

Developing a five year strategy

1. Introduction

We are working in one of the most challenging time in NHS history. Expectations on the NHS are constantly increasing, people are living longer and demand for services continue to grow whilst funding is tighter than ever before. There has been significant structural change within the NHS and there are a number of changes to the way in which regulation will work.

Maidstone and Tunbridge Wells NHS Trust (MTW) faces major challenges which require significant action. We need to continue to build on our successes to maintain and improve our performance in a range of areas, and if we are to realise our full potential. If we are to be financially sustainable and deliver safe, high quality and effective care for our patients within this context, we must embrace the opportunity to think and act differently – to be brave and push the boundaries on how and where we deliver healthcare. This presents an opportunity to look for and embrace new ways of working and innovative ways to deliver services. To achieve this will require working even more closely with our partners across health, social care and beyond and in particular with our patients, public and staff.

The purpose of this document is to share how we are developing our 5 year strategy and adopt a consistent and coherent approach to developing and transforming services. This begins with a review of the current clinical strategy to ensure that the Trust is able to respond to the changing national and local context and deliver sustainable healthcare services for its local population. The Clinical Strategy will be used to develop the Trust's Integrated Business Plan and Long Term Financial Model which will set out the plans for the future operation of the Trust.

2. Drivers for change

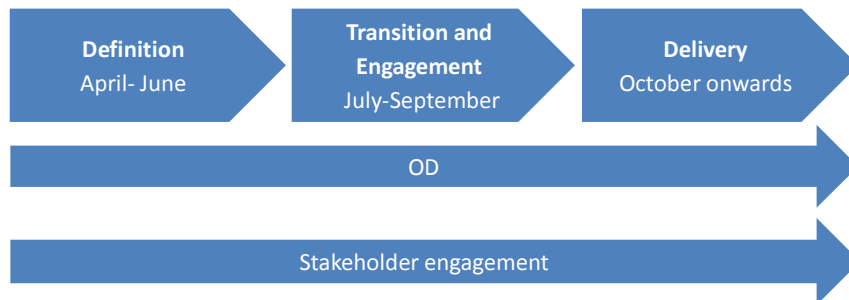
The key contextual drivers can be summarised in four main themes as follows:

- **National policy, guidance and recommendations**
e.g. Sir Bruce Keogh's recommendations relating to seven day working and transforming urgent and emergency services/improved quality through centralization of some specialized services (e.g. Stroke Services, Major Trauma)
- **Local health economy changes and challenges**
Organisations around us have significant financial and operating challenges. Plans to address this could affect the Trust
- **Financial context and financial planning to attain sustainability**
Trust position of financial deficit
- **Demographics and the needs of the local population**
The local health economy is seeing a trend of an increase in the age of the population, alongside an increase in the number of people with long term conditions

3. Timeline for developing strategy

This paper provides an overview of each phase for developing the Trust’s strategy. These are:

