

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	24th August 2015
Board Sponsor:	Amanda Fadero, Deputy Chief Executive
Paper Author:	Oliver Phillips, Service Strategy Director
Subject:	Developing our Clinical Strategy

Executive summary

In March 2014, Brighton & Sussex University Hospitals published its Clinical Strategy, setting out its future direction of travel for services. In the Trust's Annual Plan 2015/16, the Trust set out the major priorities for implementation of this plan.

The purpose of this paper is to provide the Board with an update on progress in implementing this plan and to set out how the Trust intends to refresh its Clinical Strategy for 2016/17 and beyond.

Links to corporate objectives	The report concerns the corporate objective to <i>deliver the clinical strategy</i> and sets out the priorities in 2015/16
Identified risks and risk management actions	Implementing the Trust's Clinical Strategy, and refreshing the Strategy to ensure it continues to be relevant is essential to the Trust's medium and long term sustainability. Ensuring a focus on the clinical strategy mitigates the risk to the Trust's sustainability
Resource implications	None identified at this stage
Report history	None

Action required by the Board

The Trust Board is asked to review progress made in 2015/16 in developing and implementing the Trust's Clinical Strategy and note the proposal to refresh the strategy during over the next six months

Report to the Board of Directors, 24th August 2015

Developing our Clinical Strategy

1. Summary

1.1 In March 2014, Brighton & Sussex University Hospitals published its Clinical Strategy, setting out its future direction of travel for services. In the Trust's Annual Plan 2015/16, the Trust set out the major priorities for implementation of this plan. The purpose of this paper is to provide the Board with an update on progress in implementing this plan and to set out how the Trust intends to refresh its Clinical Strategy for 2016/17 and beyond.

2. Our priorities for 2015/16

2.1 Developing our clinical strategy was highlighted as one of the Trust's 10 key impact programmes as set out in the Trust's Annual Plan, as well as securing specialist services across Sussex. This was made up of the following key elements.

- Site reconfiguration, including Neurosciences, Fractured Neck of Femur, and Urology Services
- Reconfiguration of Stroke Services
- Developing our Radiotherapy services
- Joint working with Queen Victoria Hospital on Burns and Plastics
- Working with Sussex Community NHS Trust on Community Bed provision, High Weald Lewes Haven and Sexual Health Services
- Collaborative working with East Sussex and Maidstone & Tunbridge Wells Hospital
- Redesigning our musculo-skeletal services in response to the Commissioner tender for these services
- BSUH Commissioner Forum and Shared Care Services Governance Arrangements

3. Site reconfiguration – including Neurosciences, Fractured neck of Femur and Urology Services

3.1 The key implementation of our clinical strategy has been Site Reconfiguration, which took place on 19/20/21 June. The move of neurosurgery services from Hurstwood Park, together with the move of Fractured Neck of Femur patients and Urology inpatients to Princess Royal Hospital was the biggest change in services at the Trust for more than a decade, and the move has proved broadly successful. The Board received a more detailed update on the move (as part of the Chief Executive's Report) at the July Board. The reconfiguration

will be subject to a fuller evaluation, the outputs of which will be shared with the Board.

4. Reconfiguration of Stroke Services

- 4.1 The seven CCGs in Sussex are collectively reviewing the model for Stroke Services in Sussex to ensure that national standards of care are met. The review is looking at all aspects of the Stroke Pathway, from prevention, through to early identification and treatment, through to rehabilitation. The Trust indicated in its Clinical Strategy that it intended to have a single Hyper-Acute Stroke Unit (HASU) to serve the whole Trust. This is in keeping with national guidance on the numbers of patients a HASU should be seeing on an annual basis. The CCG-led process has been subject to delays, and Acute Providers were asked to submit their options for reconfiguration by 14th August. This will then allow the Commissioners to review the options across Sussex and come up with its recommendations.
- 4.2 The Trust has been working closely with local CCGs to review the local configuration and also to enable other parts of the pathway, not least the provision of Early Supported Discharge, which is not provided consistently across the patch. A revised timetable for reconfiguration has been issued by the CCGs, which anticipates recommendations on configuration changes being produced in October 2015, with final recommendations in December 2016. Should public consultation be required, this will take place in early 2016.

5. Developing our Radiotherapy Services

- 5.1 Significant progress has been made during 2015/16 on developing Radiotherapy services across the patch. In Eastbourne, preparatory estates work is now underway on the site to prepare for two Linear Accelerators to be sited there. The development of the service is being managed to a tight programme, with the Linear Accelerators being delivered to site in January 2016. At Preston Park, two Tomotherapy Linear Accelerators are being installed in a new facility. The service is scheduled to open in early 2016. St. Richard's Hospital in Chichester has been identified as the preferred site in West Sussex, and discussions are ongoing with the Royal Surrey County Hospital (Guildford) about jointly building, owning and providing Radiotherapy services from this site.
- 5.2 Following a joint Commissioner and Provider event held in January 2015, BSUH is helping to organise a regular Sussex-wide Cancer Forum, chaired by the Chief Executive of Queen Victoria Hospital, to help coordinate the development of Cancer Services across Sussex and respond to the recent publication of the 5-year national Cancer strategy. The inaugural meeting of the forum will take place on 30th September.

