

MEDWAY NHS FOUNDATION TRUST **CLINICAL STRATEGY**



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Clinical Strategy

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Clinical Strategy

1 Introduction

- 1.1. Medway NHS Foundation Trust (MFT) sited at Medway Maritime Hospital in Gillingham, Kent provides emergency and planned clinical services for the populations of Medway and Swale of around 405,000 people.
- 1.2. MFT is a core part of the healthcare services system in the area. We work closely with our partners in the community including GPs. Over the last two years Medway and Swale have both consulted with the public on the introduction of local care networks particularly for older frail people to improve access and services in the community. MFT is a key part of these networks providing specialist knowledge and skills and hospital care when needed.
- 1.3. In addition to these services the Trust provides specialist services in Urological Cancer (prostate, bladder and kidney), vascular surgery, neonatology and interventional radiology and cardiology.
- 1.4. The Trust is a member of several clinical networks including cancer, maternity, children's health (Neonatology) and trauma. (MFT is a designated Trauma Unit). The networks spread across different geographies including our neighbours in Kent, Surrey and Sussex and London (South East and North Central).
- 1.5. Several other organisations provide clinical services on the MFT site including our eye services (Maidstone and Tunbridge Wells), mental health (Kent and Medway Partnership Trust) and primary care services in our urgent treatment centre (Medway Community Health) known as MedOCC.
- 1.6. The Trust is part of a wider system and many services need to be reviewed to ensure that they are providing the best possible care to our population. Medical knowledge and technology is constantly pushing forward the possibility of improvement in care provision. This includes the consideration of delivering care in different places (closer to home), in a different way (by different professionals using different tools including digital solutions) while ensuring it is timely, person-centred and value for money. Some services that are currently delivered predominantly on the hospital site may move to other venues or provide different ways for patients to access their care.
- 1.7. In order to understand and develop the right services on the hospital site and ensure that our specialist knowledge and skills are available at the right time in the right place for those that need it, it is essential that we know where we should be in three to five years' time to fulfil our purpose and how we intend to achieve this. This document aims to describe our aims and ambitions as the acute hospital setting for Medway and Swale, the methods we will use to develop and transform our services, how we will develop our relationship with our partners and how we will know that we have succeeded.

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2 Current Position

The national picture

- 2.1 Medway NHS Foundation Trust is one of 235 acute trusts across the UK. Its primary responsibility is to ensure that it provides high quality care for all the people in its catchment area who require emergency, specialist medical and surgical care in a hospital setting. The Trust has to meet the values, principles and objectives of the NHS Constitution and respond to the annual mandates that government lays down to continuously improve the health care and thereby the health outcomes for the population.
- 2.2 NHS England recently published the clinical priorities for the NHS for the next 10 years – <https://www.longtermplan.nhs.uk/>. These include:
- Increased same day emergency care
 - Urgent response and recovery support delivered by flexible teams across primary, community and hospital care
 - Prevention
 - Cancer
 - Mental Health
 - Maternity – improving maternal and infant health, reducing stillbirth and disability from brain damage
 - Multi-morbidity including diabetes, respiratory and cardiovascular disease / stroke
 - Health Ageing including dementia
 - Children and Young people
 - Long-term conditions
 - Mental Health
 - Learning disability and autism.

The services provided by MFT are part of a wider system and we work with our partners in primary, community and social care to provide the highest quality of care that we can.

Kent and Medway Sustainable Transformation Partnership

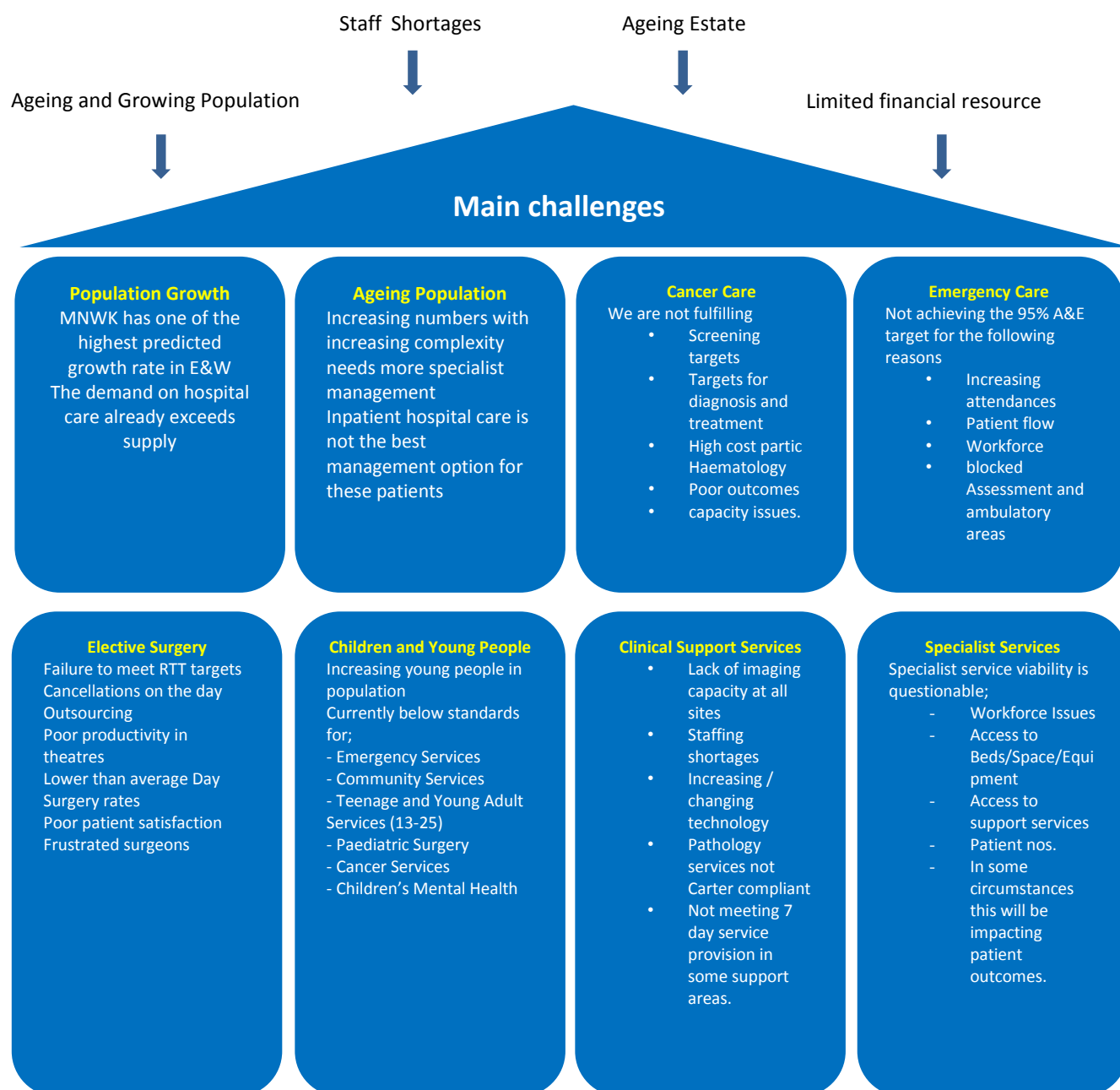
- 2.3 Medway NHS Foundation Trust is one of four Acute Hospital Trusts in Kent and Medway. We are part of the Kent and Medway Sustainable and Transformation Partnership (STP). The Kent and Medway STP serves a population of around 1.8million and this is expected to grow to more than 2.3million by 2030.
- 2.4 The STP has developed a clinical strategy with the overarching vision of providing “quality of life with high quality care”. The strategy has determined the clinical priorities for Kent and Medway and is providing the blueprints for the delivery of these services across the region, in sub-regions – East Kent versus Medway, North and West Kent – and the local areas which for MFT includes Medway and Swale. These include Prevention, Stroke services, Vascular, Cancer, Primary Care, Local

