



Queen Victoria Hospital NHS Foundation Trust

# QVH Strategy 2025 - 2030

November 2024



# Foreword

We are delighted to introduce QVH Strategy 2025-2030, setting out our vision, organisational values and strategic priorities for the next five years. We have great hope and ambition for the Trust services, underpinned by a determination to support the health, well-being and care outcomes for the populations that we serve.

In an ever changing healthcare landscape, it is vital we are agile and dynamic, and we can respond quickly to the environment within which we are operating. We will work closely with our systems partners, to the benefit of our patients, and will continue to be a centre of excellence that rebuilds lives and supports communities for a healthier future.

We are proud of this strategy which has been shaped by extensive contributions, perspectives and insights from patients, staff, partners and wider stakeholders. Their support and dedication drive us forward with confidence, empowering us to build and deliver services for the future.

We look forward to this exciting new period of change.



James Lowell  
Chief Executive Officer

Jackie Smith  
Chair



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We describe our organisational strategy focusing on the development of strategic enablers such as people, culture and planning for our future estate.



Rebuilding lives and supporting communities for a healthier future.

# ① Strategy on a page

## Our operating model

We have a clear vision of our clinical operating model that will form the vehicle through which we will deliver our clinical strategy and provide care to the populations we serve. This includes our role as a key partner within the Sussex health and care system through the new QVH Local model, in addition to our specialist and regional care provision through QVH East Grinstead and QVH@.



### QVH East Grinstead

Centre of Excellence for Reconstruction and Sleep

QVH East Grinstead will be the specialist delivery point for our centre of excellence for reconstruction and sleep.

We will deliver our seamless care through the onsite multi-professional specialist services.



### QVH@

Collaboration with partners to bring our expertise closer to home

We have listened to our patients and stakeholders and we will work with partners to strengthen the provision of our services across sites in Kent, Surrey and Sussex.



### QVH Local

Collaborating with our partners to provide local services

We are committed to our role supporting the needs of our local population and Sussex.

QVH Local will be a collaborative and integrated element of our operating model that delivers benefit to our local population, working with our health and care partners. This includes further supporting the reduction in waiting times, improving local access for diagnostics, supporting access to same day / urgent care and enabling local people to live independently.

## The focus of our strategy

The focus of our strategy is to deliver our vision of being a centre of excellence that rebuilds lives and supports communities for a healthier future. Our vision underpins our ambition to be a leader in the regional and specialist provision of reconstruction and sleep and to play a key role in our local community. Locally we will provide a suite of services and strive to operate as an anchor institution whereby we will take proactive measures to support our community to thrive and to address health inequalities.

We have identified three core themes which underpin and unify our vision and areas of focus within our clinical strategy:



### CENTRE OF EXCELLENCE

We will pursue the highest standards for our services throughout our operating model. The commitment to high quality care is our core ambition. In the areas of reconstruction and sleep we will build upon our existing clinical services and develop our research strengths to develop QVH as a leader of clinical and academic excellence. We will also seek to develop new sources of strength consistent with the changing needs of the population.



### HOLISTIC NEEDS

We will develop holistic services to support the repair and rebuild of our patients in regard to both physical and psychological needs, through our health psychology approach and surgical prehabilitation.



### SERVICE INTEGRATION

We will collaborate with partners to enable us to integrate our services. This will include QVH providing care closer to home and to support fellow providers in the provision of care that is strengthened by our specialist skills. We will also support an integrated suite of services for our local population and Sussex to support timely care, reduce waiting times and achieve best value.

## How are we going to do it?

Our clinical strategy priorities have been developed building upon the strategic ambitions of our triumvirate leaders and informed by our case for change. The priorities reflect the three core areas of focus: delivery as a centre of excellence for reconstruction and sleep, delivery of holistic care and the integration of our services through collaboration with partners.

### Our key clinical strategy objectives:

- ① Quality is our highest priority. We will strengthen compliance in regard to national and best practice standards.
- ② We will develop a new service provision for children.
- ③ We will develop and deliver QVH Local. A key new element of our operating model that will support a bespoke surgical, community diagnostics and medical service provision to our local population and Sussex. This includes the new build of our Community Diagnostics Centre.
- ④ We will provide holistic care to our patients supporting population health, through our health psychology approach.
- ⑤ We will develop our service operating model and pathways to optimise patient experience and maximise patient care from our specialist resources. Key areas include the improvement of our QVH@ provision, ongoing development of our breast reconstruction services, our trauma pathways and service integration.
- ⑥ We will seek to strengthen the resilience of fragile regional services to ensure the elevation of care and sustainability of services that require our expertise. Key areas include prosthetics, specialist corneo plastics and plastic surgery.

Our organisational strategy is built upon a suite of 'enabling strategies' and approaches. These will support the implementation of our clinical strategy and our wider ambitions as an organisation.

### Our key organisational strategy objectives include the following:

- Our people and culture at the heart of our aspiration to be an employer of choice.
- Enabling our patients to be cared for and our people to work in improved physical layout and space.
- Improve our digital technology including implementing our Electronic Patient Record (EPR) and enhancing our digital literacy.
- Be key partners working with the wider system to support environmental sustainability.
- Build our research presence and capabilities in our areas of expertise.
- Commence our journey as an anchor institution, collaborating with our partners to support our community to thrive.
- Through our role as a system partner, provider of services, anchor institution and health promoting hospital, we will take active steps to address health inequalities.
- Collaborate with our partners to deliver more than the sum of our individual parts to benefit the communities we serve.
- Improvement, innovation and productivity at the heart of our organisational culture to drive financial sustainability and enable the implementation of the aspirations within our clinical strategy.





## 2 Developing our strategy



# Committed to engagement

In developing our 5 year strategy for Queen Victoria Hospital NHS Foundation Trust (QVH) we have been committed to engaging with key stakeholders including patients, staff, communities, system partners, our Council of Governors and Board of Directors. Through the engagement activities we have been deliberate to ensure the patient, clinical and multidisciplinary team voice, expertise and perspectives are at the heart of our future ambition. We commit to continued engagement with our stakeholders throughout the implementation of our strategy.

## Collaborative engagement

Throughout the strategy development process we have undertaken a series of workshops, surveys and discussions. The outputs of these, with the support of independent analysis, have been considered alongside detailed data driven service level assessments and our case for change. Our triumvirate leaders have worked with their teams to develop their proposed clinical strategies which have informed this strategy.

## Workshop focus

Workshops have focused upon the changing environment and how we address our case for change. This includes the key factors pertaining to our clinical strategy and important enablers including people and culture, the use of digital and technology, estates, finance, research, innovation and partnerships. We also set out our ambition to address health inequalities and develop our role as an anchor institution to help support our local community to thrive.

## Valuable output

Further workshops with a wide range of internal stakeholders including representatives from our Council of Governors and Board have enabled the co-production of the Trust's refreshed vision, values, strategic objectives and behaviours framework. This engaging approach is core to our purpose of putting our patients, staff and communities at the heart of all we do.



"Really great to have the opportunity to share ideas, listen to other colleagues opinions and perspectives, and develop together a shared vision."

Workshop participant



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# Context & case for change





# About us

Queen Victoria Hospital (QVH) is a leading specialist centre for reconstructive surgery and rehabilitation helping people who have been damaged or disfigured through accidents or disease. QVH also currently delivers a suite of services to the local population.

## QVH provides:

A range of specialist and regional services including surgery and non-surgical treatment. QVH currently specialises in conditions of the hands, eyes (corneoplastics), head and neck cancer, skin cancer, reconstructive breast surgery, maxillofacial surgery and prosthetics. We provide regional and national services in these areas of clinical expertise.

QVH has a history of collaboration with local organisations providing services across a number of 'spoke sites', and is also a key provider in cancer pathways across the health system. QVH patients come from all over the UK with a more concentrated cohort within the South East of England. For some services QVH is the sole provider within Kent, Surrey and Sussex.

## Local services for residents

QVH provides vital services for the population of East Grinstead and surrounding areas situated on the borders of Kent, Surrey and Sussex.

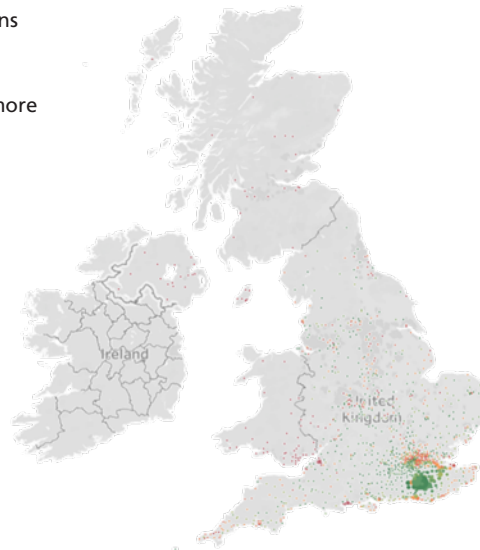
These include a minor injuries unit and a community diagnostics centre.

## Education and training

QVH provides opportunities for surgical resident doctors and apprenticeships every year alongside training and development of our staff.

## Clinical and research activities

QVH has an active research portfolio however there is further opportunity to develop in all specialist areas utilising collaboration with system, community and commercial partners to escalate research and innovation initiatives so we can improve lives together.



**The Trust operates from its main site in East Grinstead and also provides outpatient and day case services and supports other providers across a number of sites.**

We are exceptionally proud to receive ratings for quality that are among the highest in the country having achieved the best hospital in the country for the second year in a row. Our skilled and committed staff are dedicated to helping QVH provide the very best of care for our patients.

**Our patient and staff survey results reflect our pride and as we look to the future, we seek to build on the services that we provide.**

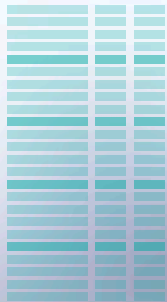


# QVH in numbers

## INPUT

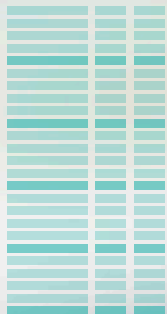
### FINANCE

We utilise..



**£104.5m**

Annual operating expenditure 2023/24



### PERSONNEL

Our people are our greatest asset. Our diversity enriches our services and perspectives.



