most clinically appropriate to deliver it, and in the most appropriate setting	■	■	■	■	■
Develop and establish Private Patient Services, offering greater choice to our local community and improving financial sustainability	■			■	■
Create a sustainable workforce by becoming 'Employer of Choice' for our Services, helping reduce challenges of retention and recruitment	■	■			■

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Women & Children's Division Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Achieve an outstanding CQC rating for our services by transforming services in line with National Ambitions and Drivers to improve outcomes	Improve outcomes for women and children by implementing the national safety agenda: MatNeo/Attain/Saving Babies Lives/Each Baby Counts /PReCePT/PMRT/	●				●	●	●	●			Mortality
	Embed the Better Births Ambitions	●	●	●		●	●	●	●			Maternity survey, e-referral data, Monitoring, Local Maternity System Governance
	Develop a safety culture across the Local Maternity Systems by imbedding the Human Factor Philosophy and multi-professional training through a safety collaborative	●		●	●	●						Training completes and embedded
	Develop a perinatal mental health service and Continuity of Carer pathway for vulnerable women			●		●						Perinatal mental health service and continuity of carer in place for 51% of women by 2021.
	Community hubs to be established, where maternity services, particularly ante- and postnatally, alongside other family-orientated health and social services provided by statutory and voluntary agencies. Community hubs should work closely with their obstetric and neonatal unit(s)	●	●	●	●	●	●	●	●			Community hubs established
	Right staff in the right place with the right skills; ensuring correct staff to birth ratios	●	●	●		●	●					Staff to birth ratios
	Improve the appropriateness of referrals to Urogynaecology so that patients present to secondary care only after all community based interventions have failed	●		●	●	●	●					Number of rejected referrals

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Women & Children's Division Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Ensure services are at a scale to deliver long-term clinical and financial sustainability	Establish specialty clinics in both Children's and Gynae in order to protect and grow market share	■	■	■	■	■	■	■				Specialty clinics established and promoted; market share
	Establish endometriosis clinic and gain centre accreditation and British Society of Urogynaecology (BSUG) accreditation	■	■		■	■						Endometriosis Accreditation 2019 BSUG Accreditation 2019
	Understand potential impact of CUH Children's Hospital and mitigate against potential loss of market share		■			■						CUH business case analysed and plan in place
	Develop, engage and lead the Children's STP workstream to redesign patient pathways, benchmarking services; greater co-operation across provider boundaries, creation of an adolescent unit to ensure sustainability and most efficient patient pathways	■		■	■	■	■	■				Children's STP workstream established; plan in place to review pathways
	Provide inpatient care for our Children closer to home by ensuring estate, facilities and skills are in place to facilitate repatriation of work to ENHT (e.g. HDU; PSCU; NICU L3) once agreed with Specialised Commissioners	■	■	■	■	■			■	■	■	Plan in place to repatriate work; discussions held with Commissioners

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Women & Children's Division Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Ensure services are at a scale to deliver long-term clinical and financial sustainability (continued)	Providing outpatient care for our Children closer to home by ensuring estate, facilities and skills are in place to facilitate repatriation of work to ENHT (e.g. Cardiology; Gastro; Allergy; Haem) once agreed with Specialised Commissioners	■(green)	■(orange)			■(magenta)		■	■	■	■	Plan in place; discussions held with Commissioners
	Establish better working relationship with GPs, especially on our boundaries to develop understanding of the services we provide to protect our market share (e.g. through GP engagement events and open evenings)	■(green)			■(blue)		■	■				GP engagement plan in place; more women choosing to give birth at the Trust, measured through market share
	Establish shared governance across the Local Maternity System (LMS) to ensure better clinical and financial sustainability	■(green)	■(orange)	■(light blue)	■(blue)	■(magenta)		■				Regular attendance at LMS meetings; engagement
	Explore opportunities for improved clinical procurement efficiency and savings by working across systems	■(green)						■	■	■		Working group in place; plan to identify potential savings in place

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Women & Children's Division Strategic Clinical Priorities