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Care, Mental Health, Children and Young People, Urgent and Emergency Care. Some of these services have already been well described, been consulted on and are now being implemented. These include Stroke, Local Care and Urgent and Emergency Care.

2.5 Figure 2.1 shows the challenges that are faced by the Kent and Medway system.

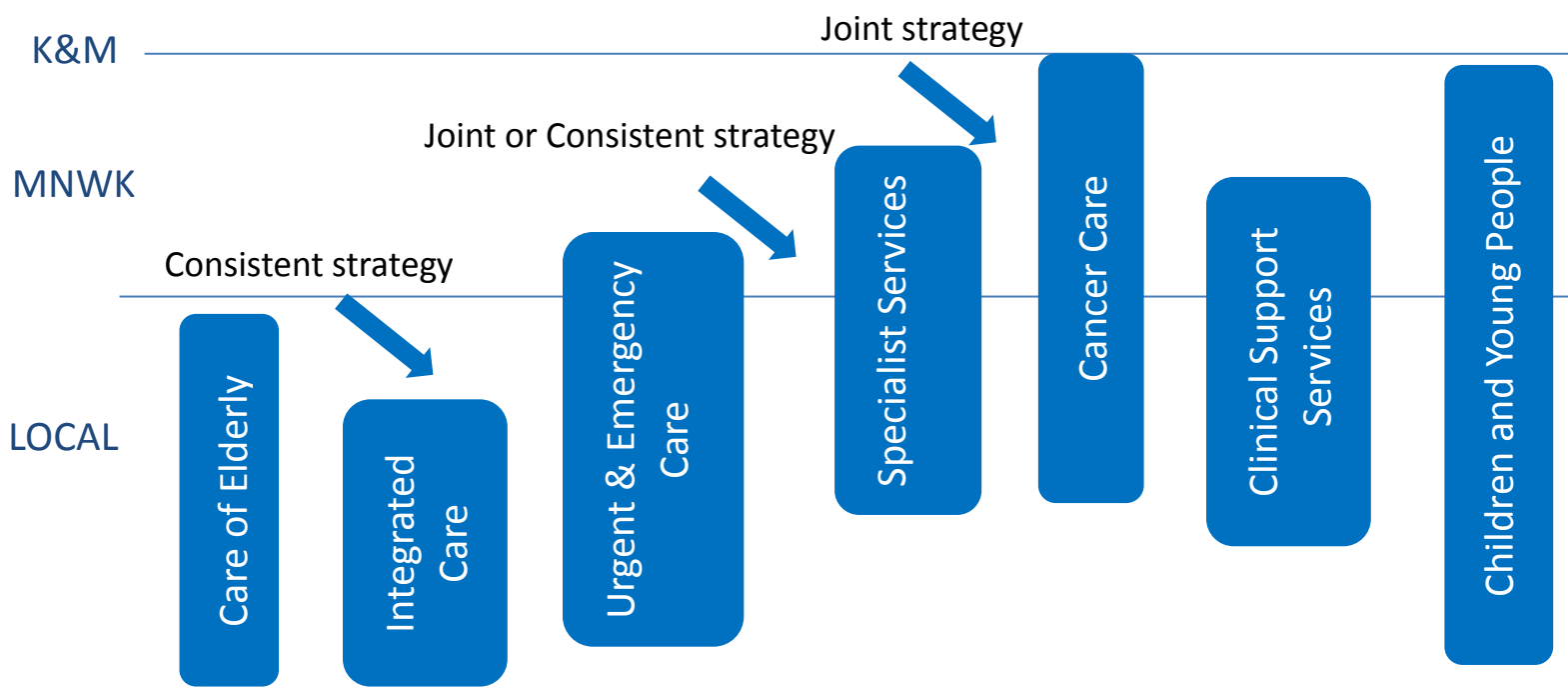
Figure 2.1 Current System Challenges in Kent and Medway