**72**  
Nationalities

**21%**  
of our staff are from an **ethnically diverse background**

**+ 6.7%**  
of staff have declared a **disability**

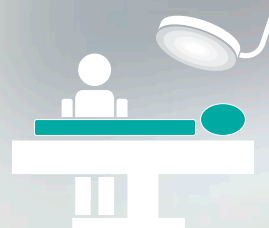
**+ 76%**  
of our staff identify as **female**

**+ 39%**  
of our staff report that they are **East Grinstead residents**

### FACILITIES

We provide..

**12**  
Operating Theatres



**+**

**LAU**

Local Anaesthetic Unit

We have a **Community Diagnostic Centre** offering diagnostics to the local community and innovative new pathways



## OUTPUT

We deliver..

**120**  
Theatre sessions  
per week

**18,000**  
Minor Injuries Unit  
(MIU) patients  
per year

Medical  
photographers see  
**20,000**  
patients per year

**7,000**  
Trauma admissions  
per year

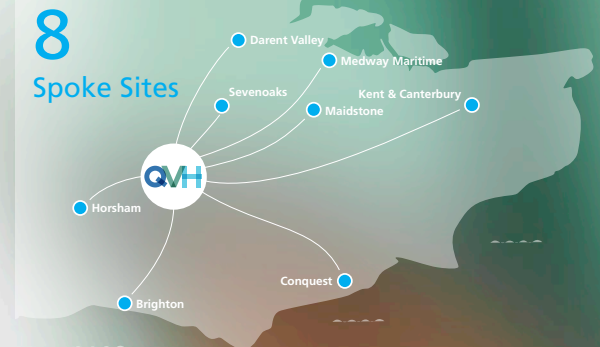


**190,000**  
Outpatient appointments  
per year

**850**  
Outpatient procedures  
per month

We collaborate with partners to provide services at 8 sites.

We support further services with our expertise across KSS.



### QVH PULSE

## Staff Survey

**93%**

would recommend the care the Trust provides to **family or friends**.

**89%**

of people said care is the **Trust's top priority**.

**76%**

would recommend the Trust as a **place to work**, which exceeds the national average. Through our people and culture strategy we will seek to become an excellent employer to improve this further.



### QVH PULSE

## Patient Survey



The latest Care Quality Commission Adult Inpatient Survey released September 2023 shows that across the 51 questions **QVH received the highest score in the country** from patients who had received inpatient care at the hospital.

Friends and Family Test (FFT) scores consistently exceed national results monthly for inpatient, MIU and outpatient experiences.

**In May 2023 MIU was 16% higher than the national average** (98% against 82%).

**96% of all patients** who attended the hospital in 2023/24 and fed back about their experience are likely or very likely to **recommend our services to friends and family**.



# The health needs of our local population

QVH is located in East Grinstead in West Sussex, on the border of East Sussex, Surrey and Kent Counties. These three counties have a combined population of around **4.5 million**. The hospital is 20 minutes from Gatwick Airport and an hour from London.

To understand more about our local population, work has taken place with public health support to define our 'local catchment' area and understand the health needs within it. The area includes 19 GP practices, distributed across 28 electoral wards, within five local authority districts. The population of these wards is 158,566. The area forms a radius approximately 8-10 miles around QVH. The health needs analysis highlighted that while the overall catchment population appears affluent, a closer examination at the ward level revealed that 24 out of 58 wards exhibited significantly worse outcomes than the England average in certain health indicators. For the five local authorities in the local catchment area, there are nine indicators below the England median, including: emergency hospital admissions for intentional self-harm; estimated dementia and diabetes diagnosis rates; percentage of physically active adults; overweight or obese adults; smoking during delivery; children in low-income levels; homelessness and tuberculosis incidence.

Due to the specialist nature of many QVH services however, patients attend the hospital from all over the UK. For some QVH services, QVH is the sole provider in the South East and/or Kent, Surrey and Sussex. Across the UK and in the South East, demand for health and care services has grown exponentially in recent years due to an increasing and aging population, impact of the pandemic and wider determinants of health such as housing and education. In the next 20 years the population in the South East is set to increase by 6.1%.

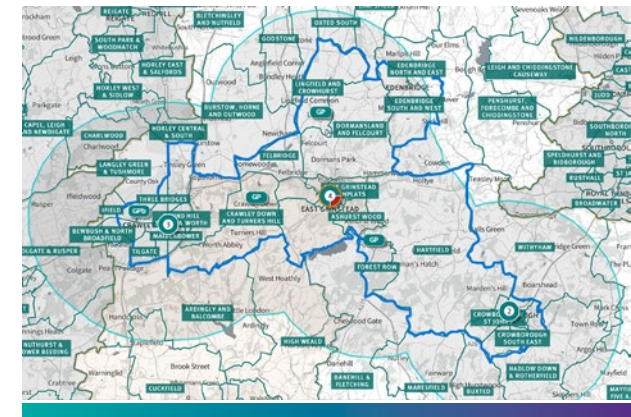
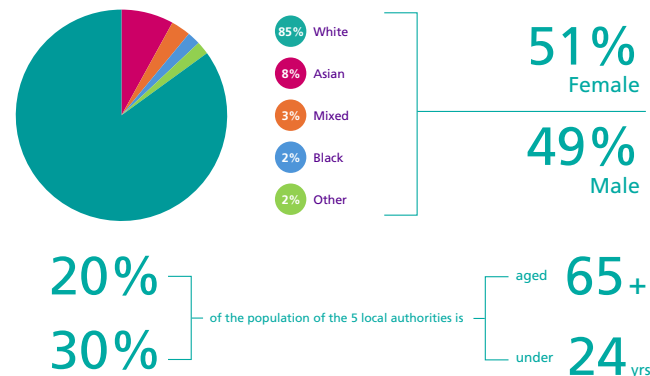
By 2043 it is anticipated that there will be an increase of over 36% in the over 65 age range. There is a similar picture for the local geography. For West Sussex and Kent an 8% population increase is expected by 2031 and 2028 respectively.

Source: Office for National Statistics and local Joint Needs Strategic Needs Assessment data.

East Sussex is anticipated to increase 3% by just 2025. Surrey is also expected to see increases, albeit at a slower rate, of 3% by 2043, however by 2030 more than 20% of the Surrey population will be over 65. Demographic changes will have a considerable impact on requirements of health and care services.

In addition to demographic changes there is growing awareness of the impact of socio-economic factors that not only impact demand for health care but also can significantly impact health outcomes. The environment in which people are born, grow, live, work and age has a profound effect on the quality of their health and wellbeing. Many of the strongest predictors of health and wellbeing therefore fall outside the healthcare setting. The poorest and most deprived are more likely to be in poor health, have lower life expectancy and likely to have a long-term health condition or disability.

Moving forward within our strategy QVH will proactively look to opportunities to support the health and well being of the population. This includes interventions to support prevention with initiatives such as tobacco dependency and surgical prehabilitation.



QVH local catchment area

"My hope is for QVH to serve the local community in as many specialties as possible to avoid lengthy and costly travel elsewhere."

Workshop participant



# The case for change

As an organisation QVH has much to be proud of including excellent patient and staff feedback and being held in high regard by many stakeholders. QVH does however have a number of challenges and our strategy has been developed to address these to ensure long term clinical, operational and financial sustainability.

**our PATIENTS AND SERVICES**



QVH achieves top scores for patient experience but there are a number of disjointed pathways and many patients are waiting too long for their care.

Our waiting lists have grown significantly post pandemic and there are more than 18,000 patients waiting for QVH services.

Demand for a number of services is increasing and we need to transform how we work to meet that need.

Some elements of Trust services do not meet all national best practice standards.


There are resilience challenges across some clinical and support service areas.

We should have a proactive role in prevention and prehabilitation, to optimise lifestyle change and support access and waiting well.

Our minor injuries activity has increased and we need to improve our service accommodation to support this.

There is research activity within the trust but there is more to do to strengthen our clinical and academic excellence.

**our LANDSCAPE**



There is a growing need for services nationally due to an increasing and aging population, the impact of the pandemic and wider determinants of health.

The population in West Sussex is set to increase by 8% by 2031 with 23% increase in 65+ and 28% increase in 85+ age group.

There is a 20 year gap in healthy life expectancy for patients with mental illness or living in deprivation.


Life expectancy > 10 years shorter for patients living in deprivation and 30% of this cohort's lives spent unwell with chronic conditions.

Changing approach to health and social care delivery (Social Care Act, NHS Long Term plan), with statutory footing of ICBs and shift from competition to collaboration.

Emergent provider collaboratives as the future vehicle for service provision.

Fuller (Claire) report and implementation of integrated community teams.

**our PEOPLE**



QVH staff have exceptional specialist skills and low reported vacancy but resilience is challenged in some areas.

We have strong staff survey results but we need to do more to improve equality, diversity and inclusion, to close the gender pay gap and develop a just and learning culture.


We have low staff turnover but we have an ageing workforce and staff tell us we need to improve opportunities for development across all our staff groups.

There are innovative workforce plans in some areas but further work is needed to attract, train and retain our people.

Staff can be supported but we can do more by working in collaboration with others.

Significant education and research opportunities exist but there is limited research infrastructure currently.

**our INFRASTRUCTURE**




Much of Trust's estate is old, does not meet patient need, needs constant repair and is energy inefficient. Many areas of the site have been constructed on a temporary basis and need replacing.

Significant backlog maintenance is needed to raise the current estate to the required standard. The Trust needs to obtain sufficient funding to address this.

QVH must demonstrate that it is operationally and financially sustainable in order to attract investment.

Significant investment is required to deliver the digital infrastructure. This is needed to help transform our services. Revenue funding is needed to support this.

**our FINANCIAL OUTLOOK**



The NHS is struggling financially. Across Kent, Surrey and Sussex integrated care systems are operating at a deficit.

Without action the NHS in Sussex will be £372m in deficit by 2025/26 and £645m by 2028/29. To avoid this every provider needs to save 5% every year.

c40% of QVH commissioner income comes from non Sussex ICBs – this will be at risk if we do not work with commissioners to secure ongoing provision of services.

QVH is forecasting breakeven for 2024/25 but we need to transform how we deliver services so that we do not go into deficit in future years.