NHS
East and North Hertfordshire
NHS Trust

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Protect market share and grow birth numbers by delivering Better Births Ambition and maintaining the quality and reputation of our services	Embed the Better Births Ambitions to introduce innovative ways of midwives providing care for women and ensure Trust has met 20% Continuity of Carer target by 2019 and then work to achieve maximum levels of Continuity of Carer	■	■	■	■	■	■	■				Maternity survey, e-referral data, Monitoring, Local Maternity System Governance
	Improve patient outcomes by implementing the national safety agenda: MatNeo/Attain/Saving Babies Lives/ Each Baby Counts /PReCePT/PMRT/	■	■		■	■	■	■				Outcomes; Model Hospital, Reduction in stillbirths, National Measures
	Develop pathways that meet woman's choice and personalised care plans to deliver better women's and families' quality and increase market share	■	■	■	■	■	■					Quality; Model Hospital; Market share
	Strengthen our participation in the Maternity Voices Partnership (MVP) to better our women's experience by responding to patient feedback	■	■		■	■	■					Patient experience; Friends and Family
	Strengthen the working relationship with GPs, especially on our boundaries to develop understanding of the services we provide to protect our market share (e.g. through GP engagement events and open evenings)	■	■			■	■					Increased referrals; market share; events held

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Women & Children's Division Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Deliver consistent, high quality care and ensure patients receive the most appropriate care for their condition, from those most clinically appropriate to deliver it, and in the most appropriate setting	Review Paediatric Pathways with Primary Care (including Emergency Paediatric Pathways; ADHD Shared Care) to ensure best experience for patients	■		■	■	■	■					Pathways reviewed and changes implemented
	Create an Acute Community Children's Nursing Service (7 day service) to reduce reliance and impact on the Emergency Department	■	■		■	■		■				Service commenced; reduced attendances at ED
	Develop a perinatal mental health service and Continuity of Carer pathway for vulnerable women			■	■	■	■					Service commenced
	Develop improved patient pathways and experience for our Children and Young People with Mental Health needs	■	■	■	■	■		■	■	■	■	Pathways reviewed and changes implemented
	All staff to have access to a Child's shared electronic health record (SystemOne) to ensure patient safety, better quality and ease of use	■	■	■	■	■					■	Access for all staff
	Develop, engage and lead the Children's STP workstream to redesign patient pathways, benchmarking services; greater co-operation across provider boundaries, creation of an adolescent unit to ensure sustainability and most efficient patient pathways	■	■		■	■	■	■				Participation; pathways reviewed

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Women & Children's Division Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Deliver consistent, high quality care and ensure patients receive the most appropriate care for their condition, from those most clinically appropriate to deliver it, and in the most appropriate setting (continued)	Expand and strengthen Transitional Pathways across Children's Services, ensuring successful handovers across providers and best patient experience Consistently and sustainably achieve the clinical effectiveness standards	■	■	■	■	■		■	■			Quality; successful handovers
	Review, promote and expand the usage of apps and social media to improve patient experience and ensure patients have tools to self manage where appropriate, e.g. paediatric asthma; paediatric diabetes	■	■		■	■		■				Use of apps; social media updated
	Review gynaecology service patient pathways to maximise efficiencies; increasing use of telephone clinics where appropriate; implementing GIRFT; benchmarking Model Hospital to reduce length of stay and improve patient outcomes	■	■		■	■	■	■				Review Gynaecology Service Pathways; Enhanced Care Pathway; Reduced Length of Stay; Model Hospital
	Establish a patient and carer's group to ensure we are working collaboratively with children, young people and their carers, in line with the RCPCH framework	■	■		■	■		■	■	■	■	Group established; young person feedback incorporated into service decisions

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Women & Children's Division Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Develop and establish Private Patient Services, offering greater choice to our local community and improving financial sustainability	Identify and develop children's private services for which there is local demand	■			■	■	■					Services developed and promoted
	Identify and develop enhanced private maternity services for which there is local demand	■			■	■	■					Services developed and promoted
	Use communication platforms to promote private services with a distinct brand and develop advertising materials showcasing services, in order to grow income	■			■	■	■					Plan in place