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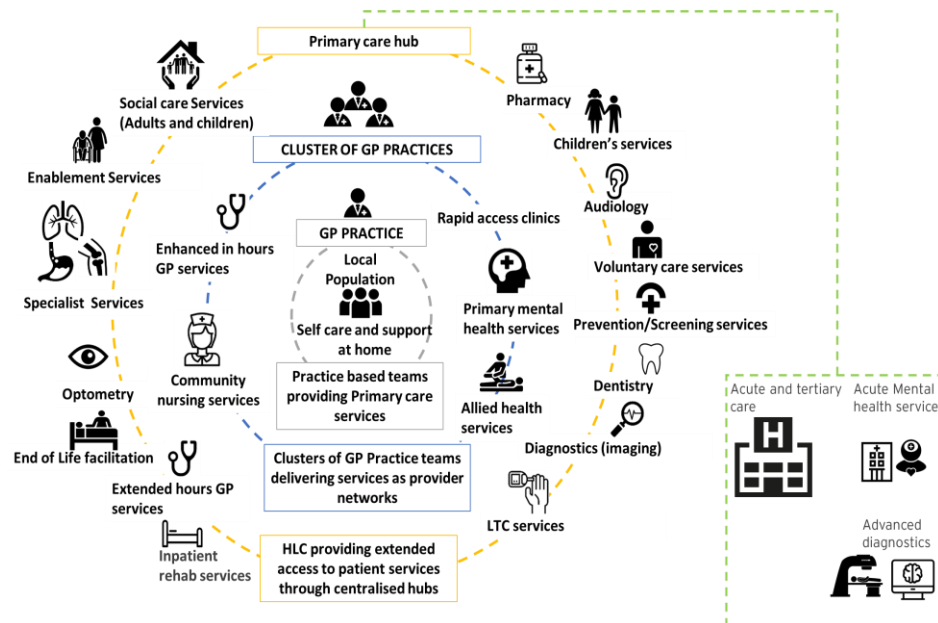
The STP is now developing a strategic commissioning role so that it can commission redesigned services across Kent and Medway by becoming an integrated Care system. More locally the providers of healthcare are forming into partnerships to deliver integrated care across their areas (Medway and Swale for MFT) and primary care is forming networks so that they can provide a more comprehensive, accessible primary care service to their community. The services that will be commissioned at each level in the system are represented in figure 2.2. It shows that some services will be commissioned as a network across the whole of Kent and Medway, some at the larger local footprint of East Kent or Medway, North and West Kent (MNWK) and some very locally. The networked services will provide some parts of the service locally but people may need to travel further for specialist services in order to access the best treatment for their condition (e.g. stroke). Recovery and follow-up will be provided locally once specialist expertise is no longer required or where the specialist can provide their services in a less sophisticated environment.

Fig 2.2 Level of Strategic Focus within the STP



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- 2.6 Integrated care is a fundamental requirement as part of the new way of delivering services and requires the development of ways of working across boundaries enabled by digital communication and technology. The integration will be of teams from primary (GP surgeries), community teams (health and social care), the voluntary sector and the acute hospital.
- 2.7 Medway and Swale CCGs are implementing their local care plans to provide services closer to home, coordinate care across all the care providers for patients with complex needs, improve access to primary care and to specialist services. This is represented in the figure below.



- 2.8 From this diagram it can be seen that some parts of specialist services may be delivered in the community by hospital based staff in the Healthy Living Centres cross Medway and Swale. It is very important that working with partners the Trust defines its role within the healthcare system and designs and delivers those services to the highest possible standards using our quality framework.

Medway NHS Foundation Trust

- 2.9 In March 2017 MFT was inspected by the Care Quality Commission who determined that the Trust's quality of care and the services it provided had significantly improved. The Trust was taken out of quality special measures and has been steadily improving its clinical services over the last two years. This has been a long and at times challenging path to walk along. The fact that this has been achieved has been thanks to the hard work, dedication and determination of the staff, support from our patients, members and governors and increasing collaboration with our partners in health and social care.

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- 2.10 We have recorded many successes for our clinical teams who have been shortlisted for national awards and several of them succeeding. The full list of these achievements can be found on our intranet.
- 2.11 We have already transformed many of our services. The following are examples of the ways we have improved our services for patients but are not the full list:
- 2.12 **Urgent and Emergency pathway;** everyone who attends our hospital using their own transport / on foot without an appointment is seen by a senior nurse as they enter the urgent treatment centre entrance. Their clinical need is rapidly assessed and they are directed to the most appropriate urgent or emergency service within or near the hospital. For around 30% this means being directed to local walk-in primary care services, pharmacy or our on-site GP urgent treatment centre (MedOCC). Others will be directed to our minor injury unit, medical, surgical or gynaecological assessment units. The majority including all those who arrive by ambulance will be directed to our Emergency Department to be reviewed and start initial treatment. Despite these changes MFT continues to be unable to meet the constitutional standards in a consistent way and so we need to develop new strategies to achieve this. We have expanded our emergency department opening the new extension in October 2018.
- 2.13 **End of Life Care;** We have a dedicated team of senior nurses who support staff, family and carers on our wards to identify patients who may be nearing the end of their life. They discuss the treatment options for these patients in implementing care plans to ensure that the needs of the patient and their families / carers are met.
- 2.14 **Dementia care;** we have implemented the national “butterfly scheme” so that patients with dementia are readily identified and their needs discussed and individualised care plans implemented. We have worked with Surrey to implement the red bag scheme so that patients coming from care homes or with complex needs bring their care plans, their belongings (hearing aids, glasses, teeth) with them in the bag reducing the risk of them being lost or their care needs not being met. We also provide highly coloured walking aids and multisensory aids for these patients.
- 2.15 We have opened a **specialist short stay / assessment unit for frail elderly patients** to ensure that they are made better in the shortest time possible and able to go home or their place of care to prevent further physical or mental decline.
- 2.16 **Maternity services** have opened a **dedicated bereavement suite** (Abigail’s place), and won awards for their work on reducing long-term injury to mothers, perinatal mental health service and maternity team of the year, scoring good in four domains and outstanding for caring in the CQC report and consistently scored >97% in the friends and family test.

