Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
16th October 2024

TITLE	**Clinical Strategy 2024-29**
EXECUTIVE SUMMARY	The Clinical Strategy presented to Board on 10 October 2024 is now shared with Council of Governors
The Council is asked to:	The Council is invited to note the Clinical Strategy.
Submitted by:	Tom Smerdon, Director of Strategy and Sustainability Stephen Hepworth, Director of Planning and Contracting
Date:	October 2024
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS Foundation Trust

TRUST BOARD

Date of meeting	10/10/2024	**Agenda Item:**	8.1
Author(s):	Sara Yadav, Stephen Hepworth, Tom Smerdon	**Confidential:**	**NO**
Exec Sponsor:	Director of Strategy & Sustainability	**Date submitted:**	04/10/2024
Title of paper:	Clinical Strategy 2024-29		

Committee(s) where paper has been discussed previously and outcome of discussion:

The Clinical Strategy has been discussed extensively at Trust Board Masterclass Seminars in May and September.

Trust Executive Board, Collaborate and Strategy Committee and Trust Board have been regularly updated on the development of the Clinical Strategy.

Strategic Objective(s):

Quality Of Care	**x**	**People**	x	**Modern Healthcare**	x	**Digital**	x	**Collaborate**	x

Executive Summary (Purpose of the paper and key issues):

Our Clinical Strategy 2024-29 is presented to the Board for approval. Once approved the document will be professionally designed and published.

The Clinical Strategy sets out the clinical identity of the Trust across four core areas of clinical service:

- Planned Care
- Urgent and Emergency Care
- Women's and Children's Care
- Outpatients and Diagnostics

Within each area the Strategy defines our strategic aims and sets out a high level plan to achieve them. The overarching aims of the Clinical Strategy are:

- Improve the health of our communities
- Tackle inequity in healthcare
- Excellent patient and staff experience

The Strategy has been in development for over a year, through widespread engagement with clinicians across the Trust, as described further below.

Developing the Clinical Strategy

Work to develop our Clinical Strategy has been in process for some time with Divisional and Specialty leads. Trust-wide engagement started in earnest in September last year followed by a series of workshops open to all employees held throughout October and November. These were well attended by a range of specialties and professionals. The facilitated workshops took the

form of a SWOT analysis of the Trust and its services and served as a useful forum for people to be heard and to identify our core strengths as well as areas that required attention and development. We heard overwhelmingly that we are strong collaborators, that people appreciate each other, and that we have a strong sense of being part of a team to provide the best care to patients. We also heard that, to be successful in implementing our Clinical Strategy, the conditions need to be right and that alongside developing the necessary attitudes and behaviours we take a robust approach to mitigating the risks to delivery. Development of the enabling and complementary strategies - people, digital, estates etc – will also need to be aligned to support the delivery of the strategy.

We continued to encourage and promote engagement with the process of developing the clinical strategy through regular Aspire messages and several Team Talks. We also went out to speak with many specialty and divisional teams. Engagement was challenging, especially throughout periods of winter pressures and industrial action, and members of the Clinical Advisory Board provided an informal advisory role, helping to guide how best to maximise engagement and 'buy-in' from our clinicians.

In January we launched the second discussion phase of our Clinical Strategy programme with an 'on a page' summary of the key pillars of our Clinical Strategy. The summary was circulated throughout the organisation and presented at Team Talk. It was presented to senior leadership teams for input including the Clinical Advisory Board. Feedback was strongly encouraged and could be given via various mechanisms. Throughout the process we have continued to emphasise the necessity and importance of clinical ownership and leadership and have received positive feedback from our clinicians and senior leaders on how successful clinical engagement has been. Clinical leads were identified for each of the strategic pillars and specific engagement undertaken with these teams to ensure the commitments were right.

From February onwards, the full clinical strategy document has been presented and shaped in several forums including presentation at the Acute Provider Collaborative. Following discussion at Trust Board in April, further detailed work has been undertaken with each of the specialty leads to develop specialty level Planning Assumptions - a long-term vision for each of the services, evidence that this is the right vision and what needs to be true to get us there. This work, led by clinicians supported by their management teams, provided a depth of evidence and understanding that has been reflected in the final draft of the Clinical Strategy. Our Clinical Strategy builds on our successes and sets out a clear statement of our clinical identity and how we intend to develop this over the next 5 years. Our clinicians have been at the heart of the development of this Clinical Strategy and will lead on its implementation and ultimate success; their enthusiasm, passion and expertise is evident throughout.