## Context:

# National policy and priorities

The future vision and direction for QVH has been developed in the context of a range of national policies, strategies and programmes. The most current of which is the government's intention to develop a ten year plan for publication in March 2025 as the NHS is one of the 5 missions to rebuild Britain\*. It is likely that the plan will include three main shifts that have been identified in the Darzi review\*\* including - **hospital to community services, from treating sickness to preventing it** and **from analogue to digital** in addition to a **significant reduction in waiting times**. The QVH strategy 2025 - 2030 responds directly to these ambitions.

In addition to this key future focus, others to note include the following:

## \* Labour Government five missions

The five priorities of the Labour Government to rebuild Britain include the Future of the NHS, Clean Energy, Highest G7 growth, safer streets and ensuring opportunity for all.

## \*\* The Lord Darzi Review of NHS 2024

This was a rapid investigation of the issues facing the NHS which will inform a 10 year plan. Three material shifts have been identified 'hospital to community care', analogue to digital, treating sickness to preventing it.

## The Health and Care Act 2022

Introduced new legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services, building on earlier recommendations by NHS England and NHS Improvement.

## Health and social care integration: joining up care for people, places and populations

A 2022 government policy paper that sets out measures to make integrated health and social care a universal reality for everyone across England regardless of their condition or where they live.

## The NHS Long Term Plan

The current plan focuses on building an NHS fit for the future by enabling everyone to get the best start in life, helping communities to live well and helping people to age well, includes NHS Long Term Plan (LTP) for cancer.

## What Good Looks Like framework (NHS England, 2021)

This sets out what good looks like at both a system and organisation level. It describes how arrangements across a whole Integrated Care System (ICS), including all its constituent organisations, can support success.

## A plan for digital health and social care (DHSC and NHS England, 2022)

This sets out a vision for a digitally enabled health and social care system and how we can achieve it.

## Delivering a Net Zero National Health Service 2022

This lays out the direction, scale and pace of change, describes an iterative and adaptive approach, which will review progress and increase the level of ambition over time.

## Core20PLUS5

This approach is used to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

## NHS Long Term Workforce Plan 2023

This focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.



## NHS People Promise 2021

This outlines behaviours and actions that staff can expect from NHS leaders and colleagues, to improve the experience of working in the NHS for everyone.

## Fair Society, Healthy Lives (The Marmot Review) 2010 / Marmot Review 10 Years On 2020

The increase in health inequalities in England points to social and economic conditions, many of which have shown increased inequalities, or deterioration since 2010.

## Next steps for integrating primary care

Fuller stocktake report 2022: vision for integrating primary care, improving the access, experience and outcomes for our communities.

## The Hewitt Review

An independent review of integrated care systems: identifies the key principles that enable the context in which ICSs can thrive and deliver. The share of total NHS budgets at ICS level going towards prevention should be increased by at least 1% over the next 5 years.



# Local drivers

Our strategy has been developed in consideration of the needs of the populations we serve and associated drivers. This includes our specialist and regional services across Kent, Medway, Surrey, Sussex and beyond and the services provided to the local population and Sussex residents.

## Local Authority

**Mid Sussex District Plan 2014-2031:** sets out the vision for a thriving and attractive district, a desirable place to live, work and visit. Aiming to maintain, and where possible, improve the social, economic and environmental well-being of the District and the quality of life.

**The Mid Sussex District Council Local Development Plan** sets out plans for the development of 6,222 dwellings during the plan period 2016-2036. The plan includes developments in East Grinstead that could directly impact demand for the local services provided within our strategy.

## Local Town Council

**Future East Grinstead 2011-2026:** East Grinstead Town Council's vision for a town that is sustainable, maintains a distinctive character and identity and vibrant local economy, with high quality facilities in all respects: a truly attractive and welcoming place to live, work and visit.



## Integrated Care Systems

**The Sussex Integrated Care Board – NHS Sussex** – is our lead strategic commissioner and the organisation that agrees the strategic priorities and resource allocation for all NHS organisations in Sussex. There are three 'places' in Sussex, based on the upper tier local authorities and Health and Wellbeing Board boundaries – West Sussex, Brighton and Hove and East Sussex. QVH sits in West Sussex. QVH is part of the Sussex Integrated care System.

Sussex Health and Care System Strategy **Improving Lives Together**, sets out the ambition across health and care in Sussex over the next five years. It aims to improve the lives of local people by supporting them to live healthier for longer and making sure they have access to the best possible services when they need them.

Our strategy has been aligned to the ambitions and objectives of Improving Lives Together including:

- Working with system partners in close collaboration regarding the Integrated Community Team (ICT) developments and contribution to same day services.
- Growing and developing the Sussex workforce through our people and culture strategy.
- Supporting the health of the population through our research and innovation agenda.
- Improving the use of digital technology and innovation to support patient care and service improvement through the commitment to the Digital and Data Charter.
- Addressing health inequalities and supporting the community through developing our position as an anchor institution and collaborating with Sussex partners regarding the green plan agenda.

Our strategy has also been developed to reflect the core ambitions of the Kent and Medway Integrated Care strategy, 'working in partnership with providers to make health and wellbeing better than any partner can do alone', in terms of both integrated specialist provision from a suite of Kent hospitals and also supporting patients in regard to prevention and health and wellbeing through our new model of care. Likewise QVH will be supporting the Surrey Heartlands Clinical Strategy in terms of proactively preventing ill health (including tobacco treatment services), supporting patient wellbeing through our holistic focus, the support to urgent care through our MIU provision as well as our specialist service provision.



# Our strategic partnerships

As an organisation we are part of the Sussex Integrated Care system, however we operate and provide services within a number of different systems, often complex and overlapping. We are proud of our many established partnerships and our ability to develop these further across multiple systems is critical to our future success.

Partnerships include:

## Commissioners

With our commissioners in Kent, Surrey and Sussex both within the local ICB and the transition of NHS England (NHSE) commissioned services to ICB commissioning – to plan develop and redesign our services to address health inequalities and support the public health and population health agenda.

## Sussex Providers

With other Sussex Providers we will continue to collaborate across key service areas to optimise our strengths as organisations and support the best health, wellbeing and care of the local population. This will include deeper partnerships with individual organisations in community, mental health and acute as well as through the provider collaborative vehicle.

## Other Providers

We will seek to work in collaboration with partners in Surrey, Kent and beyond to develop, deliver and enhance our service pathways.

## Primary Care Partners

We will build on the exciting conversations and opportunities that we are taking forward with primary care to collaborate to the benefit of our population. We will take active steps to engage primary care connections for General Dental Practitioners (GDP) and optometry.

## Voluntary and Community Sector

We will take steps to be proactive in the engagement of the charity and community sector to access expertise and partnership opportunities to benefit the health and wellbeing of the population and to support our patient cohorts.

## Academic and commercial

We will work to seek formal partnerships with both academic and commercial organisations to build opportunities for our future. These relate to training, education, research and non public sector income opportunities.



Many people rely on our hospital and other services to work as a team to overcome the health challenges they face on a day-to-day basis.

# Our approach to continuous improvement

We are on a journey to put continuous improvement at the heart of what we do. Developing a trust-wide unified approach to continuous improvement will be central to driving delivery of the aspirations that we have set out in the QVH strategy. To deliver our strategic aspirations, we will adopt a structured approach to change that enables the delivery of our strategy over the next 5 years.

All our staff play an important role in improving the services and workplace for the better. Our continuous improvement approach will ensure all voices are heard to embed positive change.

Our journey forward must put continuous improvement at the heart of everything we do.

In support of driving this change, we have designed our QVH Way continuous improvement framework and model. This will incorporate our delivery model for transformation and will include a training programme for staff so they are equipped with the skills they need to be the ambassadors of change.



"Use this opportunity to drive culture change, be prepared to accept there are better ways of doing things and embrace continuous improvement"

Staff member, engagement workshop participant





# 4 Our strategic framework

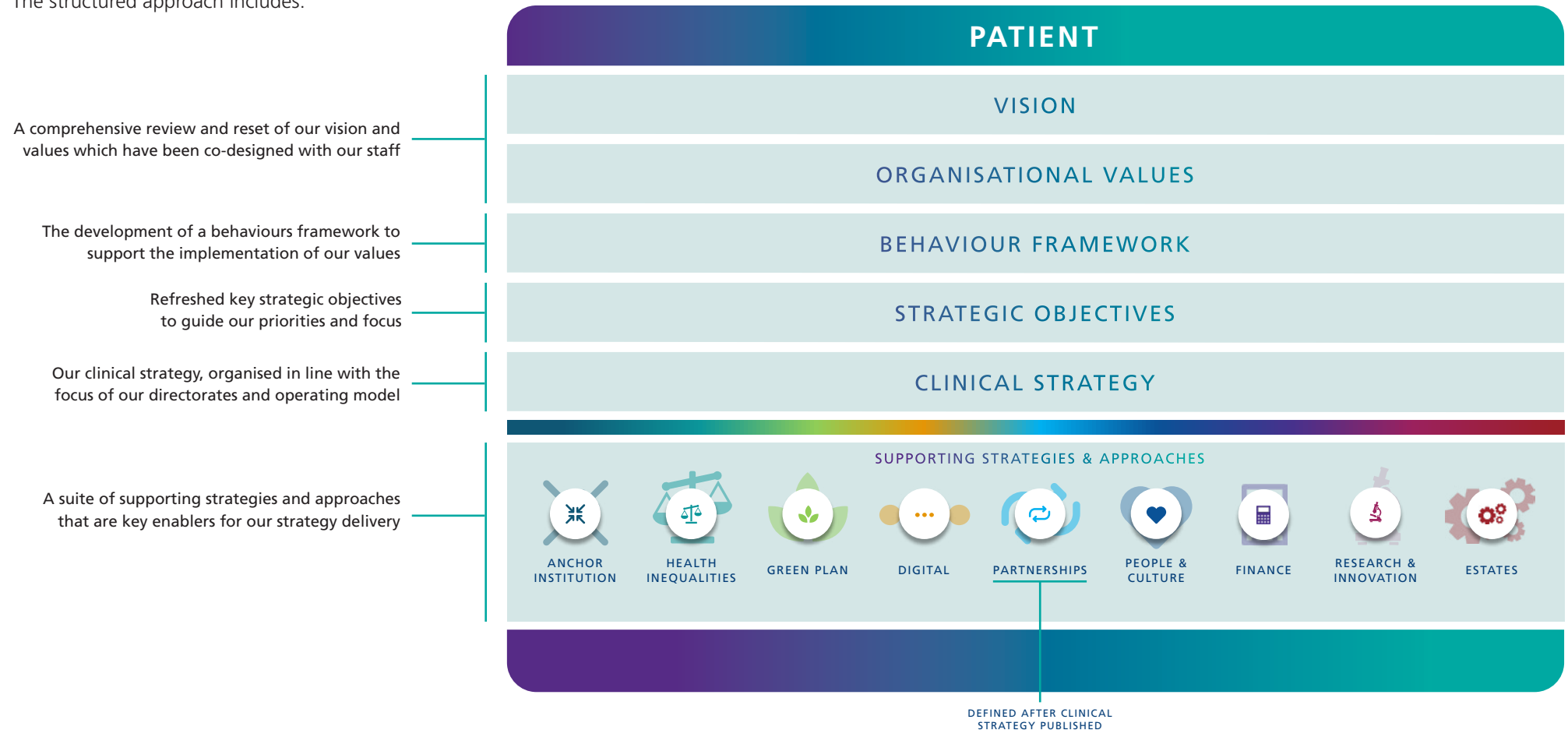




# Our strategy structure

This diagram captures the structure of our five year strategy which is reflected throughout this document.