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- 2.17 We have improved our **waiting times** to be seen but still need to consistently meet the national standard across all our pathways including cancer.
- 2.18 We have passed all our **accreditations for endoscopy, radiology, cervical and breast screening** but need to improve our environment in the breast care unit. This will be undertaken in 2019.
- 2.19 Figure 2.3 shows our analysis of our strengths, weaknesses opportunities and threats relating to our current services. This strategy will outline how we will build on the strengths and opportunities and minimise the weaknesses and threats we face. This strategy is integral to the workforce, quality, research and education strategies. The strategy will not be fulfilled without close alignment with the development of the estate and the implementation of an electronic patient record including electronic prescribing, which forms the central tenet of the digital strategy.

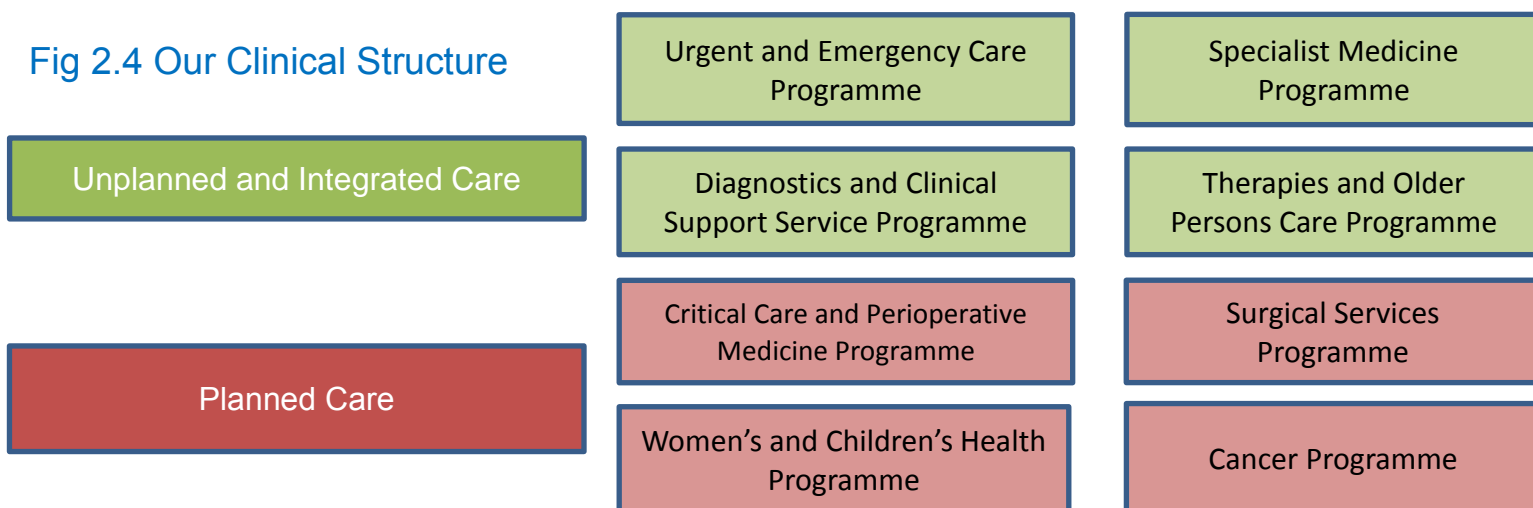
Fig 2.3 SWOT analysis



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2.20 The current structure of our clinical services is in two directorates: Unplanned and Integrated Care and Planned Care. Fig 2.4 shows how each specialty is organised into programmes within those directorates. Each directorate has a Deputy Medical Director and Nurse Director working with a Chief Operating Officer in a triumvirate structure. This is replicated in each of the programmes and specialties.

Fig 2.4 Our Clinical Structure



2.21 Unplanned and Integrated Care

Urgent and Emergency Care Programme	Accident and Emergency Department
	Acute Medicine
Specialist Medicine Programme	Respiratory Medicine
	Cardiology
	Gastroenterology
	Diabetes and Endocrinology
	Neurology and Rheumatology
Diagnostics and Clinical Support Programme	Radiology
	Nuclear Medicine
	Pathology
	Pharmacy
Therapies and Older Persons Care Programme	Elderly Care
	Frailty
	Therapies
	Stroke