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Women & Children's Division Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Create a sustainable workforce by becoming 'Employer of Choice' for our Services, helping reduce challenges of retention and recruitment	Drive a positive, open and honest culture building on Trust Values, staff and cultural surveys, staff engagement	■	■			■	■	■				Staff survey
	Mitigate reliance on medical model and staffing by exploring expanded roles for staff through a creative career development and training environment to support retention and recruitment, supported by: • Nurse Consultant • Introducing Criteria Led Discharge • Gynae Nurse-Led Pathways • Midwifery-led Clinics for high risk women • Midwives providing specialist care within Continuity of Carer pathways • Supported and funded training and development program for all staff • Continued links with the University (research and teaching) to build reputation	■	■	■	■	■	■	■	■	■		Criteria Led Discharge using Enhanced Care Pathway Length of Stay Training courses
	Create a flexible working environment to support our staff and services, looking at working hours, shift patterns etc to meet needs of the millennium generation	■	■				■	■	■			Review completed; changes implemented

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Cancer Division

Clinical Strategy Priorities 2019 - 2024

	Strategic Priorities				
	S	P	P	E	Q
To secure a long term, sustainable, future for the Mount Vernon Cancer Centre	🟩		🟦	🟦	🟪
Deliver sustained improvement of patients' experiences of the Trust's cancer services including improving access to radiotherapy to meet the needs of the population we serve	🟩		🟦	🟦	🟪
Improve patient outcomes by facilitating earlier diagnosis and timely, effective treatment and support - own complete cancer pathways end to end for Breast, Urology, Lung and Colorectal (from diagnosis; living with and beyond cancer; supporting and managing End of Life)	🟩		🟦	🟦	🟪
Establish strategic partnerships to maximise commercial opportunities for long term sustainability and better patient outcomes	🟩	🟧		🟦	🟪
Become the Regional Centre for Excellence in Specialist Services (to include Immunotherapies, Nuclear Medicine, Radiation Protection and Aseptic Services)	🟩	🟧	🟦	🟦	🟪

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Cancer Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
To secure a long term, sustainable, future for the Mount Vernon Cancer Centre	To develop a response to NHSE's Modernising Radiotherapy Services in England. Work with partners to develop networked radiotherapy services, that meets Commissioner's specifications.	■		■	■	■	■	■	■			Response developed
	To optimise benefits for MVCC of its clinical and academic collaboration with UCLH	■	■	■	■	■	■	■				Project plan
	Secure the Cancer Centre's medium-term tenure of the Mount Vernon site and work with the landlord to improve the environment within which cancer services are provided	■		■		■	■	■				Plan in place, including estates improvement plan
	Work with Michael Sobell Charity and stakeholders to agree and implement a future model of End of Life care that meets the community's needs	■		■	■	■	■					Plan in place and being implemented

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Cancer Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Deliver sustained improvement in patients' experience of Trust cancer services including improving access to radiotherapy to meet the needs of the population we serve	Understand key drivers of patient experience and engage patients in the development and delivery of a programme to deliver sustained improvement.			▓	▓	▓	▓	▓	▓			Patient Experience Surveys and feedback
	To develop a response to NHSE's Modernising Radiotherapy Services in England. Work with partners to develop networked radiotherapy services, that meets Commissioner's specifications	▓		▓	▓	▓	▓	▓	▓			Response developed
	Write and implement the business case for a satellite radiotherapy unit in Stevenage.	▓	▓	▓	▓	▓	▓	▓	▓			Business plan in place
	Work with STP partners to develop and deliver an integrated and streamlined pathway for cancer patients from initial diagnosis through to end of life planning.		▓	▓	▓	▓	▓	▓	▓			Plan in place
	Work with STP partners to develop and implement risk stratified follow up and support pathways for patients including the effective transfer of patients ongoing care into the community setting		▓	▓	▓	▓	▓	▓	▓			Pathways in place