The structured approach includes:



# Our vision for QVH

The vision has been co-produced with patients and staff and aligns to the Trust ambition to be a provider of specialist and regional services and to deliver an innovative offer for the local population.

We want all of our staff to feel valued and supported in their personal wellbeing and their professional ambition, to be proud of the work they do for our patients and each other, and to embody the Trust vision.

Our vision is underpinned by our values, which have been refreshed alongside the development of our five year strategy.

Our vision is:

**To be a centre of excellence that rebuilds lives and supports communities for a healthier future**



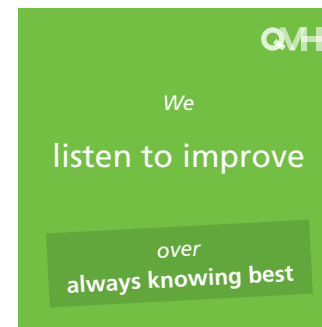
To achieve that, our values are:



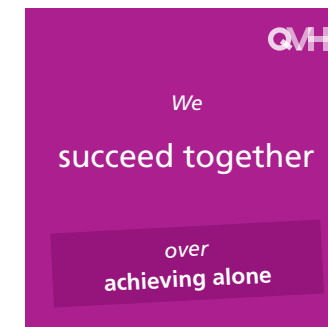
We treat everyone with respect, kindness and compassion.  
We are inclusive and celebrate diversity.



We take time to support and look out for one another.  
This includes sometimes challenging and holding one another to account, even if it feels uncomfortable.

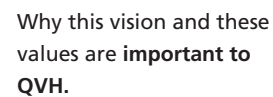


We seek out and listen to feedback from patients, colleagues and partners with openness, and act with honesty and transparency to continuously improve the quality of our care.

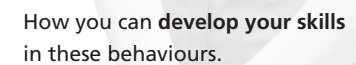
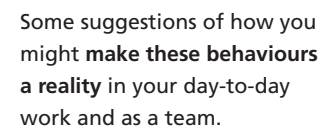


We value working together in teams, within QVH and with local partners, to provide outstanding care and support each other to deliver shared goals.

# Together Our Behaviours Framework



A **core set of behaviours** that QVH expects from all staff that show how we prioritise one value over another in our daily work.



# Our strategic objectives

Our new key strategic objectives guide our priorities and focus. They frame everything from significant service level decisions through to individual objectives with a view to delivering improved outcomes for our patients and populations and improving our staff experience.

Our objectives are:





# 5 Clinical strategy



# Our clinical strategy

This section provides an overview of our future clinical strategy building on the work led by our clinical teams through our engagement process.

Our clinical strategy sets out the following:

Our overarching clinical strategy ambition and areas of strategic focus

Our clinical operating model that describes how we will deliver our services

A summary of our clinical strategy for each our clinical directorates.

## Clinical strategy future review

Our clinical strategy reflects the current strategic focus.  
The clinical strategy will be refreshed moving forward to reflect future landscape changes.



"This man has rebuilt me. Mentally and physically he has given my life back.  
Thank you"

Patient nomination for QVH 'Outstanding Patient Experience Award'

# Themes of our clinical strategy

We have identified three core themes which underpin and unify our vision and core areas of focus within our clinical strategy.



## CENTRE OF EXCELLENCE

We will pursue the highest standards for our services through our operating model. The commitment to high quality care is our core ambition. In the areas of reconstruction services and sleep we will build upon our existing clinical services and develop our research strengths to develop QVH as a centre of clinical and academic excellence.

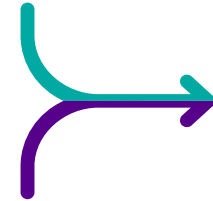
We also need to develop new sources of strength consistent with the changing needs of our populations.



## HOLISTIC NEEDS

We will develop holistic services to support the repair and rebuild of our patients in regard to **both physical and psychological needs** through our health psychology approach and surgical prehabilitation.

Supporting our patients health and wellbeing will support our patient experience, support health demand and support our health system to live within its means in the longer term.



## SERVICE INTEGRATION

We will collaborate with partners to enable us to **integrate our services** – taking our specialist expertise to provide care closer to home and to support our fellow providers in the provision of care that is strengthened by our specialist skills.

We will also provide an integrated offer for our local population to support our local system and Sussex to deliver timely care, achieve best value from resources and support the reduction in waiting times.

# QVH Centre of Excellence



As a Centre of Excellence we will maintain our focus on the patient perspective throughout

## Research and Innovation

Build our reputation through the delivery of a continuous programme of research and innovation, leveraging multidisciplinary collaboration and partnerships to stay at the forefront of our field.

Promote a **culture** of research and innovation, with a clear plan for resourcing and deliverables to support this.

Celebrate and promote the research and innovation work underway within QVH, nationally and internationally.

Build **key relationships** and university, academic and industry partnerships.

## Education and Training

Provide comprehensive training and education to enhance the skills and knowledge of our staff as individuals and as part of a team.

Create an **accessible framework** for all to be able to access education and training with **clear plans for allocated time and resources**.

Ensure there is **clear career development** and progression opportunities for all.

Build university and institution **partnerships** and look to expand our education delivery.

## Leadership and Best Practice

Lead the way, providing clear direction and ambition for QVH and beyond. Setting the standard and sharing best practice nationally and internationally.

Communicate our **vision widely and share the excellence in delivery and specialist multidisciplinary expertise** that we provide nationally and internationally.

Help **set the standard for care** as an internationally recognised specialist provider, driving and championing leading edge evidence-based clinical practice and sharing with others so they can achieve improved outcomes and care.

Motivate and empower staff to be leaders at all levels through mentoring and coaching to 'stretch' themselves within a culture that is mutually supportive and expects high standards.

## High Quality Care, Safety, and Outcomes

Aim to set the standard in achieving excellence and focus on continuous improvement in healthcare delivery.

Deliver **high quality safe care**, meeting or exceeding national performance standards and producing consistently excellent patient survey results.

Embed a **culture of continuous improvement** through everything we do.

Ensure there are **clear, well communicated processes in place to share learning and how we have made changes for improvement** when mistakes have been made.

## Support, Resources and Governance

Provide support from senior leadership in line with our strategy, ensuring resource allocation and a clear governance structure to work within.

Have a **clear set of resourcing priorities** to enable excellence, including estates development; and investment in technology and equipment.

Have a clear **talent management and staff succession** plan.

Ensure we have **clear governance structures that support our vision** and help unblock any barriers with organisational wide clarity on where there is delegated authority to identify and make improvements to the way care is delivered.





# Clinical operating model for QVH

Our services will be delivered through our operating model.

We have a clear vision of the organisational operating model for QVH building upon our new clinical leadership model that is now in place with the creation of our four clinically led directorates.

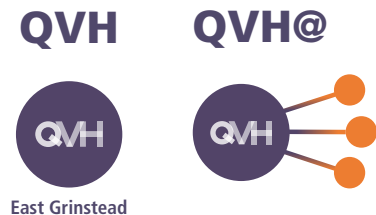
Our operating model will be the vehicle through which we can deliver to the populations that we serve.

Work is ongoing with our commissioners regarding the long term strategy for the burns service, and we are working with our partners to agree how our minor injuries unit can best support our local population and partners as part of an Integrated Community Team.



Through our operating model we will elevate the care and expertise to our local population and across Kent, Surrey, Sussex and beyond.

# The interdependencies of our specialist expertise

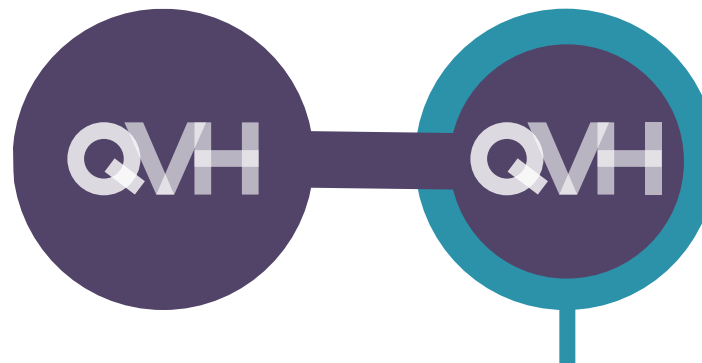


Our specialist expertise will be delivered by our team of multidisciplinary experts through our **QVH East Grinstead** and where appropriate in collaboration with partners through our **QVH@** model.

# QVH Local

We are committed to our role as a system partner supporting the needs and bringing care closer to home for our local population and Sussex.

The development of QVH Local will be focused in 3 main areas:



## Surgical

We will provide high volume low / any complexity (HVLC / HVAC) for the local population in our areas of expertise in order to support the waiting times for the populations in Sussex over and above our current provision of service for patients across Kent, Medway, Surrey and Sussex.