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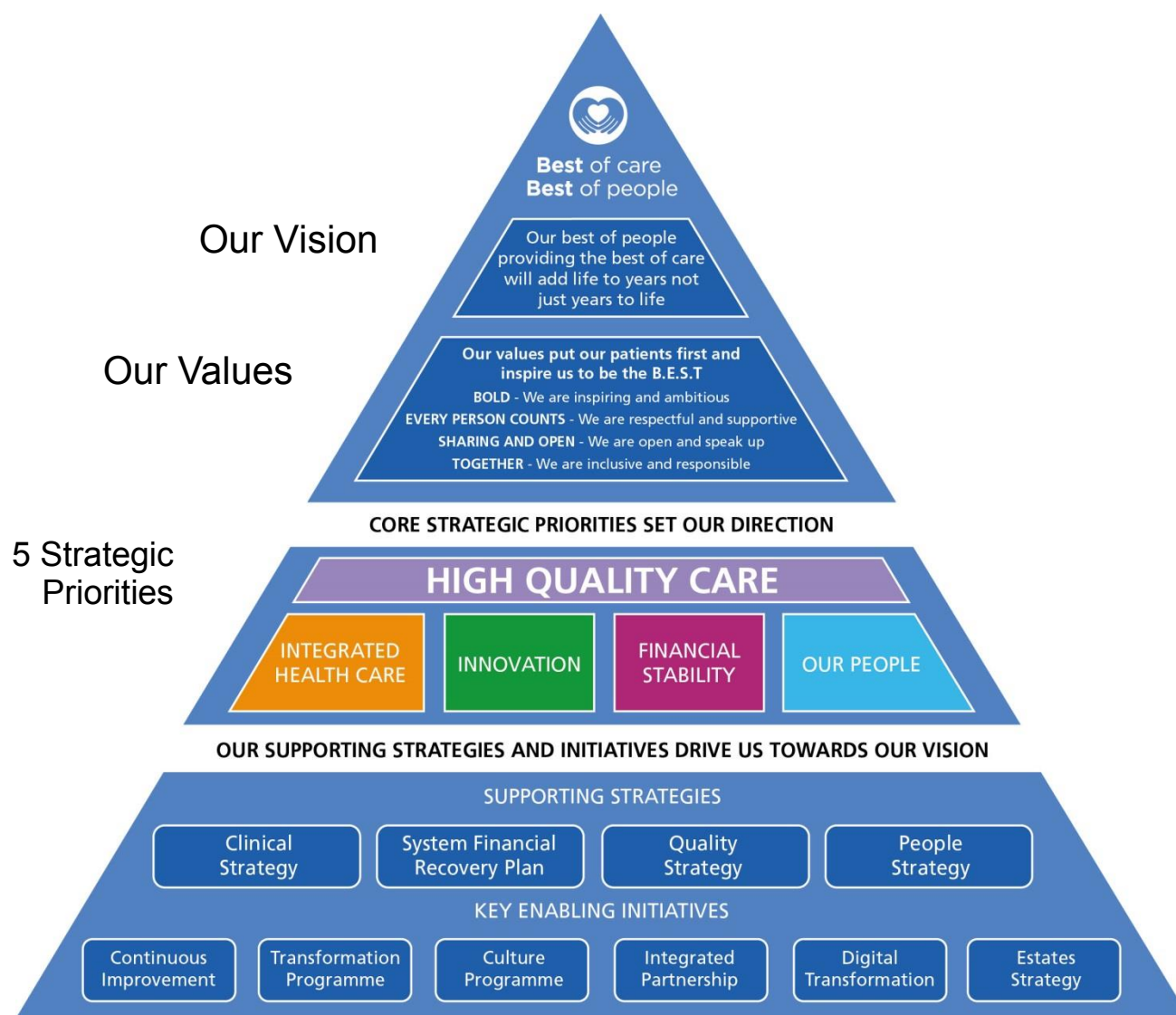
2.22 Planned Care

Critical Care and Perioperative Medicine Programme	Anaesthetics Department
	Intensive Care and High Dependency Units
Surgical Services Programme	Colorectal Surgery
	Urology
	Vascular Surgery
	Breast Surgery and Breast Care Unit
	Trauma and Orthopaedics
	ENT (Otolaryngology)
	Orthodontics / Oromaxillofacial Surgery
Women's and Children's Health Programme	Paediatrics
	Community Paediatrics (Swale)
	Maternity and Obstetrics
	Gynaecology
Cancer Programme	Acute Oncology
	Haematology

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3 Vision

Medway NHS Foundation Trust will provide high quality consultant led services for the people of Medway and Swale as the Major Acute Hospital in an integrated healthcare system.



3.1 Our ambitions are:

- To provide the highest standard of acute and emergency care and be recognised as one of the specialist emergency centres in Kent.
- To provide the highest quality of care by developing all our services based on the latest research and / or the best evidence of care provision that yields the best health outcomes for patients.
- To achieve and surpass the constitutional, statutory and regulatory standards of the NHS for the care of our patients.

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- To work with our partners locally and across Kent and Medway to ensure patients receive the right care in the right place from the most appropriate healthcare professional to agree and subsequently meet their needs.
- To continuously improve our efficiency and effectiveness in the interests of our patients.

3.2 Our strategic goals



3.3 Our strategic priorities

- We will develop an **integrated care partnership** with the local care providers of Medway and Swale.
- We will form a partnership with our community and mental health organisations and primary care networks to optimise our care pathways using best evidence for the residents of Medway and Swale working closely with Social Care and Public Health.
- We will ensure that patients are cared for in the best place for their needs provided by the most skilled people working in locality teams.
- We will provide specialist advice and consultations to patients as close to their home as is feasible.
- The outcome for the hospital will be that there will be a reduction in:
 - the number of attendees to the Emergency Department,
 - the length of time a patient spends in hospital
 - the number of patients readmitted within 28 days.

The outcome for the patients will be:

- More care provided closer to home with a reduced need to attend the hospital for planned or unplanned care
- Patients with their families / carers will be able to develop care plans that meet their goals and objectives and these will be known to all who look after them
- More patients will be able to die in their place of choice.

3.4 We will deliver the **Best Emergency Care**.

- Completing the establishment of our Urgent Treatment Centre
- We will optimise all of our emergency pathways through

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- The development of ring fenced assessment areas
- Evidence based pathways / interventions
- Rapid diagnostics
- Primary Care access to same day specialist advice / consultation within 48 hours.