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Cancer Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Improve patient outcomes by facilitating earlier diagnosis and timely, effective treatment and support - own complete cancer pathways end to end for Breast, Urology, Lung and Colorectal (from diagnosis; living with and beyond cancer; supporting and managing End of Life)	Work with other specialities to implement best practice , timed pathways and deliver national cancer standards	■		■		■	■					Implementation of timed pathways Achievement of national cancer standards
	From both a clinical and financial perspective have assessed owning the whole pathway for the four solid tumours, skin/melanoma across all sites, and rare cancer	■				■	■					Assessment undertaken
	Have a plan agreed with commissioners and partners for the identified services we do not want to own end to end	■		■			■	■				Plan agreed
	Identified appropriate means to manage our chosen end to end pathways, e.g. in partnership for particular elements	■		■		■	■	■				Plan in place
	Identified the optimal location and environment for services, e.g. co-location with surgery and anaesthetics, inpatients and specialist diagnostics to maximise quality, patient experience and access	■		■	■	■				■		Plan in place
	Support delivery and sustainability of all eight waiting time standards for cancer, including the 62 day referral-to-treatment cancer standard.	■				■	■					Waiting time standards being met
	Make the current Mount Vernon site fit for purpose, particularly Nuclear Medicine, OPD and ward areas	■	■		■	■	■	■				Present options appraisal to include local redevelopment or alternative solutions

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Cancer Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Improve patient outcomes by facilitating earlier diagnosis and timely, effective treatment and support - own complete cancer pathways end to end for Breast, Urology, Lung and Colorectal (from diagnosis; living with and beyond cancer; supporting and managing End of Life) (continued)	Ensure the whole cancer centre meets all mandatory and statutory requirements for excellent cancer services to include CHKS, IRMER, ARSAC and a 'Good' CQC rating	■				■	■	■				All mandatory and statutory requirements met
	In conjunction with other providers in the STP support the rollout of FIT in the bowel cancer screening programme and the IT infrastructure to support movement of stratified pathways for breast	■		■		■		■	■			Roll out complete
	Continue to grow ENHT rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers, ensuring that patients get timely access to the latest diagnosis and treatment	■		■		■		■	■			Pathways reviewed and changes implemented
	Strengthen the academic research portfolio for our chosen tumour pathways, including clinical trials	■				■	■					Research culture embedded; research and trials increased
	Introduce nurse and pharmacist led prescribing to improve / increase capacity		■		■	■	■					Patient satisfaction, complication management, service availability and accessibility

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Cancer Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Establish strategic partnerships to maximise commercial opportunities for long term sustainability and better patient outcomes	Establish partnerships to provide a specialist manufacturing service from the Lister Pharmacy Aseptic Unit for specialist chemotherapy, trial drugs and novel substances to other organisations across the STP and beyond	●		●	●	●	●	●				Potential partners identified, assessment undertaken and partnership established
	Work with BMI at MVCC to develop a private cancer referral pathway on site	●		●	●	●	●	●				Private cancer referral pathway established and running successfully
	Explore opportunities to link with companies to commercially provide patient specific devices made in biomedical engineering	●				●	●	●				Plan in place
	Establish a Clinical Trials Unit	●	●			●		●	●	●		Plan in place; clinical trials unit established
	Explore option for partnering with commercial producer of PET radiopharmaceuticals with the ability to produce PET radiopharmaceuticals using radionuclide generators on site e.g. Production and supply of Ga68 for PET cancer imaging to PSSC and other PET imaging providers within a 1 to 1.5 hour travel radius from site	●		●	●	●	●	●	●			Potential partners identified, assessment undertaken and partnership established
	Redesign the chemotherapy authorisation and procurement pathway in order to secure a reliable, responsive and sustainable source of aseptic chemotherapy doses	●				●	●	●				Pathway redesigned and reliable source in place
	Develop strategic partnerships with commercial aseptic units in order to introduce a "managed inventory model" for ready to use and dose banded chemotherapy	●			●	●	●	●				Potential partners identified, assessment undertaken and partnership established