- Phase 1 – Definition
- Phase 2 – Transition & Engagement
- Phase 3 – Delivery

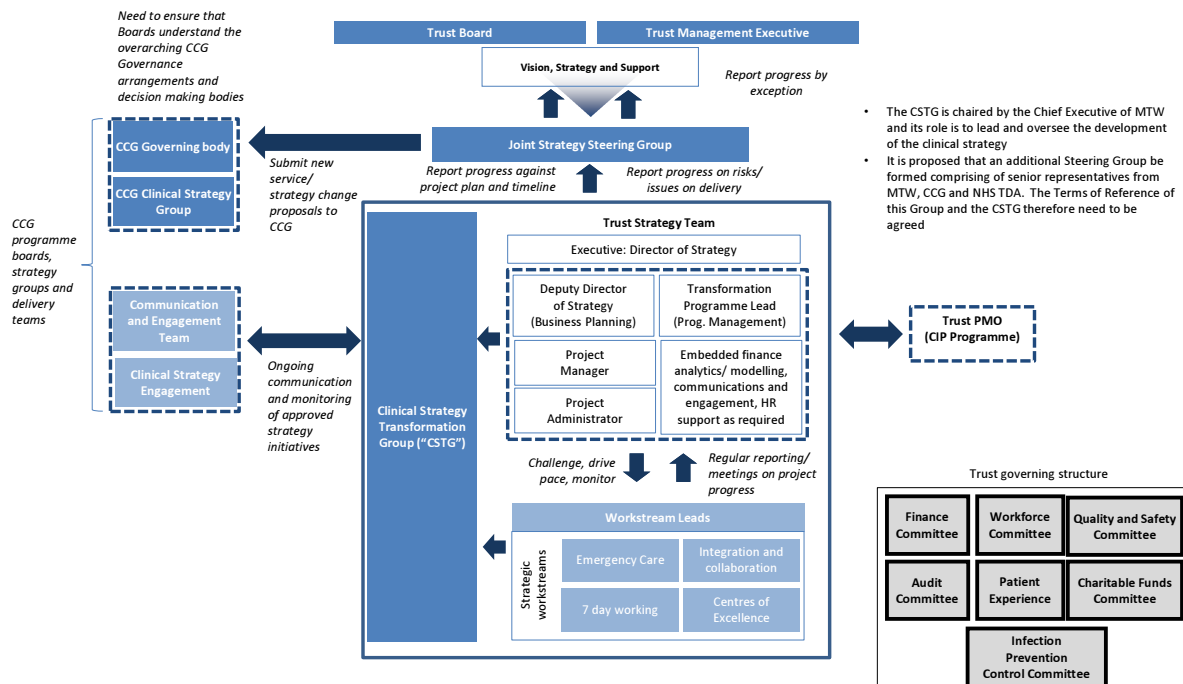


The Trust is currently beginning Phase 2 and would welcome input from HOSC on its key actions in relation to this phase, in particular with regards to the engagement strategy.

3.1 Phase 1 Definition

3.1.1 Governance Structure

As the requirements for developing MTW’s five year strategy are refined the governance structure has been changed to provide the Trust Board with the assurance it will require throughout the process. The proposed governance structure can be seen below.



The Clinical Strategy Transformation Group (CSTG) was formed to lead and oversee the development of the clinical strategy. The CSTG is chaired by the Chief Executive of MTW. An additional Joint Strategy Steering Group is being formed also, comprising of senior representatives from MTW, CCG and NHS TDA. This will facilitate the requirement for a joined up approach with commissioners and other key stakeholders from the outset.

3.1.2 Mission, vision and objectives

The CSTG has met three times over the past four months. It has completed a number of pieces of work including carrying out a review of the Trust's current vision, mission and objectives to ensure that they are still relevant and appropriate for today's challenges and to meet future needs.

Following on from the review of the Trust's Mission, Vision and Objectives, discussions were held to establish areas of work and focus across the Trust that link with the Mission, Vision and Objectives and inform the development of the Trust's five year strategy.

A sub group of clinicians from the CSTG have identified four works streams that they believe are essential in the development of the strategy, taking into account national and local developments such as Keogh; recommendations for emergency care and seven day working; commissioning intentions (and the Joint Strategic Needs Assessment), Better Care and 'Mapping the Future'.



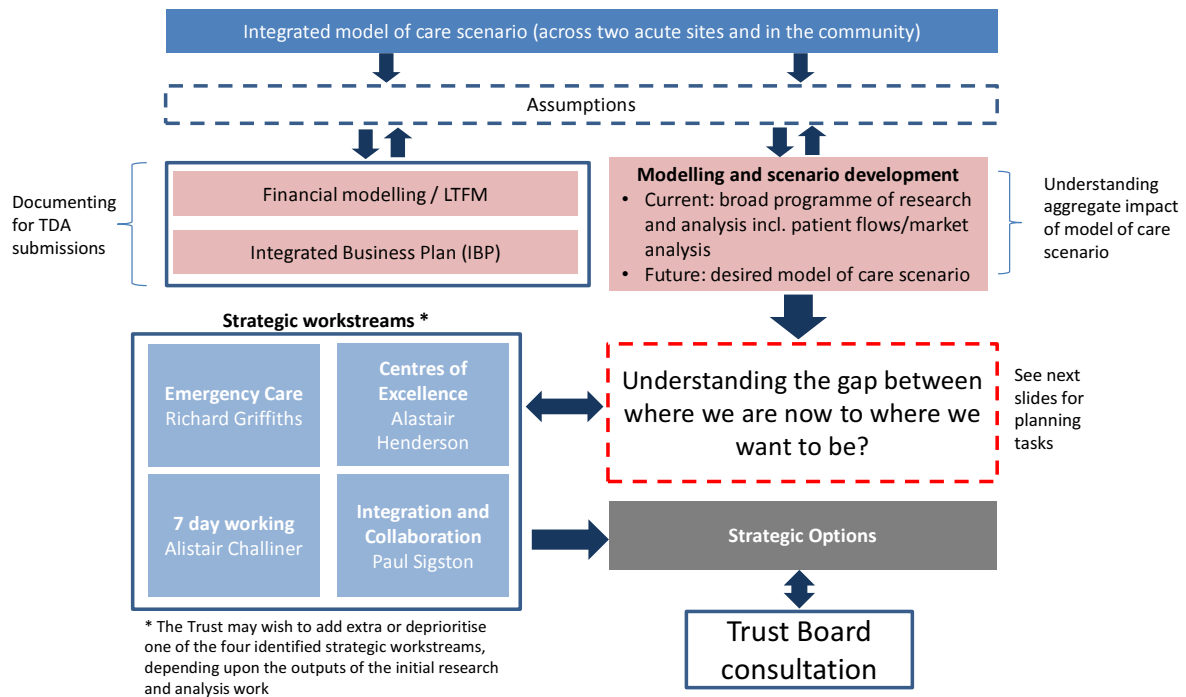
It is imperative that the Trust builds on the integrated model of care which will inform some of the baseline initiatives to be considered in each of the work streams. Each work stream, led by a clinician and made up of doctors, nurses and other professionals as well as CCG representatives, patients and other stakeholders as required. Workstream working groups have been established and are working together to identify key clinical and service changes required, clinical interdependencies, gather evidence and recommend areas of priority to inform the next phase of the strategy work.