Outcome:

- We will consistently achieve the national standard of 95 per cent of patients seen within 4 hours by April 2020.
- Patient satisfaction will improve (Friends and Family Test).

3.5 We will provide the **Best Elective Care**

- We will redesign our elective pathways with our partners to provide specialist advice / care closer to the patients home.
- We will develop more one-stop diagnostic and treatment pathways
- We will significantly reduce the time to diagnosis and treatment, particularly for patients with suspected cancer or other life-limiting conditions.
- We will achieve all the constitutional targets so that patients receive a timely consultation with the most appropriate professional.
- Access to public health advice (smoking, diet and fitness) and prehabilitation (assessment and interventions to reduce operative risk) before any elective procedure.
- Ringfenced separation of the emergency and elective surgical pathways.
- Development and accreditation of a Pelvic Surgery Centre (Colorectal, Urology and Gynaecology laparoscopic / robotic surgery).

Outcome

- We will reduce the number of visits to the acute site for patients
- We will reduce the number of surgical complications, We will reduce recovery time so patients can return to their normal activities faster
- We will reduce the number of appointment or surgical cancellations
- We will meet all national targets on time to cancer diagnosis and treatment time to operative treatment.

3.6 We will provide the **Best Care for patients with multiple long-term conditions.**

- We will develop an area within the hospital dedicated to the care of elderly, complex and frail patients.
- We will provide an ambulatory centre with direct access to specialist advice and intervention for frail / demented patients to support families, carers and our partners.
- We will integrate our work with our mental health, community and primary care partners to reduce the need for elderly patients to be admitted to hospital.
- As professionals from all disciplines we will work together in an integrated team to provide excellent, evidence based care.
- We will provide specialist medical and reablement advice to the integrated locality reviews to support patients to remain in their home / care setting.

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- We will work with families and carers to ensure that the care we provide meets the needs and requests of the individual if they no longer have capacity and / or are reaching the end of their lives.
- We will reduce complications associated with long-term conditions.

Outcome:

- Reduction in the number of frail and / or demented and complex patients being admitted to hospital
- Reduction in falls and pressure ulcers
- Reduction in length of stay
- Increase in the number of people dying in their place of choice in accordance with their agreed care plan.

3.7 These are our top four priorities for the next two years. The emerging strategies for other programmes by specialty are outlined below:

Unplanned and Integrated Care

3.8 Emergency Care Programme

- We will be designated as a specialist emergency centre by 2020.
- Completing the establishment of our Urgent Treatment Centre with a dedicated Mental Health facility with 24 hour access to trained mental health practitioners
- We will optimise all of our emergency pathways through:
 - The development of ring fenced assessment areas provided by dedicated specialist teams (medical, surgery, gynaecology)
 - Evidence based pathways / interventions
 - Rapid diagnostics
 - Primary care access to same day specialist advice / consultation within 48 hours in Acute Medicine, Surgery, Gynaecology and Specialist Medicine
 - Patients with Acute Mental Health needs will be cared for in a mental health facility and not in A&E
- We will continue as a Trauma unit in the South East Network
- We will optimise the journey of patients through our hospital by working closely with all other programmes and their specialties.

Outcome: We will consistently achieve the national standard of 95 per cent of patients seen within four hours by April 2020.

Patient satisfaction will improve.

3.9 Acute Medicine

- We will provide a Same Day Emergency Centre (SDEC) dedicated assessment and treatment area for ambulatory patients with medical and surgical problems working with Planned Care.
- We will optimise the journey of patients through our hospital by working closely with all other programmes and their specialties.

Outcome: We will increase the number of patients managed without admission
 We will reduce the length of stay for patients with acute medical problems.

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3.10 Specialist Medicine Programme

Cardiology – we will optimise the experience of patients referred with heart problems by co-locating, expanding and modernising the cardiology services; We will work with our partners to further improve the care of patients with heart failure in the community.

Respiratory – we will work with our partners to establish and sustain care of patients with chronic respiratory disorders in the community.
We will explore the opportunity of providing tertiary level sleep studies.

Gastroenterology – we will work with our partners and neighbouring partnerships to provide a 24-hour emergency pathway for patients with intestinal bleeding.
We will work with our colorectal surgeons to establish a combined pathway for patients suffering with inflammatory bowel disorder .We will ensure that we meet national standards for bowel cancer screening and provision of endoscopy services (JAG accreditation).

Neurology, and Rheumatology – we will work with our partners to establish and sustain care of patients with chronic neurological and arthritic conditions in the community / closer to home.

Diabetes and Endocrinology – we will provide increased diabetic specialist advice and services in the Healthy Living centres of Medway and Swale
We will educate and support patients to be able to self-care achieving the best diabetic control they can.

The teams will work with other specialties such as maternity and vascular surgery to optimise the clinical and long term health outcomes for these groups of patients.
Outcomes: Reduction in number of visits by patients to the hospital.

For our patients with chronic long-term conditions:

- Improved Quality of life
- Reduction in use of analgesia
- Reduced admissions
- Reduced complications associated with the condition.

3.11 Therapies and Older Persons Care Programme

- We will work with our mental health, community and primary care partners to reduce the need for elderly patients to be admitted to hospital
- We will provide specialist medical and reablement advice to the integrated locality reviews to support patients to remain in their home / care setting
- We will work with families and carers to ensure that the care we provide meets the needs and requests of the individual if they no longer have capacity and / or are reaching the end of their lives.

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- We will provide an ambulatory centre for frail / demented patients to support families, carers and our partners.
- As professionals we will work together in an integrated team to provide excellent, evidence based care.