**Capacity will be developed** through productivity, moves to 7 day working, and acquisition of further capacity.

## Community Diagnostics

We will develop our **diagnostic leadership** and seek a **greater role in diagnostic provision in Sussex** in relation to community diagnostics service and associated pathway redesign to support health inequalities.

## Medical

We will **integrate the offer of medical / non surgical support** for our local population aligned to supporting the implementation of Integrated Community Teams.

This will include collaboration with wider partners including:

- Supporting the system with urgent and same day pressures through the development of services that we are able to offer through our minor injuries unit.
- Support frailty and local people to live independent lives.



# Directorate clinical strategy priorities 2025 - 2030

Our clinical strategy priorities underpin delivery of our vision. These have been developed through the clinically led triumvirate structure.

	KSO 1 To deliver outstanding care	KSO 2 To innovate and improve	KSO 3 To be an excellent employer	KSO 4 To deliver sustainable services	KSO 5 To collaborate with others
Key strategic objective detail	<ul style="list-style-type: none"> <li>- Quality at the centre of what we are and do for patients, families and communities.</li> </ul>	<ul style="list-style-type: none"> <li>- Research, innovation and continuous improvement underpinning all that we do.</li> </ul>	<ul style="list-style-type: none"> <li>- People are our greatest asset and we need to work hard to develop and deliver our workforce for the future.</li> </ul>	<ul style="list-style-type: none"> <li>- Deliver best value, support a sustainable environment and future digital pathways and literacy.</li> </ul>	<ul style="list-style-type: none"> <li>- Develop partnership ambition - anchor, NHS, academic and commercial activities for the future.</li> </ul>
Plastic Surgery and Burns	<ul style="list-style-type: none"> <li>- Supporting system waiting times with the provision of HVAC capacity in our areas of expertise.</li> <li>- Quality is our highest priority – we will strengthen compliance in regard to national and best practice standards.</li> </ul>	<ul style="list-style-type: none"> <li>- Delivering high quality research and innovation.</li> <li>- Optimise our service operating model including collaborating with partners to strengthen QVH@ and pathways for unplanned care and breast reconstruction.</li> </ul>	<ul style="list-style-type: none"> <li>- Delivering the best surgical pathways for our patients through optimising multidisciplinary roles. Key projects include introducing new roles such as Advanced Clinical Practitioner (ACP).</li> </ul>	<ul style="list-style-type: none"> <li>- Enabling our patients to be cared for, and our people to work in an improved physical layout and space. Key projects will include the redesign of our hand and skin service provision.</li> </ul>	<ul style="list-style-type: none"> <li>- Developing training modules for areas of expertise including hands and burns.</li> </ul>
Core Clinical and Community Services	<ul style="list-style-type: none"> <li>- We will continue to develop the QVH sleep centre enhancing outreach and home diagnostics.</li> <li>- Develop health psychology / holistic support in collaboration with partners and the third sector.</li> </ul>	<ul style="list-style-type: none"> <li>- Developing our Community Diagnostics Centre (CDC) with pathways to support our population and collaborate with partners to strengthen diagnostic leadership across Sussex including Bognor CDC.</li> <li>- Delivering high quality research and innovation.</li> </ul>	<ul style="list-style-type: none"> <li>- Develop training programmes for sleep and psychological therapy programmes.</li> </ul>	<ul style="list-style-type: none"> <li>- Collaborating with partners to deliver the pathology and imaging networks including digital enablement.</li> </ul>	<ul style="list-style-type: none"> <li>- Working with our partners and commissioners to develop the medical service provision in QVH Local including the development of our urgent care and enablement services.</li> </ul>
Perioperative Care	<ul style="list-style-type: none"> <li>- Quality is our highest priority – we will strengthen compliance in regard to national and best practice standards.</li> </ul>	<ul style="list-style-type: none"> <li>- Implementing POPs (Perioperative care for older people) provision to support older population through surgery.</li> <li>- We will optimise our perioperative pathways.</li> </ul>	<ul style="list-style-type: none"> <li>- We will collaborate to strength shared learning, training and staffing opportunities for our critical care unit (CCU).</li> </ul>	<ul style="list-style-type: none"> <li>- Developing our digital pre-assessment platform.</li> <li>- Enabling enhanced productivity through provision of facilities. Key projects include daycase unit and patient travel hub.</li> </ul>	<ul style="list-style-type: none"> <li>- Develop a new service provision for children with a particular view to optimise day case delivery.</li> </ul>
OMFS and Eyes	<ul style="list-style-type: none"> <li>- Quality is our highest priority – we will strengthen compliance in regard to national and best practice standards for head and neck.</li> <li>- Supporting system waiting times with the provision of HVAC capacity in our areas of expertise.</li> </ul>	<ul style="list-style-type: none"> <li>- Delivering high quality research and innovation.</li> </ul>	<ul style="list-style-type: none"> <li>- Develop the specialist prosthetics service in terms of physical capacity and as a training hub to address Trust, local and national vacancies.</li> </ul>	<ul style="list-style-type: none"> <li>- Develop corneo plastic patient pathway delivery through the implementation of the eyes Electronic Patient Record (EPR).</li> <li>- Working with commissioners to develop local access to key specialist services. Key projects include oral medicine and temporomandibular joint (TMJ).</li> </ul>	<ul style="list-style-type: none"> <li>- Work with partners to agree the provision of maxillofacial services.</li> <li>- Streamlining specialist corneo plastics provision for the South East Region including grafts.</li> </ul>



# 1 Plastic Surgery and Burns

This directorate provides plastic surgery and burns. The team is one of the largest in the country.

QVH has a national and international reputation for its reconstruction and plastics surgery services including as a major regional centre for complex microsurgical breast reconstruction; burns treatment and reconstruction; complex hand surgery; treatment of facial palsy; management of acute and secondary reconstruction in lower limb and the treatment and reconstruction of disease or injury to skin.

The QVH plastics surgery team provides services to Kent, Medway, Surrey, Sussex and beyond at our East Grinstead site and in collaboration with partners to bring our expertise closer to home.



## Our key strategic initiatives 2025-30 to deliver our vision

- 1 Delivering the best surgical pathways for our patients through optimising multidisciplinary roles and working.
- 2 Enabling our patients to be cared for, and our people to work in an improved physical layout and space. Key projects will include the redesign of our hand and skin service provision.
- 3 Delivering high quality research and innovation.
- 4 Developing training modules for areas of expertise including hands and burns.
- 5 Supporting system waiting times with the provision of high volume any complexity (HVAC) capacity in our areas of expertise.
- 6 Optimise our service operating model including collaborating with partners to strengthen QVH@ and pathways for unplanned care and breast reconstruction.
- 7 Quality is our highest priority – we will strengthen compliance in regard to national and best practice standards.

## KEY FACTS

QVH is the **2nd largest unit** for plastic surgery (2019/20).

The breast service is one of **Europe's largest providers** of free flap breast reconstruction and is the sole provider across Kent, Surrey and Sussex.

QVH provides **Sentinel Lymph Node** services across Kent, Surrey and Sussex.

QVH provides the **hand trauma service** for patients across Kent, Surrey and Sussex including digit replants.

The Facial Palsy department is the **largest multidisciplinary service in the UK** and is internationally recognised. The team works closely with our oculoplastic, maxillofacial and Ear, Nose, and Throat (ENT) teams.

QVH delivers regional services for burns through the **South East London Burns Network**.

QVH provides a national service for **amputee patients**.

## 2 Core Clinical and Community Services

This directorate delivers core, clinical and community services that underpin all the clinical services in the Trust.

The business units and services include our Sleep Disorder Centre, Community Diagnostics Centre, Minor Injuries Unit, imaging, histopathology, pharmacy, medical photography, therapies, health psychology and a suite of community services.

Our multi-professional team are critical to the diagnostics and delivery for our specialist services and to helping our local community teams stay healthy and independent.



Our key strategic initiatives 2025-30 to deliver our vision

- 1 We will work with our partners and commissioners to develop the medical service provision in QVH Local including the development of our urgent care and enablement services.
- 2 We will continue to develop the QVH sleep centre enhancing outreach and home diagnostics.
- 3 We will develop our community diagnostics centre with pathways to support our population and collaborate with partners to strengthen diagnostic leadership across Sussex including Bognor.
- 4 We will collaborate with partners to deliver the pathology and imaging networks including digital enablement.
- 5 Delivering high quality research and innovation.
- 6 Developing health psychology support in collaboration with partners and third sector.
- 7 Developing training programmes for sleep and psychological therapy programmes.

### KEY FACTS

Our sleep service is the **biggest unit outside of London** and provides a full range of specialist sleep diagnostics and treatment.

QVH has a **Community Diagnostic Centre (CDC)** providing imaging and a range of physiological tests for patients across our local population.

**Innovative pathways** are being developed through our CDC including a breathlessness pathway.

A **54% increase** in urgent skin cancer referrals supported through our tele-medicine triage.

Radiology at QVH offers **direct access to imaging** to the local General Practitioners for all types of imaging.

QVH has the **best histopathology** reporting turn around times (TAT) in the region.

### 3 Perioperative Care

Our perioperative care directorate services are critical in delivering our expert planned and emergency surgical care across all our services.

Our multi-professional teams provide pre-operative assessment; operative anaesthesia; acute pain and critical care services; pre-assessment; theatres and critical care. This includes a significant cohort of patients requiring complex procedures and aftercare including head and neck oncology reconstruction.



Our key strategic initiatives 2025-30 to deliver our vision

- 1 Develop a new service provision for children with a particular view to optimise day case delivery.
- 2 Quality is our highest priority – we will strengthen compliance in regard to national and best practice standards.
- 3 We will collaborate to strengthen shared learning, training and staffing opportunities for our critical care unit (CCU).
- 4 We will optimise our perioperative pathways.
- 5 Enabling enhanced productivity through provision of facilities. Key projects include daycase unit and a patient travel hub.
- 6 Implementing POPs (Perioperative care for older people) provision to support older population through surgery.
- 7 Developing our digital pre-assessment platform.

#### KEY FACTS

The team specialise in looking after patients with **complex airway management**, teaching these skills both locally and nationally.

QVH is ranked amongst the **top in the General Medical Council (GMC) survey for anaesthetics** and is a sought after training placement in the South East.

We are proud of our **nurse led recovery**.