To deliver on this Strategy we will be changing our approach to planning and implementation, to take a longer term view of investment and ensure that all our developmental work is focused on achieving our ambitions. Achieving these commitments will require rigorous business planning, detailed delivery plans and long term, multi-year investment planning.

Implementation

Implementation of the clinical strategy will be a multi-year programme delivered through focused annual plans and with patient and citizen involvement and consultation. For 25/26 the planning round begins in October with two TEB sessions to set the corporate objectives with planning guidance for the Divisions. Leadership forums in November will be utilised to build out the

divisional plans. Plans will be focused on delivery of the clinical strategy in the context of a stringent financial recovery programme. The plan is aimed to be supported by a leadership and cultural development programme with all issues being drawn together by the early new year.	
Recommendation:	For: Approval ☒
Key issues: State impact/implications and mitigation	
Quality, safety & patient impact	Ensures a systematic approach to achieving the best experience and outcomes for our patients
Employee	Staff experience is an overarching aim
Other stakeholder	Collaboration is essential to success and the Strategy has been widely discussed with partners.
Equality, diversity & inclusion	Tackling inequity is an overarching aim
Finance	The Strategy is consistent with a shift to prevention and reduced demand on acute services.
Legal	Any legal implications identified in implementation will be dealt with appropriately.
Risk(s) Identified (include link to Corporate Risk Register / Board Assurance Framework Risks):	
All BAF risks	

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Our Clinical Strategy 2024 - 2029

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Introduction

At Ashford & St Peter's Hospitals NHS Foundation Trust we are proud of what we have achieved under our Trust Strategy '*Together We Care*'. Our Clinical Strategy builds on our successes and sets out a clear statement of our clinical identity and how we intend to develop this over the next 5 years.

Clinical leadership is at the heart of this strategy. This document is built on detailed plans for each service, led by clinicians supported by their management teams. It sets out our four key areas of clinical service:

- **Urgent and emergency care**
- **Planned care**
- **Women's and Children's Services**
- **Outpatients and diagnostics**

In each area the high-level aims are described, alongside our strategic plan to deliver these. Our strategy is evidence-based and aims to build on our strengths and systematically and robustly address the areas which are more challenged. We benefit from strong relationships with our partners and will draw on these to ensure we meet our aims.

We serve a local population of around half a million people, to whom we provide District General Hospital services. These services are the heart of our organisation, and we are continually developing them to better meet our community's needs. We have a specific focus on improving the experience of care, tackling inequity in healthcare, and improving the health of our community. These are the overarching ambitions of our Clinical Strategy.

Over recent years, in North West Surrey we have been instrumental in developing one of the most advanced health and care Alliances nationally. This provides the foundation on which to progress the work needed to move care from hospitals into the community, from treatment to prevention. We have proved this is possible, for example through our work on musculoskeletal care and on pre-surgical treatment. Our intent over the next 5 years is to build on this to provide greater resilience and integration of services outside hospital, improving the health of our communities.

Working alongside our local services we offer an impressive range of specialist services to a wider population. Our neonatal care unit provides outstanding care to the smallest babies across the south of England. We offer supra-regional specialist surgery in endometriosis, bariatrics and limb reconstruction. Working with our system partners we can offer our population pathways to the highest quality specialist care. We have well established clinical collaborations in pathology and imaging to ensure diagnostic services are resilient, responsive and excellent as standard. In addition, our clinical education is highly regarded, and we have a substantial and internationally important Research and Development portfolio.

Our clinical identity is thus one of excellence in the provision of both local and specialist services, contributing high-quality, resilient services to our wider systems.

We are committed to being an organisation that is clinically led, enabled by highly effective managers and non-clinical staff. Our clinicians are best placed to understand their services and the needs of the populations they serve. We are committed to empowering our teams to identify and develop the optimal clinical models to make services resilient and high quality. Our clinicians have been at the heart of the development of this Clinical Strategy and will lead on its implementation and ultimate success; their enthusiasm, passion and expertise is evident in this document.

Our Clinical Strategy

Our overarching ambitions

Our overarching ambitions underpin everything that we do. Working in collaboration with our partners, we ensure our population has access to the highest quality specialist services. We are continually improving these services to better meet our community's needs. We need to work together to ensure that the right health and care provision is available to people at the right place and time to prevent ill-health and the need for hospital care.