A timeline relating to Phase 1 and Phase 2, developing a five year strategy, is appended to this document.

3.2 Phase 2 Transition and Engagement

3.2.1.1 Options appraisal

Each of the strategic work streams, identified in phase 1, will be encouraged to identify a full range of options for the Trust which will be developed for consideration by the Trust Board. As options are developed by the four strategic workstreams, assumptions for the integrated model of care are being discussed with the Trust finance team. Ongoing communication will enable live and up to date management of the assumptions that will drive the Trust's five year LTFM. An example of this process is outlined below.



3.2.2 Development of business model

In order to develop a Trust business model, a full analysis of services is being carried out over the summer. This analysis will continue to support the Trust with identifying strategic priorities, which will be directed through each strategic workstream. Workstreams will be asked to consider options for service redesign and strategic transformation which will be discussed at the Steering Groups and ultimately proposed to the Trust Board.

Following options analysis and selection throughout the 'definition' phase and at the start of the 'transition and engagement phase' (July-September) the business model will be developed following further discussion and detailed analysis which will include a market, stakeholder and Health economy analysis; capacity, demand, quality impact and activity and costs. This process will ensure that there is pace and rigour to developing the strategy. The process will take into account the requirements of the Government's four tests (2014/15 Mandate from the Government to NHS England) for service changes which include:

- Strong public and patient involvement
- Consistency with current and prospective need for patient choice
- Clear evidence base and
- Involvement and support from clinical commissioners

It is envisaged that the Trust will sign off the strategy in the autumn of 2014.

3.2.3 Engagement strategy

The engagement approach is an integral part of the change process and an essential component of the development of the strategy. It consists of a number of elements:

- Robust internal plans and events to ensure all staff groups have an opportunity to contribute to the strategy at different phases
- External stakeholder involvement – a mapping exercise is underway to identify key organisations, groups and individuals we need to involve in the development of our strategy
- Public, Patient & Carers – The public needs to be involved at the very beginning of the development of the strategy and throughout key stages of the process.

It is widely recognised that good patient and public engagement has a proven positive impact on the provision of healthcare and safe, high quality outcomes for both individuals and communities as a whole.

MTW has identified key individuals, groups and organisations to include in the early and subsequent stages of its communications and engagement work. This includes members of the public, patients, NHS staff and other healthcare professionals including support groups. The stakeholder list will be frequently reviewed and updated to include new audiences who can help shape and inform the Trust's strategy.

A high level stakeholder map can be found at Appendix 2.

The Trust will work closely with its local authorities and support agencies to help capture the experiences and future health needs of different audiences, including areas of high deprivation, and people within hard to reach groups. The Trust will work closely with partners at West Kent CCG and HealthWatch Kent to develop the full engagement programme.