QVH is a **leading provider of regional anaesthesia**, including the provision of awake anaesthesia for upper-limb and hand surgery.

The majority of our anaesthetics are given via the intravenous route. Nationally, **we have been one of the foremost users of this technique for over 20 years**. This allowed us to take the lead in the South East of England on the decommissioning of Nitrous oxide and Desflurane; two of the most polluting anaesthetic gases.

QVH has a **simulation suite** to enhance staff training and development, led by the anaesthetics department.

## 4 Oral and Maxillofacial Surgery (OMFS) and Eyes

The directorate provides secondary and tertiary specialist surgery and reconstruction for surgical cancer care and benign services.

The business unit services include one of the busiest multi-professional maxillofacial departments in the UK delivering care to treat illness and injury, a regional surgical centre for head and neck cancer and the QVH eye unit and eye bank which is a specialist referral centre for complex corneal and ocuplastic provision.

Our specialist orthodontics service treats complex problems such as facial deformity and misalignment of jaws.

QVH and the wider region are supported by the largest cranio-maxillofacial prosthetic service in the UK. The department provides assessment, device treatment and ongoing prosthetic support for patients that require an artificial ear, nose, eye, jaw or section of face.



Our key strategic initiatives 2025-30 to deliver our vision

- 1 Quality is our highest priority – we will strengthen compliance in regard to national and best practice standards for head and neck.
- 2 Develop the specialist prosthetics service in terms of physical capacity and as a training hub to address trust, local and national vacancies.
- 3 Delivering high quality research and innovation.
- 4 Develop corneo plastic patient pathway delivery through the implementation of the eyes Electronic Patient Records (EPR).
- 5 Working with commissioners to develop local access to key specialist services. Key projects include oral medicine and temporomandibular joint (TMJ).
- 6 Work with partners to agree the provision of maxillofacial services.
- 7 Streamlining specialist corneo plastics provision for the South East Region including grafts.
- 8 Supporting system waiting times with the provision of HVAC capacity in our areas of expertise.

### KEY FACTS

QVH is one the **largest OMFS units nationally** and the largest in Kent, Surrey and Sussex treating a full range of conditions.

We are the **4th largest unit** for head and neck cancer surgery nationally, and the largest unit in the South East region (2018/19).

QVH provides **stem cell transplants** to restore cornea function and improve vision.

Our specialist cranio-maxillofacial prosthetic department is **1 of 8 nationally**.

QVH is **1 of 3 eye banks nationally**.





# 6 Organisational strategy



# Organisational strategy

This section describes our broader organisational strategy - setting our areas of focus through a suite of enabling strategies and approaches. These will drive the realisation of our clinical strategy, supporting the development and delivery of our ambitions as a healthy and effective organisation.

Our enabling strategies have been developed to align directly to and support delivery of the national agenda, Improving Lives Together and related strategies within the Sussex Integrated Care System.

## Our people and culture

The people that work at QVH are our greatest asset and the heart of the services we provide. The way that we support, develop and organise our workforce is central to our future success. Our ambition is set out in our people and culture strategy.

## Strengthening our research and innovation

We know that research is arguably the single most important way that we can improve patient outcomes. This will enable us to optimise our expertise and support our ability to recruit and retain the very best people.

## Our assets

As an organisation there is more we need to do to maximise, maintain and improve our assets including developing a sustainable approach to the management and delivery of our estate, and our ambitions to optimise leverage with our digital solutions. Our ambition is set out in our digital strategy and estates approach.

## Our financial sustainability

Key to our future is ensuring that we are financially stable and viable.

## Our commitment as an anchor institution

Everything we aim to achieve as an anchor institution is about making sure we have a role in local social and economic development that supports our community's health and wellbeing and reduces health inequalities.

## Collaborating to address health inequalities

Our ambition is to tackle health inequalities through the perspective of four roles: as a system partner, a provider of services, an anchor institute and a health promoting hospital.

Our organisational strategy components collectively deliver our key strategic objectives.

# 1 Anchor Institution

**“ My hope for QVH is for it to be the heart of the local community.”**

An anchor institution is one that plays a significant and recognised role within its locality, by making a strategic contribution to the local economy.

The link between health and wealth is well understood; social and economic development can improve health. NHS organisations as anchor systems foster a holistic approach to supporting people where they live, learn and work, alongside a longer-term move toward preventative health.

A holistic view of how people's lives can be improved includes; improvements via access to good education, accessible healthcare, quality housing and meaningful employment.

By being deliberate in how QVH employs staff, purchases goods, manages its estate, uses physical resources and engages with the local community, as an anchor institution, provides an opportunity to support the tackling of the local underlying drivers of poor health and health inequalities.



## What is the challenge?

22% of the population live in poverty. The NHS role in prevention and the broader influence in local communities is becoming increasingly relevant.

The root causes of poor health and health inequalities may be driven by factors outside the control of the NHS, however, it is predominantly the NHS that deals with the consequences.

NHS services are facing increasing demand from preventable behavioural and socioeconomic causes.

## Why change?

While the main function of the NHS is to provide health services, it also has a significant part to play in supporting partner organisations and communities to address the wider determinants of health.

The NHS is the largest employer in Sussex, with over £3bn spending power, with considerable and diverse estates. It controls significant land and physical assets, all of which make it a powerful 'anchor institution'.

The economic activity of a local area and how productive it is, is heavily influenced by its inhabitants' health.

There is an opportunity to tackle the local underlying drivers of poor health and health inequalities.

## What will we do?

<b>1 Employment and skills</b>	To introduce a QVH Trust core offering, covering a wide range of careers, to build an inclusive future workforce, and be an outstanding employer for all, and specifically local, employees.	<ol style="list-style-type: none"> <li>1. Building the future workforce.</li> <li>2. Widening workforce development and participation.</li> <li>3. Being a good employer.</li> </ol>
<b>2 Procurement</b>	For QVH to purchase supplies and services from organisations that embed social value, in order to make positive environmental, social and economic impacts.	<ol style="list-style-type: none"> <li>1. Shifting more spend locally.</li> <li>2. Prioritising and monitoring social value.</li> </ol>
<b>3 Environmental impact</b>	<p>Optimising activity and resource use by helping people to stay well and by making our processes as efficient as possible, reducing the carbon intensity of the care we provide.</p> <p>In embedding and delivering against these principles we will meet our Net Zero Carbon target in line with our green strategy commitments.</p>	<ol style="list-style-type: none"> <li>1. Estate infrastructure improvement and development of the site.</li> <li>2. Travel for patients and staff.</li> <li>3. Waste segregation and management.</li> </ol>
<b>4 General social, economic and civic impact</b>	Given the challenges of being a smaller trust, opportunities will typically be limited to co-producing new spaces, and ambitions within this pillar will be heavily reliant on partnership working.	<ol style="list-style-type: none"> <li>1. Partnership working and collaboration.</li> <li>2. Estates management and development.</li> </ol>

## 2 Health Inequalities

**“ The people have been amazing and so caring, they were really good with dealing with my sensory needs so thank you.”**

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. They are systematic differences in health outcomes, experience and access.

These differences are often associated with social, economic, and environmental factors, including the wider determinants of health such as housing; geography; protected characteristics and socially excluded groups. Health inequalities can manifest in various ways, including variations in life expectancy; prevalence of health conditions; rates of disease and access to care; as well as availability; waiting times; take up of services and quality and experience.

### Contextualising Health Inequalities

NHS Health Inequalities Vision, NHS 5 National Priorities, Core20Plus5, Sussex ICS Priorities and QVH geographical context and the associated needs assessment of the local area.



### What is the challenge?

Demand for health and care services has grown exponentially in recent years due to an increasing and aging population, impact of the pandemic and wider determinants of health.

In the next 20 years the population in the South East is set to increase by 6.1%. By 2043 it is anticipated that there will be an increase of over 36% in the over 65 age range.

The environment in which people are born, grow, live, work and age has a profound effect on the quality of their health and wellbeing. Many of the strongest predictors of health and wellbeing, such as social, economic and environmental factors, fall outside the healthcare setting.

### What will we do?

1 QVH as a system partner	We will prioritise actions that impact health inequalities as a system partner, in alignment with Sussex ICS and our local neighbourhood providers, because united regional and local ambitions will have the greatest potential impact.	<ol style="list-style-type: none"> <li>1. Further roll out of NHS funded tobacco treatment services.</li> <li>2. Address inequalities and improve outcomes in priority clinical pathways including addressing non attendance, cancellation and waiting times for those with protected characteristics and living in deprivation.</li> <li>3. Develop care pathways that meet personalised needs including people with mental health, learning disabilities and / or neurodevelopmental disorders.</li> </ol>
2 QVH as a provider of services	Patients access to QVH services, the experience they have at the hospital, and the outcomes of their treatment, will not be dependent upon where they live, their income, their ethnicity or any other socioeconomic factor or protected characteristic.	<ol style="list-style-type: none"> <li>1. Collection of complete and timely data.</li> <li>2. Dis-aggregate / segment and report data to enable the identification of health inequalities.</li> <li>3. Mitigate against digital exclusion.</li> </ol>
3 QVH as an anchor institution	QVH will act as an anchor institution, in partnership with other local anchors, to address the socio-economic factors that lead to inequalities in health.	<ol style="list-style-type: none"> <li>1. Support local procurement where feasible.</li> <li>2. Targeted development to support local employment and skills.</li> <li>3. Reduce carbon emissions and consumption, reduce waste and protect and enhance the natural environment.</li> <li>4. Widen access, where feasible, to community space and economic opportunities for the local community.</li> </ol>
4 QVH as a health promoting hospital	QVH will be a health promoting hospital, impacting the holistic health of everyone it comes into contact with; patients, carers, visitors, staff, partners and community.	<p>Supporting signposting and where appropriate provision of:</p> <ol style="list-style-type: none"> <li>1. Nutrition and activity opportunities.</li> <li>2. Mental wellbeing support.</li> <li>3. Smoking cessation.</li> <li>4. Oral care.</li> </ol>



## 3 Green Plan

**“ Making two separate journeys is not very green, I’d like to be able to schedule my appointments for the same day, to just travel once.”**

Left unchanged climate change will disrupt care, with poor environmental health contributing to major diseases, including cardiac problems, asthma and cancer.