Improve the health of our communities

Compared to other trusts we have very high attendances for Urgent and Emergency Care at ASPH and in our health system. Annual unplanned attendances to hospital are close to 50% of the overall population[1]. We aim to reduce this to below 25% so that patients get care in the right environment and our team are always able to provide care to those who need to be in hospital.

We take great care to be a safe place of care and are consistently a top performer for avoiding hospital-acquired infection[2].

We also know that many in our community are waiting for planned hospital care. Currently this is around one in seven of the population (around 60,000 people[3]). We are in the third quartile nationally and aim to achieve second quartile within 2 years.

Our Waiting Well programme is designed to identify people waiting for specialist care who need targeted intervention to prevent them from deteriorating and potentially needing emergency care.

1 - GIRFT SEDIT data July 2024 show 48.3% of the catchment population attended ED per year.

2 - NHSE data for 23/24 confirm ASPH was 2/18 for E.Coli, 3/18 for MSSA, 3/18 for P. Aeruginosa and 4/18 for C. Difficile

3 - ASPH Wating list data

Tackle inequity in healthcare

Significant inequalities exist across our communities, which we are committed to tackling. Research led by ASPH shows that planned care waiting times increase with both deprivation and in ethnic minorities[4], with up to 20% difference.

We also know that Black, Asian and Minority Ethnic women have less access to continuity of care in maternity compared to the overall population[5].

We are committed to ensuring that the benefits of this Clinical Strategy are realised by all parts of our diverse community.

4 – Fluck D et al, (2024) Health status and delays in referral-to-treatment waiting times for elective admissions of adults from deprived areas and ethnic minority background: a study of healthcare inequalities (currently unpublished)

5 - ASPH internal data indicate that the % of BAME women booked on a continuity of carer pathway is around half that of the overall population for the year to August 2024.

Excellent patient and staff experience

Our Trust Vision is to provide an outstanding experience and best outcome for patients and the team. We want all patients, carers and staff to feel that they have had an excellent experience – whether receiving or providing care.

Our data shows that over 80% of patients had a good or very good experience of care[5]. But this is lower in some areas. Overall we aim to increase this to over 90% in all departments. We also recognise that patient journeys can be complex and confusing and will work closely with patients to design clearer systems and navigation[6].

The experience of our staff is of utmost importance to us, and our staff survey shows that not enough staff feel we are a place they would recommend to work in[7]. Whilst staff positivity at ASPH is in the middle of the national range, we believe it is essential to increase this and we will make it a priority to be in the top quartile of Trusts in which staff would recommend.

5 - From ASPH viewpoint data on patient experience.

6 - 75% of patient complaints and PALS contacts relate to queries about the treatment process (PEMG report Nov 23).

7 - Staff survey results 2023 show that 61% of staff would recommend ASPH as a place to work. For the 'overall positive' rating of how staff feel ASPH is ranked 28th place score of 62 Trusts.

Planned Care

Best outcomes with minimum waits

Our aims are to:

1. **Reduce waiting times for patients by expanding capacity at the Ashford elective centre.**

   The elective centre will add capacity for around 5000 additional operations per year, a 27% expansion.

2. **Achieve top quartile rates for daycase surgery to reduce waiting and improve outcomes.**

   Overall our daycase rate is good, around 88%, but we can make improvements in key specialties such as general surgery where we are in the second quartile nationally.

3. **Give patients the best outcomes and care by embracing advances in surgical and anaesthetic techniques.**

   We have embraced robotic surgery with improved outcomes, for example, in bowel resections we have reduced length of stay from 5 days to 3 days and surgical site infections by over 60%, compared to laparoscopic surgery.

4. **Ensure all patients are fit for their procedure through comprehensive medical and anaesthetic preparation. No patient will be cancelled through being unfit for their procedure.**

   *In our **Prepare to Recover** programme patients improve their functional capacity by an average of 40%, and reduce (self-reported) anxiety by 25%. No patient on the programme has had their surgery cancelled due to their being unfit.*

Planned Care

Best outcomes with minimum waits

How we will achieve our aims:

1. **Expand our capacity at the Ashford elective centre to reduce waiting times for planned care across Surrey Heartlands.**

1-2 years	3-4 years	4-5 years
• Ashford Elective Centre serving Surrey Heartlands • Ashford Eye Clinic • GIRFT accreditation	• Launch Surrey-wide MSK pathway • Establish Metabolic Board • Build R&D and education portfolios at Ashford	• Launch Metabolic Institute • Sustain top-quartile performance on waiting times across Surrey

2. **Achieve top quartile rates for daycase surgery to reduce waiting and improve outcomes.**