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

Cancer Division's Strategic Clinical Priorities

NHS East and North Hertfordshire NHS Trust

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Become the Regional Centre for Excellence in Specialist Services (to include Immunotherapies, Nuclear Medicine, Radiation Protection and Aseptic Services)	Provision of a centralised radiopharmacy services to a larger number of customers (as per DoH /BNMS guidance) to explore opportunities to acquire services from other smaller providers e.g. Northwick Park	■	■	■	■	■			■	■		Plan in place
	Fund raise for SPECT/CT, possibly in conjunction with charitable partners. To ensure that the cancer centre has state of the art imaging capability and can provide radiation dosimetry for all radionuclide therapies (as per new IRMER regulations)	■		■	■	■	■					Plan in place
	Support and manufacture theranostics for cancer treatment	■	■	■		■		■	■			Plan in place
	Engage with providers of nuclear medicine training programs / apprenticeship schemes for healthcare scientists and practitioners to ensure adequate workforce for the future	■	■				■	■				Plan in place
	Discuss with breast / plastic surgeons the introduction and repatriation of sentinel node imaging for breast and melanoma in line with NICE Guidance	■		■	■	■	■	■				Plan in place
	Obtain MHRA Manufacturers Investigational Medicinal Products (IMP) Licence to produce and supply novel diagnostic and therapeutic radiopharmaceuticals for use in research trials at MVCC and other organisations	■		■		■			■			Plan in place; licence obtained

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

CSS Division

NHS

East and North Hertfordshire
NHS Trust

Clinical Strategy Priorities 2019 - 2024	Strategic Priorities				
	S	P	P	E	Q
Deliver a better patient experience by seeking to undertake all diagnostics only once, unless clinically indicated otherwise, working with primary care to ensure easy sharing of results across the health system.			■	■	■
Develop a radiology strategy and enabling funding strategy to ensure appropriate capacity to sustainably meet demand, by critically assessing working arrangements, capital requirements, technological solutions, existing physical capacity and future demand drivers.	■	■	■	■	■
Deliver the pharmacy transformation programme, securing high quality services, to enable effective patient flow through wards and clinics.	■	■	■	■	■
Ensure the future provision of high-quality, cost-effective pathology services, working collaboratively with STP partners to establish an STP pathology network.	■	■	■	■	■
Work with STP partners to develop a sustainable model for Interventional Radiology across the STP which will meet Trust and STP expectations of future requirements.	■	■	■	■	■

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

CSS Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Deliver a better patient experience by seeking to undertake all diagnostics only once, unless clinically indicated otherwise, working with primary care to ensure easy sharing of results across the health system.	**Optimise and develop order-comms** system to exploit opportunities for improving protocols, processes, reducing variation, improving functionality and productivity.	●		●	●	●	●	●	●			Plan in place; order-comms fully optimised; reduced variation
	Streamline pathways in **haematology** for referrals, investigations, and clinic scheduling to improve quality and ease of use for patients.	●		●	●	●	●					Pathway redesigned; clinic scheduling improved
	Work with primary care to ensure the easy sharing of diagnostic results	●		●	●	●			●			Plan in place
	Develop a **model of outpatients** that allows the Trust to be in the top X% of benchmarked peers in terms of productivity, to improve quality and ease of use.	●		●	●	●		●				Peer review
	Improve use of **digital systems in line with our stabilisation programme** to support service improvement and reduce wastage (for example, in bookings, records, and appointment management).	●	●	●	●	●	●	●	●	●	●	Cancelled clinics; rebooked appointments