4. Service development scenario

4.1 Clinical strategy for Stroke

Whilst the Trust started to develop its new clinical strategy in April of this year it had already undertaken an in depth review of the stroke services it provided, largely as a result of the objective for Stroke to become a centre of excellence. The review identified a number of opportunities for improvement of the stroke service based on the SSNAP audit results and a detailed comparison of the current service with that given in the draft Integrated Stroke care pathway service specification issued by the South East Coast Clinical Network. An action plan was subsequently implemented to address the matters raised.

The SSNAP audit results for the next period (July to Sept 2013) showed that the Stroke service had not improved, with both sites given an E rating (on a scale of A=highest, E=lowest). Although the service at Maidstone improved slightly (D, for the period Oct to Dec 2013) it was clear that the Stroke service was not providing the best care for its patients and there was an opportunity to transform the service.

4.1.2 Current status and next steps

The Trust has formed a Stroke Steering Group (SSG), chaired by the Medical Director, and is liaising with West Kent CCG regarding the proposals for improving the service. A draft Framework that sets out the process the Trust intends to follow in order to improve the Stroke service will be reviewed at the next SSG meeting.

Notwithstanding this, where possible, immediate action has been taken to improve the stroke service on both of our acute sites.

A draft Case for Change has been developed and a draft future Model of care is being finalised.

The Trust recognises the importance of engaging with all stakeholders, in particular patients and carers, and is finalising a draft Patient and Public Engagement programme, in conjunction with WK CCG.

The next step is for the Trust to share the draft Case for Change, the draft future Model of Care and the draft Patient and Public Engagement programme with WK CCG Clinical Strategy Group to gain their input and support.

The Trust will then initiate the engagement programme to listen to the views of patients, carers, the public, GPs, specific users groups eg Stroke Association and other key stakeholders with the intention of gathering their views on the current service, the proposed Model of Care and their suggestions of how the service could be delivered to meet the Model of Care.

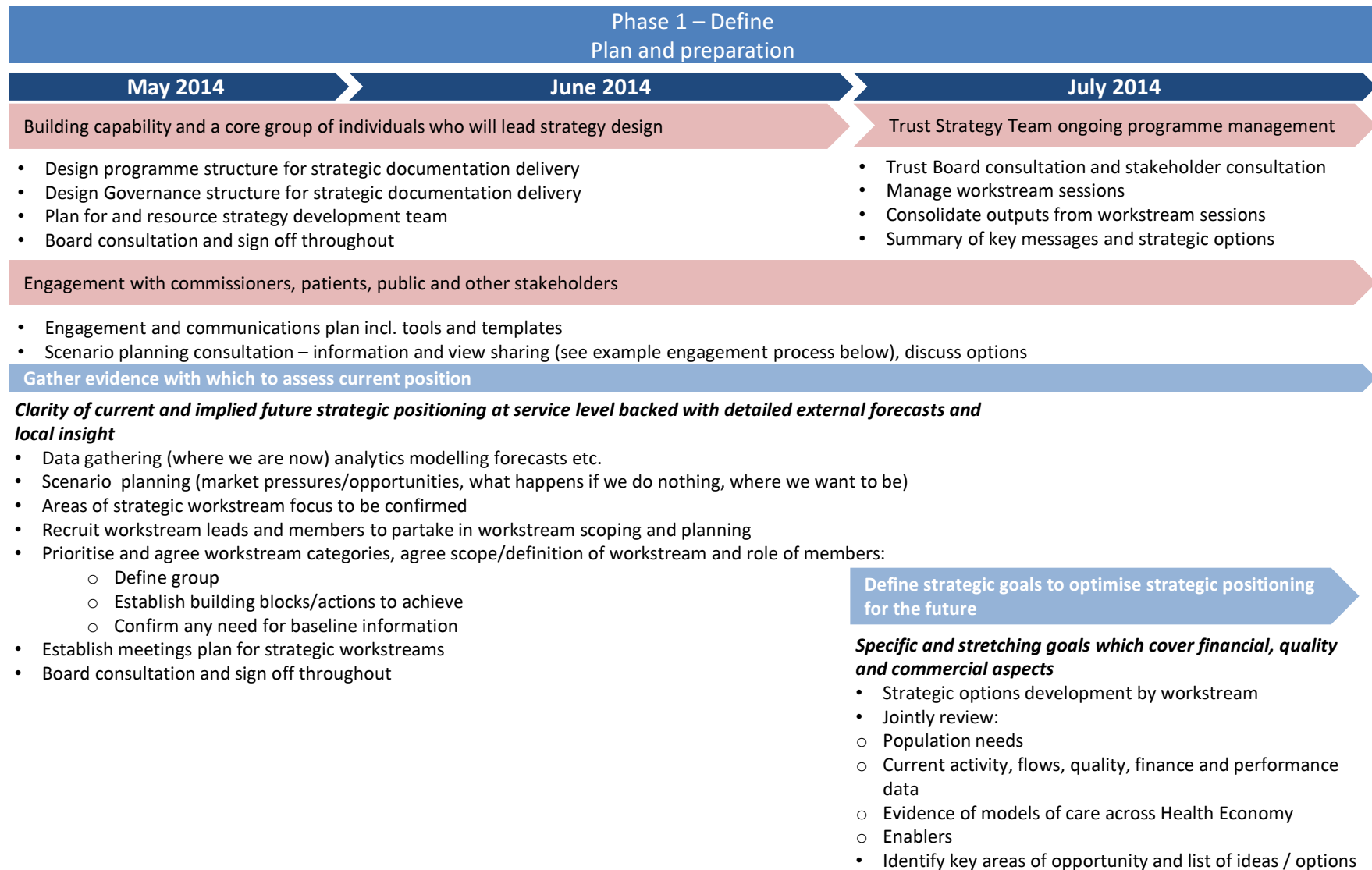
Once the Trust has established a list of all possible alternative service delivery options it will assess these against defined assessment criteria that is currently being developed for all future clinical service changes arising as a result of the new clinical strategy.