1-2 years	3-4 years	4-5 years
• Implement Day Surgery model at St Peters Hospital • Same day bariatric surgery	• Embed ambulatory and same-day orthopaedic services as standard	• Same-day gallbladder and hernia operations

3. **Give patients the best outcomes and care by embracing advances in surgical and anaesthetic techniques.**

1-2 years	3-4 years	4-5 years
• Implement Martha's Rule • Expand robotic surgery in colorectal	• Expand robotic surgery in upper GI	• Robotic surgery training centre • Bile duct robotic surgery

4. **Ensure all patients are fit for their surgery through comprehensive medical and anaesthetic preparation for surgery. No patient will be cancelled through being unfit for their procedure.**

1-2 years	3-4 years	4-5 years
• Expansion of Prepare to Recover programme to other pathways, including oncology and orthopaedic patients.	• Roll out of extended Prepare to Recover programme.	• Sustainable and resilient programme established.

Urgent and Emergency Care

Right care, right place, right time

Our aims are to:

1. **Meet patients' needs in a dynamic, fully resourced, modern Emergency Department.**

   70% of patients report a good or very good experience in our ED. Over a third did not find the hospital environment positive and inviting. The Urgent Care survey (2022) indicates we need to reduce waiting and improve privacy.

2. **Provide urgent care in the most appropriate environment, in collaboration with system partners.**

   72% of our population access urgent care each year, 48% at ED. This is in the most challenged quarter of all EDs nationally and puts great pressure on staff as well as affecting overall patient experience. Data suggests around 40% of admissions could be avoided.

3. **Work together to achieve the best possible outcome for every patient, where hospital admission is required, aiming to achieve upper quartile performance.**

   We have a comparatively high number of complex discharge pathways which extend hospital stays. We will focus on reducing these, as well as increasing the proportion of patients treated without admission. We have opportunities to improve our weekend discharge rate and time of discharge.

4. **Deliver resilient, high performing, specialist emergency care by optimising patient flow and ensuring rapid access to the right specialist.**

   We have a busy, high performing interventional cardiology unit and provide effective trauma care. We will focus on improving all our specialist emergency care including stroke and mental health care, aiming for upper quartile performance in all areas.

Urgent and Emergency Care

Right care, right place, right time

How we will achieve our aims:

1. **Meet patients' needs in a dynamic, fully resourced, modern Emergency Department.**

1-2 years	3-4 years	4-5 years
• Align staffing to requirements • Expand assessment capacity • Enhanced pharmacy support	• Options appraisal for facility upgrade • 7 day frailty in-reach to ED, actively preventing unnecessary admission	• Deliver upgraded facilities • Significant improvements to dementia services

2. **Provide urgent care in the most appropriate environment, in collaboration with system partners.**

1-2 years	3-4 years	4-5 years
• Maximise ambulatory pathways and same day emergency care • Expand virtual wards • Community x-ray pilot	• Embed new pathways to provide better non-hospital alternatives for patients • Transform therapy services	• Fully resilient and embedded community urgent care provision

3. **Work together to achieve the best possible outcome for every patient, where hospital admission is required, aiming to achieve upper quartile performance.**

1-2 years	3-4 years	4-5 years
• Provide hyperacute care on Clinical Assessment Unit • Work with SECAmb on pre-hospital triage	• Bolster support for early identification and management of patient deterioration on inpatient wards • Enhance end of life care	• Fully resourced community stroke rehabilitation model • Delivery of level 2a neurorehab services

4. **Deliver resilient, high performing, specialist emergency care by optimising patient flow and ensuring rapid access to the right specialist.**

1-2 years	3-4 years	4-5 years
• Appoint paediatric emergency medicine and acute medical consultants • Protect access to specialist emergency facilities	• Significantly improved pathways for patients with mental health conditions	• Emergency robotic surgery • Regional cardiology hub

Women's and Children's Care

Local hospital, world class services

Our aims are to:

1. **Achieve the highest levels of satisfaction through excellent, personalised and equitable maternity and neonatal care.**

   We have made major improvements across our maternity services recently, transforming triage and ensuring the midwife-led Abbey Birth Centre is always available. But we are not satisfied with the experience women report in our unit and aim to significantly improvethis.

2. **Deliver excellent outcomes for premature and critically unwell babies in our Neonatal Intensive Care Unit, developing our identity as a Surrey Perinatal Hub.**

   We are already a very high performer for outcomes. Our pre-term birth rate is one of the lowest in the country at 3.6% compared to the national average of 8%.