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

CSS Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Develop a radiology strategy and enabling funding strategy to ensure appropriate capacity to sustainably meet demand, by critically assessing working arrangements, capital requirements, technological solutions, existing physical capacity and future demand drivers.	Develop a radiology strategy: • Review current and predicted future demand and capacity across all services • Explore options for approach to provision • Develop preferred model for delivery and workforce • Work with STP to develop wider network elements	S	P	P	E	Q	1	2				Assessment undertaken; preferred plans developed; strategy in place
	Underpin service sustainability with a resourced forward plan for equipment provision and maintenance, balancing inhouse (purchase or lease) with managed service options; identify capital implications to inform Trust capital programme.	S				Q	1	2	3	4	5	Plan in place
	Write business cases for urgent short term capacity area: plain film X-Ray in ED	S		P	E	Q	1	2				Business plan approved
	Extend access to services: 24/7 access to IR (including link to Vascular development) 7-day access for MRI	S		P	E	Q	1					Access in place
	Identify opportunities for new roles / crossover roles in all specialties, under-pinned by training and development of staff, to reduce reliance on medical staffing and improve quality, e.g. reporting radiologists	S	P				1	2	3	4	5	Training plan in place; new roles identified; pipeline for training and recruitment understood and in place
	Introduce / extend home reporting for radiology	S	P		E	Q	1	2				Home reporting in place

Trust Strategic Priorities 2019 – 2024: Key

CSS Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Deliver the pharmacy transformation programme, securing high quality services, to enable effective patient flow through wards and clinics.	Complete tender and out-sourcing of production functions in pharmacy to secure sustainable services.	■				■	■					Tender complete
	Explore dispensing of outpatient prescriptions through partnerships with community pharmacies to release in-house capacity.	■	■	■	■	■		■				Plan in place
	Implementation of e-prescribing in pharmacy to deliver consistent quality and ease of use: • Secure funding and support • Implementation		■		■	■		■	■			E-prescribing in use
	Implement workforce redesign elements of Pharmacy Transformation Plan: • Roll out ward-based pharmacists across the Trust to reduce length of stay and improve medicines management. • Train 6 non-medical prescribers per year for 3 years to improve practice and release scarce medical time. • Develop PSW roles on wards to release pharmacist time. • Develop Advanced Practitioner roles • Develop specialist and integrated pharmacy roles and service across the STP.	■	■	■	■	■	■	■	■	■		Ward-based pharmacists on wards; training plan in place; STP options explored
	Improve prescribing practice with guidance and improved management of discharge medication and prescription-only medicines (POMs).		■			■	■	■				Improvement in number of discharges without medication

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

CSS Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Ensure the future provision of high-quality, cost-effective pathology services, working collaboratively with STP partners to establish an STP pathology network.	Complete and implement STP review of **pathology**, ensuring that it is appropriately scoped and that implications for out-of-scope services are identified and addressed appropriately. (For more detail on this programme of work, refer to STP Pathology review.)	■	■	■		■	■					Review completed. Work commenced on procurement.
	Introduce / extend home reporting for **radiology** and **pathology**	■	■			■	■	■				Plan in place.
	Develop inpatient service for haematology (links to priorities in Cancer and Medicine Divisions)	■	■		■	■	■	■				Service introduced
	Develop Advanced Practitioner roles in **haematology**	■				■	■	■	■			Plan in place; new roles in staffing mix
	Link with West Herts and Cambridge to establish rotational training grade in **haematology**	■	■	■		■		■				Discussions held; plans in place

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality

CSS Division's Strategic Clinical Priorities

Objective	Key Action	Strategic Priorities					Timescale					Key Success Measure
		S	P	P	E	Q	1	2	3	4	5	
Work with STP partners to develop a sustainable model for Interventional Radiology across the STP which will meet Trust and STP expectations of future requirements.	Extend access to services: • 24/7 access to IR (including link to Vascular development)	■	■	■	■	■	■					24/7 access in place
	Business cases for IR recovery area written and approved	■	■	■	■	■	■					Business case written and approved
	Identify opportunities for new roles / crossover roles in all specialties, under-pinned by training and development of staff, to reduce reliance on medical staffing and improve quality.	■	■			■	■	■				Opportunities identified; training plan in place

Trust Strategic Priorities 2019 – 2024: Key

Sustainability	People	Pathways	Ease of Use	Quality