The Trust will continue to liaise with all stakeholders throughout this programme.

Stakeholder mapping

- GPs
- Hard to reach/minorities
- HealthWatch Kent
- MTW members
- KSS Deanery
- MTW cons/nurses & local GP
- MTW staff (clinical leadership)
- MTW Board
- MTW staff (general)
- Maidstone BMA chair and members
- Campaign groups and affiliates (MASH)
- Kent HOSC
- Local Councils
- Local media
- MPS (standing and prospective)
- Volunteers and LOFs
- Patients/public
- Interest and support groups (Age Concern)
- Unions
- Kent Pioneer Forum
- Health bloggers
- Neighbour trusts/networks
- Royal Colleges
- PALS
- West Kent CCG
- Trust Development Authority
- NHS England

Appendix 1 Timeline for Developing a Five Year Strategy



Phase 2 – Transition & Engagement

July 2014

August 2014

September 2014

Trust Strategy Team ongoing programme management

- Trust Board consultation and stakeholder consultation
- Write strategic documentation – baseline analysis and clinical workstream engagement process / consolidated output as presented to and agreed by Trust Board / plans for delivery based on conversations with Trust Corporate functions (Estates, HR, Finance etc.)

Engagement with commissioners, patients, public and other stakeholders

- Communication and Engagement programme – implementation of strategy, ongoing link with commissioning groups and other stakeholders i.e. NHS TDA
- Preparation for and presentation to the Trust/NHS TDA Board to Board (July 2014) to facilitate ongoing discussions relating to the Trust's strategy and business plan

Define strategic goals to optimise strategic positioning for the future

Outline short and long term initiatives to support the achievement of strategic ambitions

Initiatives address commercial, quality and financial aspects in an integrated manner. There is clear prioritisation and explicit long term strategy

- Refining and finalising shortlist of strategic options as identified by strategic workstreams
- Impact assessment of emerging options
- Review of impact assessment of overall service strategy and short list options
- Consult with colleagues and peers on emerging models of care
- Understand different types of strategic initiatives: single speciality (e.g. maintain, close, expand, transform), multiple specialties or departments (e.g. wholesale changes to ways of working), non specialty but instead require support function transformation
- Workforce, Estates, IM&T implication assessment assessments (understanding key enablers of delivery)
- Activity implication assessment
- Completed Trust wide Business model, incorporating service change proposals, market analysis
- Expert intervention to resolve any tricky or contentious issues
- Consolidate options into clear narrative supported by analytics on quality / outcomes and affordability of the model of care

Develop a plan to deliver the initiatives and establish a framework for regular review

Rigorous plans with formal process for reviewing strategy and responding to underperformance

- Plan for programme management structure and governance arrangements for delivery and implementation phase

Clinical strategy document to the Trust Board