3.12 Diagnostics and Clinical Support Services Programme

- We will achieve all our constitutional targets for the provision of all investigations and imaging.
- We will provide timely diagnostics through
 - Working with Kent and Medway STP to develop a pathology network.
 - investigation and imaging packages by specialty / symptomatology so that patients do not have to make unnecessary multiple visits to the Trust.
 - We will provide results in a timely way with digital access by all professionals caring for the patient and the patient as appropriate.
- We will provide pharmacy expertise to all our clinical services, individual patients and our external providers.
- We will work with a commercial partner to optimise the efficiency and effectiveness of our pharmacy service.
- We will introduce electronic prescribing by April 2020.
- We will work with the community pharmacists to send electronic prescriptions to the one closest to the patient to ensure the patient receives the correct medication when they leave the hospital.
- We will ensure that we use the most effective drug for the least cost.

Planned Care

3.13 Critical Care and Perioperative Care Programme

- We will increase utilisation and the productivity of Theatres and Outpatients whilst controlling costs.
- Working with our partners we will transform the current paper notes to electronic within a nine to 10-month period.
- Improve the efficiency of our Critical Care Units through improved working practices.
- We will work with our partners in primary care and mental health to provide a community based pathway for patients with chronic intractable pain.
- We will continue to develop our prehabilitation service across Medway and Swale into Kent working closely with Surgical Services, Public Health and the Primary Care networks so that every patient is as fit and well as they can be prior to undergoing surgery.

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3.14 Outpatients

- Primary Care will have access to same day specialist advice / within 48 hour consultation.
- Access to specialist advice using digital communication technology.
- Diagnostics will take place prior to consultation with a specialist.
- Increased “one-stop shop” appointments.
- Increase in access to consultations close to home.
- Patient education and public health interventions to enable self-management of chronic conditions.
- Care provided at time of need which will be determined through care plans co-designed with the patient and their primary / community / social care professionals and specialist when appropriate.

3.15 Cancer Care Programme

- We will ensure that we provide a rapid and compassionate diagnostic service for all patients with suspected cancer.
- We will ensure that all patients receive the best treatment for their cancer delivered in good facilities by compassionate, caring and highly skilled professional teams.
- We will work with Public Health, and primary care to identify and approach citizens that have not engaged in the screening programme to improve early diagnosis.
- We will modernise and improve all our cancer pathways and provide improved facilities for patients with breast cancer.
- We will work with the Kent and Medway STP / Integrated Care System to develop our role in the Kent and Medway Cancer pathways.
- We will work with all our NHS, third sector and private partners to further enhance our patient’s experience.

3.16 Surgical Care Programme

- Development of an Ambulatory Emergency Centre in partnership with Unplanned and Integrated Care.
- Improved discharge management/planning for all patients that undergo surgery.
- We will work to ring fence the beds for our elective patients so that we minimise the risk of cancellation due to a surge in non-elective admissions.
- Develop prehabilitation and enhanced recovery models to improve the outcomes for patients admitted for complex surgery or with multiple coexisting medical conditions.
- Working with our partners we will enhance our Rehabilitation services providing a “Silver Trauma” service.
- Development of the Pelvic Surgery Centre where surgical teams from urology / colorectal and gynaecological surgery will work together to optimise the outcome for patients with complex surgical needs.

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3.17 Women's and Children's Health Programme

- We will further enhance our maternity service providing mothers with antenatal, birthing and postnatal care by teams of midwives they have met during their pregnancy until they are discharged to primary care.
- We will become a designated tertiary fetal medicine centre providing services to all of Kent and Medway.
- We will provide a one-stop gynaecology clinic to minimise the disruption to women's lives when they need a rapid diagnosis to receive the most appropriate treatment.
- For very sick children we will provide high dependency care working in partnership with Kings Health Partners (Evelina Children's).
- We will explore the opportunity to increase our paediatric surgery so that we can provide emergency general surgery for children under the age of eight for Kent as well as for all children in Kent and Medway.

4 Sustainability

4.1 In order for our services to be sustainable we need to achieve the following:

- Ensure patients that are referred to the hospital are seen in the most appropriate service in the shortest time possible.
- Minimise the cancellation of appointments for consultations, procedures, diagnostics and surgery by minimising the occasions where patients with urgent or emergency needs interfere with the planned event. This will mean having clear separation between emergency and planned pathways.
- Ensure that the services we provide on the hospital site need to be delivered on site because of the requirements of the care a patient needs (for example for conditions where a one-stop consultation, diagnostic and treatment can be delivered on the same day).
- Maximise the use of our facilities through efficient and effective admission, treatment and discharge processes.
- Communicate in a timely and effective way with patients, other healthcare professionals to ensure a smooth transition between places of care.
- Ensure we accurately record all our activity so that information we use for quality, performance, communication and finance can be relied upon.

5. Improving Quality and Outcomes (improvements)

5.1 The Strategy will be implemented in close association with the Quality Strategy, transformation programme, estates, digital and workforce strategies. The proforma for directorates, programmes and specialties to use is attached at Appendix 2.

- We will use Quality Improvement methodology (as outlined in the Quality Strategy) and specialty by specialty review to ensure our services are fit for purpose and deliver the outcomes for patients that they expect.

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- All service developments will be designed with the four priorities of the quality strategy – staying healthy, getting better, living with long-term illness or disability, coping at end of life – at their core, ensuring that all are services are Safe, Effective, Person-centred and Well-led.
- A Quality Impact Assessment will be undertaken for all proposed changes.

Enablers for the Clinical Strategy

Digital Transformation

- Services will ensure that all their strategic developments include digital transformation in alignment with the national, regional and local digital strategy and programme
- All clinical staff will be expected to support the development and use the digital solutions that are introduced as part of the quality improvement / strategic development of their services to patients, their families and carers
- It is expected that the Trust will have fully implemented an electronic patient record by 2025.