The report set out trajectories and actions for the entire NHS to reach Net Zero carbon emissions by 2040 for the emissions it controls directly, and 2045 for those it can influence (such as those embedded within the supply chain).

### QVH Green Plan

The Trust’s Green Plan matches the increased Zero Carbon ambitions with three clear objectives:

- Become the world’s first healthcare system to reach zero carbon emissions.
- Prioritise interventions which simultaneously improve patient care and the well-being of the local community whilst tackling climate change and the broader sustainability issues.
- Support organisations to plan and make prudent capital investments while increasing value for money.



### What is the challenge?

In Sussex we are expected to see an increase in deaths and illness related to heat, air pollution and diet, damage to essential infrastructure and disruption to supply chains and services provision, all as a result of climate change.

In vulnerable populations there is a greater risk poorer health outcomes due to climate change.

Within the public sector the NHS is the largest emitter of CO<sub>2</sub>, making up 4-5% of the UK’s carbon footprint.

### Why change?

Delivering care in a lower carbon, more sustainable way presents a significant health opportunity to protect the most vulnerable in our society.

By delivering care in a more sustainable way and supporting our staff, patients, carers and communities to live more sustainably, we are enabling better health outcomes in Sussex, the UK and globally.

NHSE will be publishing guidance for a green plan refresh in the autumn of 2024. The guidance will shape how we work towards statutory targets set out in the Health and Social Care Act as a system and how individual organisations will contribute.

### What will we do?

1	<b>Evolving care</b>	Developing and enabling lower carbon, more sustainable models of care. Positive, measurable sustainability benefits within five highest impact services.	<ol style="list-style-type: none"> <li>1. Integrate our sustainable healthcare principles.</li> <li>2. Support our clinicians to deliver against these principles.</li> </ol>
2	<b>Places</b>	Ensuring our places are low carbon and protect local biodiversity whilst supporting wellbeing for staff, patients and visitors.	<ol style="list-style-type: none"> <li>1. Advance the decarbonisation of the estate.</li> <li>2. Reduce energy and carbon consumption.</li> <li>3. Provide comfortable and sustainable environments.</li> </ol>
3	<b>Circular economy</b>	Respecting our health and natural resources by creating an ethical and circular supply chain.	<ol style="list-style-type: none"> <li>1. Waste and recycling.</li> <li>2. Reduced carbon footprint of supply chain.</li> <li>3. Improve health and wellbeing to support supply chain.</li> </ol>
4	<b>Journeys</b>	Ensuring the transport and travel that links our care and our communities is low cost, low carbon and conducive to good health and wellbeing.	<ol style="list-style-type: none"> <li>1. Minimise and decarbonise travel.</li> <li>2. Maximise the health benefits of travel.</li> <li>3. Electrify our owned third party vehicle fleet.</li> </ol>
5	<b>Climate adaption</b>	Building resilience to our changing climate in Sussex.	<ol style="list-style-type: none"> <li>1. Identify and map climate change risks.</li> <li>2. Develop an action plan at QVH.</li> </ol>



## 4 ... Digital

**“ My clinician’s explanation was very comprehensive and informative and his patience with my technology inability was very helpful.”**

Modern life is being transformed by innovations in technology and information and our digital strategy sets out how we will harness these opportunities to improve and transform healthcare.

QVH digital objectives are closely aligned to the overall objectives of the Trust. Our strategic priorities align to 5 objectives:

- Patient outcomes and experience
- Staff experience
- Interoperability
- Operational transparency
- Efficient and reliable.

The introduction of an Electronic Patient Record (EPR) is central to success across all five of these themes and sits at the heart of this strategy. We expect an EPR to drive improvements in many key areas including a fully integrated database with improved reporting and modern messaging processes, safe and quick administration of drugs, and improved theatre management functionality.



### What is the challenge?

Staff, especially clinical staff, feeling disengaged in relation to the digital projects undertaken within the Trust.

Disjointed systems making tasks overly complicated and time-consuming, and lower performing and aging medical devices limit efficiency.

QVH has some data reporting and quality challenges, limiting the ability of clinicians and managers to use data to drive action with confidence.

There is currently a considerable variation in digital confidence, knowledge and skills between QVH staff in relation to key systems, requiring a consistent and resourced digital training offer.

### What will we do?

<b>1 Patient outcomes and experience</b>	Create systems and processes that minimise the need for patients to repeatedly share their medical histories, enhancing the efficiency of care delivery and make it easier for patients to access high-quality care, promptly.	<ol style="list-style-type: none"> <li>1. EPR Implementation.</li> <li>2. Identify and address digital exclusion.</li> <li>3. Regional implementation of the My Health and Care Record - Patient Knows Best (PKB).</li> <li>4. Phase 2 of the TRIPS system development.</li> <li>5. E-meet and Greet system.</li> </ol>
<b>2 Staff experience</b>	Establish a digital-first model for recording data, create an environment where staff feel engaged with plans for digital transformation, confident in using digital tools in their roles, and assured that they can access timely support to resolve any technology-related issues.	<ol style="list-style-type: none"> <li>1. Regular digital communications with staff.</li> <li>2. Digital clinical champions</li> <li>3. Map digital training needs and deploy EPR training resources.</li> <li>4. Cloud-based IT support system.</li> </ol>
<b>3 Interoperability</b>	Provide QVH staff with a seamless experience using the Trust’s digital systems, regardless of where they are working, including at spoke sites. Frictionless access to systems and data at the point of need, so that all users can trust they are accessing an accurate and up-to-date single source of truth. Create end-to-end visibility of the patient journey and achieve target level of digital maturity.	<ol style="list-style-type: none"> <li>1. EPR Implementation.</li> <li>2. Reduce paper usage.</li> <li>3. Integrated radiology and pathology network plans.</li> <li>4. Plexus and Patient Knows Best.</li> <li>5. Enhancing system functionalities with suppliers.</li> </ol>
<b>4 Operational transparency</b>	Enable staff to work effectively and efficiently by providing them with the right tools and fast, secure, and reliable systems, connectivity, and devices.	<ol style="list-style-type: none"> <li>1. Enhance meeting room technology.</li> <li>2. Develop an innovation forum aligned to our research, innovation and improvement ambitions.</li> <li>3. Implement Microsoft 365 Tenant arrangements to improve cyber security and customisation.</li> <li>4. Deploy virtual smartcards, replace end-of-life infrastructure, and refresh end-user devices.</li> </ol>
<b>5 Efficient and reliable</b>	Have systems in place that free up clinicians’ time, allowing them to spend more of it with patients, and support efficient back-office services, reducing the reliance on paper. Enabling effective management of the organisation through increased visibility and transparency of information.	<ol style="list-style-type: none"> <li>1. EPR Implementation.</li> <li>2. Options for E-consenting.</li> <li>3. Enhance system reliability.</li> <li>4. Upgrade Integrated Clinical Environment (ICE) system.</li> <li>5. Electronic Patient Record (EPR) systems in ophthalmology.</li> </ol>

## 6 People & Culture

**“ Our promise is to remain focused on providing great work opportunities, within a learning culture, where all our staff truly feel they belong. ”**

We want all of our staff to feel valued and supported in their personal wellbeing and their professional ambition, to be proud of the work they do for our patients, the community and each other, and to embody the Trust vision of ‘Centre of Excellence’ and Trust values.

Our ambition is for QVH to be recognised as a great place to work, embedding an inclusive learning culture, where our staff want to build a career for themselves and recommend others, ensuring we attract, recruit and retain the best people.

Delivery will be driven by our clinically led service plans and enabled by the cross-cutting ‘golden threads’ of our Trust strategy, including our work on health inequalities, as an anchor institution and through research and innovation.



### What is the challenge?

Lack of key workforce due to national and local shortages risks our ability to deliver services and results in escalating costs via temporary staffing, as well as decreasing stability, continuity and consistency.

Succession planning for an ageing workforce, recruitment into specific roles and single handed posts. Individual single points of failure are regularly exposed and teams vulnerable to small increases in sickness / turnover (28.20% of the QVH workforce are aged over 55, an increase from 26% the previous year; 3% of the workforce are over 65).

A limited student and trainee pipeline to grow our local workforce risks our ability to retain our existing workforce.

The ability to act on feedback in relation to raising concerns, flexibility at work discrimination, career progression, discrimination, dignity and respect at work.

Leadership capacity and capability in strategic service and workforce planning, including workforce modelling, workforce transformation and expansion.

Commitment to a culture based on high trust, continuous learning, quality improvement and psychological safety.

### What will we do?

#### 1 Being a great place to work

QVH values will be embedded in everything we do, committed to working as individuals and teams with kindness, civility and respect for all.

Empowered staff who exercise curiosity and choice create an environment in which they and colleagues are able to do their best work. Attracting and retaining a diverse workforce to provide the best patient care.

1. Embed a just and learning inclusive culture, with advocating for our people to feel safe to speak up, knowing they will be supported.

2. Improved workforce modelling, supporting workforce transformation.

3. Widen participation by increasing the range and number of apprenticeships available.

#### 2 Looking after the wellbeing of all our staff

Create an environment that promotes physical and mental health. Be proactive in developing a safe and healthy environment where unacceptable behaviour is challenged.

Flexible and agile working will be promoted and psychological services for staff expanded.

1. Schwartz Rounds, wellbeing conversations, additional mental health first aiders and trauma risk management (TRiM) practitioners.

2. Enhanced Freedom to Speak Up service.

3. Mandated additional manager training to support staff.

#### 3 Being compassionate and inclusive

Inclusive, embrace diversity and ensuring equality of opportunity. Staff networks will be further developed to provide leadership and advocate for staff. Executive team will ally staff networks.

As an organisation we will seek to increase our diversity at every level, reviewing our employee value proposition, de-biasing our job descriptions and adverts to expand diversity of applicants. We will promote anti-racism strategy and eliminate discrimination.

1. No tolerance for sexual and domestic violence and aggression in the workplace.

2. Roadmap to an inclusive, compassionate, learning culture.

3. Reverse mentoring programme embedded.

#### 4 Empowering and supporting our people to learn and develop

A clinically-led, values driven organisation. Leaders will be bold, empowered compassionate, inclusive and role model our values. Leadership framework and pathways enable inclusive talent management and succession planning.

Culture of reflection, coaching, facilitation and mentoring.