3. **Provide high quality children's emergency care and specialist paediatric services.**

   We see over 17,000 children a year in our emergency department and provide a wide range of specialist paediatric services covering epilepsy, endocrinology, allergy and respiratory.

4. **Improve wellbeing and quality of life for women through outstanding specialist gynaecology services.**

   Our Centre for Endometriosis and Minimally-Invasive Gynaecology is a national centre of excellence. In 2023 we were the 3rd largest centre in the UK and are the only centre providing care for women with suspected neurological endometriosis.

5. **Provide high-quality facilities to deliver our aims and secure the long-term future of maternity and neonatal services.**

   Our Abbey Wing has served the community well for over 50 years and it is now time to develop a full options appraisal and make the case for investment in the next generation of facilities for these essential services.

Women's and Children's Care

Local hospital, world class services

How we will achieve our aims:

1. **Achieve the highest levels of satisfaction through excellent, personalised and equitable maternity and neonatal care.**

1-2 years	3-4 years	4-5 years
• Improve our facilities for early pregnancy	• Improve our CQC rating and overall perception of our services	• Re-development of our facilities

2. **Deliver excellent outcomes for premature and critically unwell babies in our Neonatal Intensive Care Unit, developing our identity as a Surrey Perinatal Hub.**

1-2 years	3-4 years	4-5 years
• E-Prescribing, workforce development	• Further expand our R&D activities	• Re-development of our NICU facilities

3. **Provide high quality children's emergency care and specialist paediatric services.**

1-2 years	3-4 years	4-5 years
• Paediatric Assessment Unit	• Specialist paediatric weight clinic	• Expansion of specialist services to support Surrey Heartlands paediatric collaboration

4. **Improve wellbeing and quality of life for women through outstanding specialist gynaecology services.**

1-2 years	3-4 years	4-5 years
• Secure dedicated specialist surgical support to CEMIG. • Increase gynae clinics in the community	• Provide specialist support to other centres and primary care colleagues	• Sustain our outstanding services, including expanded neuropelveology provision

5. **Provide high-quality facilities to deliver our aims and secure the long-term future of maternity and neonatal services.**

1-2 years	3-4 years	4-5 years
• Options appraisal and business case development	• Proceed with preferred option • Develop and women's and children's research group	• Complete re-development

Outpatients and Diagnostics

Specialist care in your community

Our aims are to:

1. **Ensure patients wait less and make it easier for them to access specialist outpatient care and diagnostics.**

   In 2023/24 we saw over half a million outpatients, with 93,000 virtual (non-face-to-face) appointments. Key services such as physiotherapy that were previously only provided in hospital are now available in the community. Outpatient care is essential to keeping our community well and preventing hospital admission.

2. **Provide care in a way that respects each patient's needs, ensuring we are meeting waiting time targets and keeping patients well while they wait.**

   Our cancer waiting times are consistently ahead of the national average, supporting our community to receive timely, high-quality care in the most appropriate setting and improving their outcomes and future prospects.

3. **Use digital solutions including AI which speed up care and make it easier for patients to manage their interactions and appointments.**

   Implementing digital solutions, such as a Patient Portal, improves access and control for patients and the overall experience of outpatient care. AI is already being used in our services to speed up diagnosis and enable specialists to focus their skills and expertise where really needed.

4. **Improve access to our diagnostic services through the development of a state-of-the-art Community Diagnostic Centre at Woking Community Hospital and increased Endoscopy capacity.**

   The Woking Community Diagnostic Centre, opening in October 2024, will significantly increase access to planned diagnostics, away from the main hospital sites. Endoscopy provision needs to meet the growing requirement for screening and surveillance. We are a full member of the Sussex, Surrey and Frimley Imaging Network, working together to enhance imaging into the future.

Outpatients and Diagnostics

Specialist care in your community

How we will achieve our aims:

1. **Ensure patients wait less and make it easier for them to access specialist outpatient care and diagnostics.**

1-2 years	3-4 years	4-5 years
• Expand cardiology and respiratory diagnostics • Transform diabetes care model	• Streamline access to diagnostics from primary care • Expand our specialist neurophysiology services and become a training centre	• Doubling of diagnostic throughput

2. **Provide care in a way that respects each patient's needs, ensuring we are meeting waiting time targets and keeping patients well while they wait.**

1-2 years	3-4 years	4-5 years
• Expand the functionality of our Patient Portal	• Transform booking and patient communications • Macmillan Cancer Support Centre at Ashford Hospital	• Major improvements shown in patient experience with outpatient booking