Estates

- The reconfiguration of the use of the MFT estate will be aligned to the clinical strategy and service development in accordance with best practice and clinical standards for estate that may be determined nationally or locally.

Research

- We will continue to grow our research capability, income and output for the benefit of patients
- We will align our research activities to the national, regional and local priorities
- We will work closely with our academic partners to optimise our income from peer reviewed grants, National Institute for Health Research portfolio research projects
- We will encourage our staff and students to actively participate in research and support our patients to take part as it has been shown that participation improves the outcome for the individual.

Education

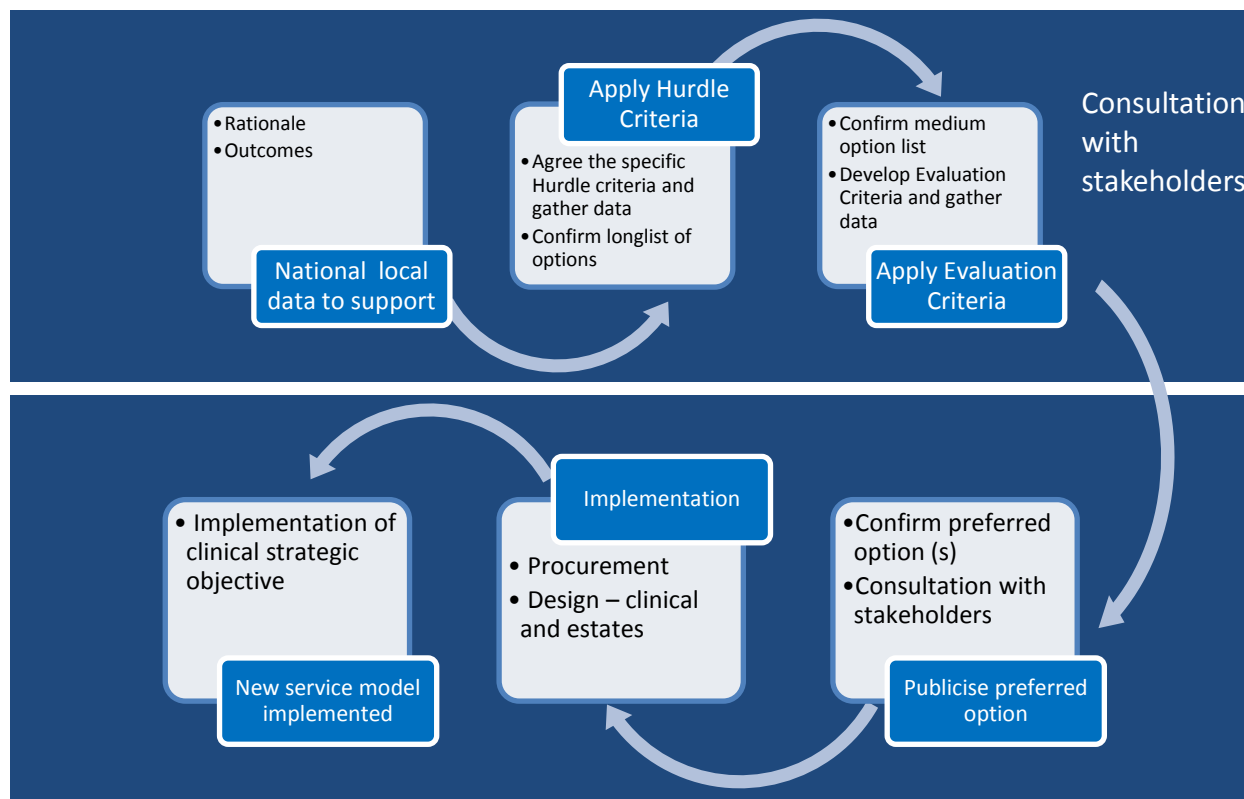
- We will work closely with Health Education England and our university partners to ensure that we provide a high standard of learning to all our staff, students, apprentices and patients
- We will ensure that we provide a very positive experience of learning in the trust to encourage people to remain confident they will receive lifelong support and development.

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6 Governance Overview (measuring and monitoring)

6.1 All services will have key performance and outcome indicators that will be collected regularly and reported through the governance processes of the organisation. These will be an integral part of continuous improvement with close attention to the development and implementation of plans developed and agreed with the clinical and managerial teams.

7 Values and Principles (values that underpin the system)



7.1 The diagram above shows the process we will adopt in order to implement the clinical strategic priorities. The high-level / hurdle criteria for developing our services in line with this strategy are:

- delivering the highest possible quality of care (quality strategy)
- accessible;
- financially sustainable
- workforce (people strategy)
- affordability.

7.2 All possible options for service redesign / relocation (long-list) will be identified and the data in each category of the hurdle criteria will be evaluated to reduce the options to a medium options list (ideally no more than three options). More detailed evaluation criteria will be identified that will allow for each option to be differentiated from the others either positively or negatively. Once agreed the data for each option will be gathered and a further evaluation will be done to identify the preferred option. All stakeholders will

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be informed that we are undertaking the review, the medium sized options list and the preferred option before further development is undertaken and implementation commences.

8 Financial Implications (cost)

8.1 The financial implications have not been fully costed for the whole organisation but this will be a core element of any service change / development.

9 References

Document	Ref No: STRCS01	
References:		
NHS Long term Plan 2018 https://www.longtermplan.nhs.uk/online-version/		2019
Trust Associated Documents:		
MFT Quality Strategy		2018
MFT People Strategy		2018
MFT Research and Innovation Strategy		
MFT Estates Strategy		2018
MFT Digital Strategy		2018

END OF DOCUMENT