A centre of excellence for innovative service delivery, education and research, supporting career personal and professional development through lifelong learning opportunities.

1. Talent management and succession planning in place across the organisation coaching conversations embedded.

2. Digital leadership capability and confidence developed.

3. Work with medical and dental schools, the deaneries and NHS England to look for new opportunities to expand education delivery.

## 7 Finance

**“ To have the funds to continue to grow in areas of specialist skills. ”**

(Survey respondent)

Providers have a statutory duty to break even. Recent changes have given statutory footing to the ICBs and have seen the introduction of NHS England setting financial allocations / objectives at a system rather than provider level.

Providers must therefore work to deliver not only their own financial requirements but contribute to the system position.

Our ambition for QVH is to maximise our use of resources to deliver best value and treat the maximum number of patients. This is based on the principle that plans can only progress to implementation and delivery if there is evidence of stakeholder commitment and an identified and agreed source of funding.



### What is the challenge?

Although the Trust is forecast to exit 2024/25 in financial balance, there are significant challenges for future years which may impact the financial sustainability of the organisation.

QVH must rebuild its physical infrastructure to ensure it is fit for purpose.

The Trust's digital infrastructure requires significant investment to keep its vital data storage facilities robust.

NHS Sussex is a financially challenged system, QVH must play its part in helping the system to achieve its financial and operational goals. This will require a significant efficiency ask of an estimated 5% in 24/25 and will remain at high levels into the future.

### What will we do?

<b>1 Deliver best use of resources</b>	Develop a multi-year programme to optimise resources and to deliver the increased efficiency and productivity needed to deliver long term sustainability.	<ol style="list-style-type: none"> <li>1. Trust wide programme in place supported by 'The QVH Way' continuous improvement approach.</li> <li>2. Maximise available space and virtual capacity.</li> <li>3. Collaborate with partners on transformation opportunities to improve patient pathways and service delivery.</li> <li>4. Optimise the impact of research and innovation.</li> </ol>
<b>2 Investment</b>	Develop a multi-year funding approach including a robust prioritisation process to support the clinical strategy and supporting developments utilising any opportunities from national programmes.	<ol style="list-style-type: none"> <li>1. Investment plan to incorporate key strategic investments (such as CDC, EPR), business as usual requirements and strategy initiatives underpinned by robust business cases. As a minimum which will deliver breakeven or contribute a surplus.</li> </ol>
<b>3 Commercial</b>	Develop a commercial approach to optimise the opportunities relating to the expertise of QVH, including training, education, domestic and international private patient income.	<ol style="list-style-type: none"> <li>1. Realistic and affordable plan to incorporate development and delivery of a commercial strategy to optimise income to support financial sustainability.</li> </ol>
<b>4 Long term financial modelling (LTFM)</b>	Use LTFM to assess financial implications of the clinical and enabling strategies and give clarity on the approach to achieve financial balance over a 5 year planning period.	<ol style="list-style-type: none"> <li>1. Deliver long term financial sustainability through the detailed planning and modelling embedded within business as usual process including annual planning cycle (At the time of production there is no national guidance available regarding assumptions for 2025/26 or beyond. As and when any changes to these assumptions are published, we will update this strategy as needed to ensure it remains valid for the next five years).</li> </ol>
<b>5 Financial support</b>	Embedding strong financial management across the organisation.	<ol style="list-style-type: none"> <li>1. Strengthen and embed financial management, grip and control across the organisation.</li> </ol>



# 8 Research & Innovation

**" It is good to feel like I am giving something back, having had such brilliant treatment by the NHS. "**

(Patient focus group participant)

**" We need help so that risk is a recognised, controlled, documented and managed entity. Then we proceed. "**

QVH has a successful history of research and an existing foundation delivering portfolio research however, despite some challenges, there remains opportunity to do more.

Our vision is to expand our research capability and impact by priming more research in collaboration, rising to the opportunities presented by the Life Sciences and MedTech industries and engaging in revenue-generating innovative work within new clinical areas.

We have to make it as easy as possible for our staff to undertake research. We must aim to offer every patient the opportunity to participate in research. These principles must be the binding thread that guides both the strategy and how it is delivered.

Effective research and innovation partnership within Sussex can act as a secure platform on which to build future global specialist collaboration.



## What is the challenge?

Historically QVH has had a world-class reputation built on innovation and research. In recent years research has become limited to NIHR (National Institute for Health and Care Research) portfolio non-commercial research.

The health and care system needs research and innovation to address challenges and inequalities in our current service model where hard work and continuous improvement is insufficient to improve lives.

Without dedicated staff working within networks who are locally led and trained to deliver research and innovation, QVH will not grow its ambitions as service needs will dominate.

Currently QVH has insufficient infrastructure including space, workforce, laboratory equipment and digital technology to support research and innovation expansion.

## What will we do?

<b>1 Strategic leadership and culture</b>	Enablement of QVH staff within core services in research and innovation in accordance with national best practice.	<ol style="list-style-type: none"> <li>1. Culture of research and innovation integral to core working.</li> <li>2. Dedicated research staff within core services.</li> <li>3. Chief Medical officer-led provision with strengthened governance.</li> </ol>
<b>2 Workforce, infrastructure and governance</b>	Research team staffing model that supports the drive and ambition of this strategy including planning for innovation.	<ol style="list-style-type: none"> <li>1. Enhanced core research and innovation team.</li> <li>2. Space and resource designed to facilitate growth.</li> <li>3. Innovation forum enabled by digital technology and expertise.</li> </ol>
<b>3 Sustainable growth</b>	Development which builds on unique QVH strengths, is outward facing and ultimately self-financing.	<ol style="list-style-type: none"> <li>1. Foster home grown research and innovation.</li> <li>2. Triage effectively to accelerate strategic projects.</li> <li>3. Provision new opportunities in health and care.</li> </ol>
<b>4 Collaboration and partnerships</b>	Leverage clinical excellence to build research and innovation expertise together with patients, community and partners.	<ol style="list-style-type: none"> <li>1. Create opportunities for patients to participate in research in all areas of practice.</li> <li>2. Work with the Research Delivery Network &amp; Sussex Health and Care Research Partnership to maximise research collaboration and strengthen university partnerships.</li> <li>3. Partner with the Health Innovation Network, community, private and charitable sectors to develop new opportunities in research and innovation.</li> </ol>

## 9 Estates

**“ I would like to see the quality of the buildings and the estate align with the exceptional care and talent within them. ”**

(Workshop participant)

QVH is based at one of the most historic hospital sites and is renowned for the quality of care delivered. However the buildings are old with significant backlog maintenance challenges.

Our over arching ambition is to take steps to repair, rebuild and reconfigure the estate to provide compliant, fit for purpose facilities that meet our clinical strategy and estates ambitions, and contribute to environmental sustainability and resilience.



### What is the challenge?

The NHS estate is challenged nationally. In December 2023 the NHS maintenance back log was £11.6 billion, representing a 13.6% increase from the previous year. The maintenance backlog in Sussex is £278 million.

Much of the QVH estate is old, requires regular repair, and is energy inefficient. It does not meet patient needs. Investment is required to improve functionality and quality, with structural, roof and flooring issues.

Many areas of the site have been constructed on a temporary basis and need replacing.

### What will we do?

In order to build our long term estates strategy, there a number of key activities that we need to complete to align our approach and inform our strategy for 2026, which will be presented to the July 2025 Board.

<b>1 Making our estate fit for purpose</b>	We will build upon the 6 FACET (physical condition, functional suitability, space utilisation, quality, fire and health and safety and environmental management) surveys and compliance reviews undertaken to date to ensure an up to date assessment of our physical estate and utilities and clear priorities for 25/26.	<ol style="list-style-type: none"> <li>1. Reprovision of building and affected services affected by Reinforced Autoclaved Aerated Concrete (RAAC).</li> <li>2. Improvements to key compliance regulations including fire safety, ventilation, electrical infrastructure and boilers.</li> <li>3. Refreshed survey regarding compliance with tree preservation orders (TPO).</li> </ol>
<b>2 Capacity and capability to manage our estate for the future</b>	We will strengthen our estates delivery through improved workforce capabilities, operating procedures and enhanced use of digital packages.	<ol style="list-style-type: none"> <li>1. Develop our employee proposition to support recruitment and development for the estates and facilities management team.</li> <li>2. Strengthen service operating procedures and oversight.</li> <li>3. Implement up to date Computer Aided Facilities Management (CAFM) and software packages to support service delivery.</li> </ol>
<b>3 Clinical strategy ambition</b>	We will build upon the desktop review of our estate planned for Q3 2024/25 to analyse existing estate in relation to the ambitions of our clinical strategy.	<ol style="list-style-type: none"> <li>1. Desktop review of estate, geography and planned housing developments to consider best location of pathways, services and opportunities for minor redistribution of services.</li> <li>2. Review of departmental adjacencies to identify opportunities aligned to clinical strategy priorities, and inform options for material reconfiguration.</li> </ol>
<b>4 Sustainability</b>	We will take steps to progress our commitment to environmental sustainability to support the health and wellbeing of our population and reduce our environmental impact.	<ol style="list-style-type: none"> <li>1. In collaboration with our partners in the Sussex Integrated Care System, we will baseline our carbon footprint.</li> <li>2. Review waste streams.</li> <li>3. Ensure all new projects are fit for purpose and align with Net Zero Carbon (NZC) guidance.</li> <li>4. Review energy management systems.</li> </ol>

# What will be different for our patients and staff in 5 years time?

With the successful implementation of our strategy, there will be several meaningful changes that enhance patient and staff experience.

Examples include:



## CENTRE OF EXCELLENCE

Internationally recognised for setting standards of care.



A culture of continuous improvement.



Innovative new roles for our people.



Patients and staff able to participate in research.



## HOLISTIC NEEDS

Holistic care at the heart of what we do.



Supporting people to live independent lives and access care locally.



Inspiring our future local workforce.



Reduced energy consumption.



## SERVICE INTEGRATION

Collaborative partnerships to provide care closer to home.



Strong emphasis on equitable access and outcomes.



Enhanced service environment to support accessibility and care.



Empowered patients and staff through technology.





**Queen Victoria Hospital NHS Foundation Trust**  
Holtye Road, East Grinstead RH19 3DZ