3. **Use digital solutions including AI which speed up care and make it easier for patients to manage their interactions and appointments**

1-2 years	3-4 years	4-5 years
• Implement pro-active respiratory care	• Expand the use of AI in dermatology	• Routine use of digital systems to improve outpatients for patients and staff • Considerable reduction in missed and unnecessary appointments

4. **Improve access to our diagnostic services through the development of a state-of-the-art Community Diagnostic Centre at Woking Community Hospital and increased Endoscopy capacity.**

1-2 years	3-4 years	4-5 years
• Options appraisal for expanded endoscopy • AI support to chest and head CT	• Expanded endoscopy on-line • Imaging network driven service transformation	• Full provision of endoscopy and alternative diagnostics

Our Trust, Our System

Our Trust

Our Mission

To ensure the provision of high quality, sustainable healthcare services to the communities we serve

Our Vision

To provide an outstanding experience and best outcomes for patients and the team

About us

Established in 1998 from the merger of Ashford Hospital and St Peter's Hospital, our Trust has been on a journey of continual development and improvement to its current position as the largest provider of acute hospital services to Surrey residents. We became a Foundation Trust in December 2010.

We serve a core population in North West Surrey of more than 410,000 people. The Trust employs around 4,600 members of staff and our turnover was £444.2 million in 2023/24.

The Trust provides a whole range of health services to our local population from our hospital sites and in the community. Most planned care, including day surgery, ophthalmology and orthopaedic surgery, is provided at Ashford Hospital with emergency services and more complex medical and surgical care at St Peter's Hospital. Our children's services are also delivered at St Peter's, with a Level 3 Neonatal Intensive Care Unit (NICU) providing the highest level of care for acutely ill babies, a Paediatric A&E department and a designated Paediatric Oncology Shared Care Unit. At Woking Community Hospital, we provide inpatient neurorehabilitation services, physiotherapy and a wide range of diagnostics in our Community Diagnostics Centre.

Outpatient services operate from all of our hospital sites and across a number of community settings. Our specialist clinics within the community include physiotherapy, early supported discharge (for stroke) and dermatology, and, in people's homes, we provide services including a range of specialist nursing, early supported discharge for stroke and orthopaedics, outreach neonatal and IV at home.

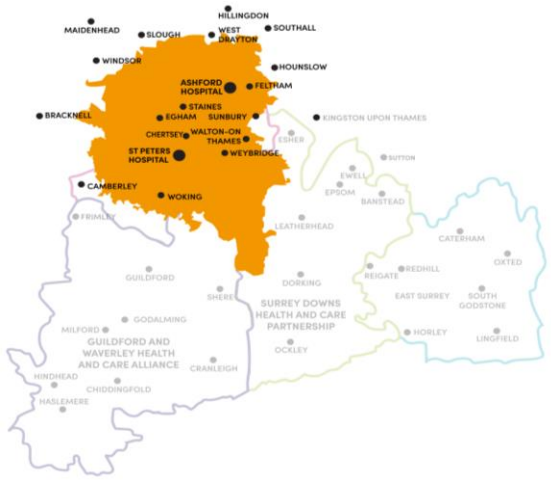
We operate within a system and value our collaborations across North West Surrey and Surrey Heartlands. By working in clinical networks, we are able to ensure patients can access specialist care from the most appropriate provider in a timely and seamless way, standardising pathways and using resources efficiently. Networks also allow us to maximise the reach and impact of our specialist services.

Cancer care relies on effective networks and we are part of the Surrey and Sussex Cancer Alliance. We ensure that patients receive rapid diagnosis and where necessary are referred without delay for specialist treatment. We offer chemotherapy and other cancer treatments at our hospitals, as well as support to members of our community during and after their treatment.

Specialist services for a wider population

Beyond our local area, we deliver specialist services to wider populations. We are among the busiest centres in England for Endometriosis surgery and Bariatric Surgery, we provide Limb Reconstruction services for the South of England. The Ashford Elective Centre will deliver high quality planned care to people living in Surrey Heartlands and beyond.

We provide Ophthalmology for NW Surrey and Hounslow, Neurorehabilitation for the whole of West Surrey and North Hampshire, and Dermatology across West Surrey. We provide specialist paediatric services and our NICU provides the full range of neonatal care for the region.



North West Surrey Alliance

We are a partner in the North West Surrey (NWS) Health and Care Alliance – one of four 'Place-based' partnerships or Alliances in our Integrated Care System. The Alliance unites partners in a vision to break down organisational boundaries to deliver the best and most sustainable outcomes for the local community.