6. Joint working with Queen Victoria Hospital on Plastics and Burns

6.1 BSUH and Queen Victoria Hospital in East Grinstead have held a series of meetings in 2015/16 to take forward plans to develop more integrated services for plastics and burns patients. Separate service specifications for Paediatric Burns, Adult Burns and Lower Leg Trauma have been drafted, and we are talking to both local CCGs and NHS England (who commission Specialist Services) about the development. The proposal is to provide on the Royal Sussex County Hospital site both a Paediatric and an Adult Burns unit in conjunction with Queen Victoria Hospital, which meets the National standard on Burns Care and strengthens the Trust's position as a Major Trauma Centre. This forms the core of a Five Year Forward View Acute Care Collaboration bid which has been submitted to the Department of Health.

7. Joint Working with Sussex Community NHS Trust

7.1 BSUH has continued its close working with Sussex Community NHS Trust (SCT) services across a number of areas. In particular:

7.2 The Trust has worked with SCT on the tender for community services for the High Weald Lewes Haven area. SCT have recently been awarded the contract for these services, and we are working with them to ensure that we can provide an integrated service for the people of High Weald Lewes Havens.

7.3 BSUH worked closely with SCT for the tender to provide Genito-Urinary and Contraception and Sexual Health services for the Brighton, which has been awarded to the Trust, with the contract commencing on 1st April 2015. BSUH are the 'Prime Provider' for this service with a significant element sub-contracted to SCT.

7.4 The Trust and SCT are jointly responding to the re-provision of Community Short Term Services Beds in Brighton & Hove, led by Brighton & Hove Council. The Trust is very keen to ensure that this provision has sufficient integrated medical input in order to maximise the numbers of 'sub-acute' patients who might otherwise inappropriately occupy a hospital bed.

8. Collaborative working with East Sussex and Maidstone Tunbridge Wells NHS Trust

8.1 The Trust has been in dialogue with neighbouring Acute Providers, in particular East Sussex Hospitals and Maidstone Tunbridge Wells NHS Trust to explore potential areas of joint working, aimed at creating more sustainable services across the patch. A shortlist of areas for cooperation (involving such areas as training and back office functions) has been drawn up; these are being prioritised and will form the basis of an implementation plan from September 2015 onwards.

9. Redesigning our musculo-skeletal services in response to the Commissioner tender for these services

9.1 Following the CCG award of the provision of Musculo-Skeletal Services in both East Sussex and in Brighton/Central Sussex area, the Trust has now agreed its contract to provide secondary care services in this area for 2015/16. Both of the new Prime Providers are planning significant changes in patient pathways, and the Trust is working closely with them to ensure that these pathways are designed for the benefit of patients, and to ensure a sustainable secondary care service at the Trust. The Trust has also created an integrated Spinal Service, under the care of Neurosciences, to ensure that patients get improved and coordinated spinal care.

10. BSUH Commissioner Forum and Shared Care Services Governance Arrangements

10.1 The Trust has established a Strategic Forum for Commissioners – attended by both local CCGs and by NHS England. The purpose of this forum is to have a joint discussion with our Commissioners on the strategic direction for the Trust (including the 3Ts programme), and ensuring that our strategies for the people of Brighton, Hove, Mid Sussex and wider Sussex are aligned. The forum had its inaugural meeting in June, and will meet on a quarterly basis. The Trust is also helping to coordinate a forum for Acute Providers across Sussex, to ensure that we can jointly plan shared services such as Cardiac, Renal, and Vascular services.

11. Refreshing our Clinical Strategy

11.1 Over the second half of 2015/16, the Trust will continue to make progress in developing these areas which are key to the Trust consolidating its role as both a provider of quality local services and the centre for tertiary services in Sussex. From September, the Trust will be establishing an internal Service Strategy Group, to more formally review progress against the implementation of the Trust's Clinical Strategy, and to refresh the Clinical Strategy to ensure that it continues to provide the strategic direction for the Trust's Clinical Services.

11.2 The most significant change in national policy since the publication of the Trust's Clinical Strategy is the Five Year Forward View. This proposed a range of models of care for the future delivery of services, including Multi-Specialty Community Providers, Primary and Acute Care Systems, Urgent and Emergency Care networks and Acute Care Collaboration, all of which will impact on the next iteration of the Trust's Clinical Strategy. The Trust is particularly keen to look at opportunities to develop a more comprehensive Urgent and Emergency Care Network, and explore the opportunities that 'Accountable Clinical Networks' might provide in conjunction with our local Providers. The

outcome of this will be reviewed with the Board and will form part of the Trust's Annual Plan for 2015/16.

12. Recommendation

- 12.1 The Trust Board is asked to review progress made in 2015/16 in developing and implementing the Trust's Clinical Strategy and note the proposal to refresh the strategy during over the next six months.

Oliver Phillips
Service Strategy Director
August 2015