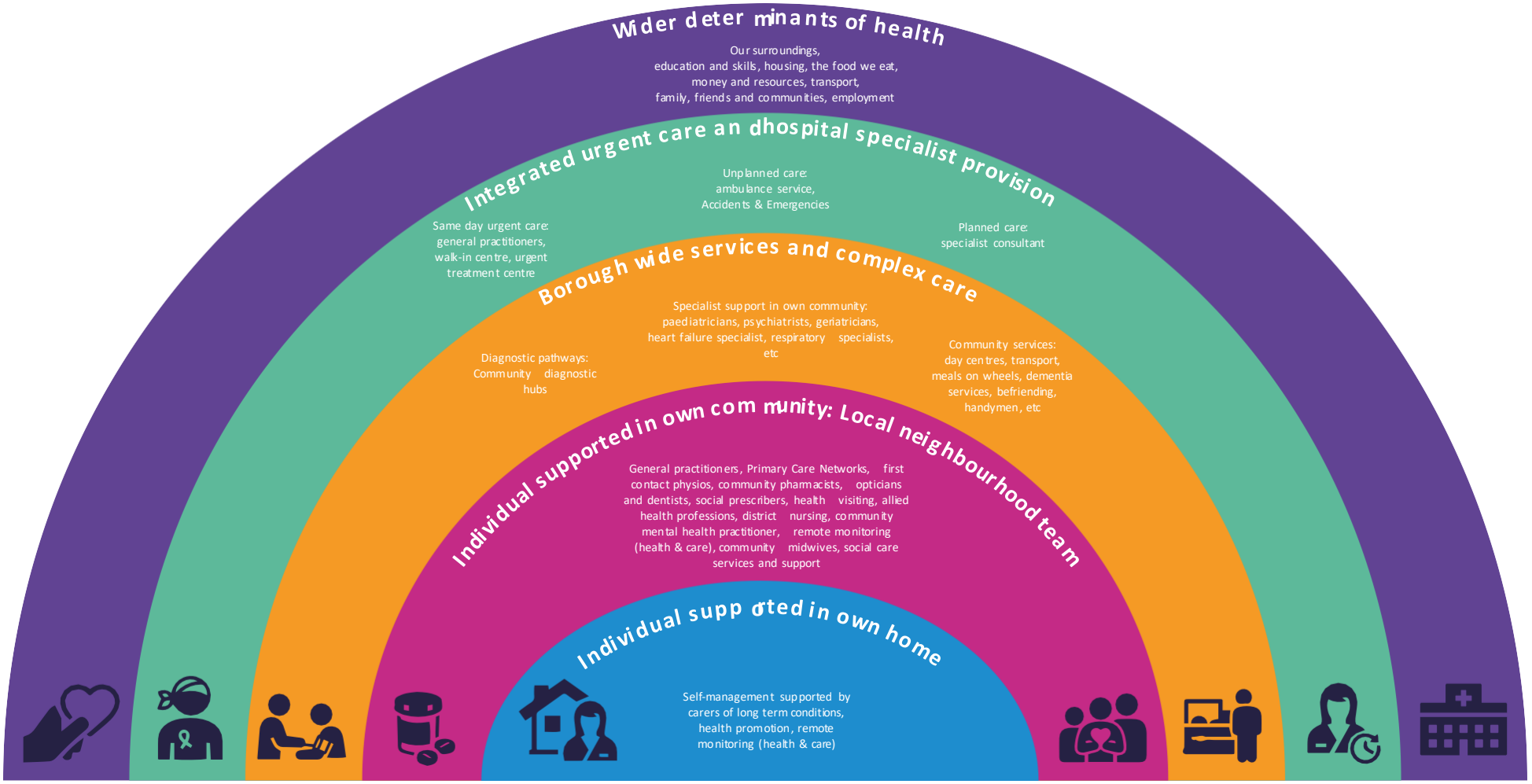
It is a partnership of equals encompassing acute, primary and community care, local government, social care and hospice services. As part of the Surrey Heartlands Integrated Care System (ICS), the Alliance aligns its work with the strategy and plans of the ICS, informed by national policy and strategy to meet the needs of our communities.

The Alliance's central ambition is not simply to treat and respond to ill health but to work across Woking, Runnymede, Elmbridge and Spelthorne to reduce health inequalities and to give people the greatest opportunities to prosper; whether this is through care, education, employment, economic development or the environment. Our clinical model (overleaf) recognises the importance of supporting people in their own home and neighbourhood wherever possible.

Together, the Alliance has set out shared priorities for its partners, as they work collectively for better health, care and wellbeing of the population. These priorities help to guide the work that the Alliance does and will help it to tackle some of the significant challenges faced by our local communities.

Our strategic priorities are:

- **Creating healthy places** - we will work as equal partners in our communities to build healthy places that allow people to stay well and independent.
- **Empowering access and navigation** - we will revolutionise access and navigation to empower local people to access our services when they need them.
- **Supporting our teams** - we will build the workforce we need for the future and support the health, wellbeing and happiness of our team.
- **Planned care and infrastructure** - build a resilient partnership that is able to anticipate, absorb and respond to current demands.
- **Urgent care** - we will provide excellent services to support people's health and wellbeing when they need them.
- **Reduce health inequality and support the most vulnerable** - understand different community needs and adapt our offer to drive the improvement where it is needed most.
- **Fundamentally transform services**- meet community needs without the bureaucracy of referrals and organisational silos.



NWS Alliance Model of Care developed 2022

Surrey Heartlands

Surrey Heartlands Health and Care Partnership was one of the first Integrated Care Systems (ICSs) in the country, due largely to the strength of its collective vision and willingness to work together to serve the local population.

The partnership brings together health and care organisations and wider partners, covering a population of around 1.1 million people. Within the ICS there is an Integrated Care Board (ICB) (known as NHS Surrey Heartlands) and four Place-based partnerships or Alliances : North West Surrey Alliance, Guildford and Waverley Alliance, Surrey Downs Health and Care, and East Surrey.

Keeping our population healthy and well depends on a number of factors. Around 20% of our health and wellbeing is derived from clinical care alone, with individual health behaviours contributing a further 30%. The rest is influenced by factors such as education, employment, housing and the environment.

With a focus on prevention and support, targeted where it's most needed, the ICS aims to reduce the inequity some people experience in accessing care, so nobody is left behind.

Surrey Heartlands works with local communities to improve health and care services, for example, co-developing digital technology from the ground up so residents can access the right support from their health and care services.

Provider Collaborative

The Surrey Heartlands Trust Provider Collaborative (TPC), established in 2023, brings together four acute trusts – ASPH, Royal Surrey NHS Foundation Trust, Surrey and Sussex Healthcare NHS Trust and Surrey and Borders Partnership NHS Foundation Trust.

Our aim is to address immediate challenges at scale and deliver longer-term service transformation to ensure future financial sustainability, workforce and quality. This will see better care delivered for our population, closer to home.

The TPC has a shared set of strategic clinical priorities with Trusts taking a lead in clinical service transformation. For example, the waiting list for planned care was already growing pre-pandemic with NHS capacity struggling to meet demand, but the impact of COVID meant elective surgery in particular was severely disrupted. Elective recovery and addressing unwarranted clinical variation continues to be a priority.

By leveraging the scale enabled by the TPC this provides better access, outcomes and experience for our patients, greater opportunity for shared implementation of innovations and more joined up systems and pathways.

The TPC underpins delivery of the ASPH clinical strategy to provide high quality, sustainable services that fulfil the health and care needs of our population. It enables evidence-based reconfiguration of services to improve delivery and outcomes. For example, some services may need to be networked around a single provider where this can be shown to meet the needs of the population in a consistently high quality way. We will explore all possible models to support the delivery of our clinical strategy to meet the needs of the population, provide sustainable services and ensure we are a great place to work.

Delivering our Clinical Strategy

To Deliver Our Strategy We Will:

- Create robust implementation plans with each clinical team.
- Ensure that we take a longer term approach to planning.
- Develop enabling strategies which cover the key areas of estates, people and digital to support the acheivement of our aims.
- Align our Board Assurance Framework to the strategy to effectively identify and manage strategic risks.
- Engage fully with patients, the population, staff and partners as we develop our detailed plans.
- Define clear measures of success, aligned to our overarching ambitions, to ensure we are on track to deliver.
- Regularly review and refine our strategy to continually adapt to changing circumstances.
- Refer to national evidence to ensure that our aims align with the best performers and are evidence-based.
- Embrace quality management across our Trust and ensure that staff are fully equipped to make improvements in their areas of work.
- Develop and sustain the necessary leadership behaviours and culture to succeed.

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If you require this document in any other format please contact our Patient Experience Team on 01932 723553

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