The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

Meeting:	Board of Directors (in Public)		
Meeting Date:	1 February 2022	**Agenda item:**	12
Report Title:	QEH Clinical Strategy		
Author:	Carly West-Burnham – Director of Strategy and Integration		
Executive Sponsor:	Carly West-Burnham – Director of Strategy and Integration Frankie Swords – Medical Director		

Implications					
Link to key strategic objectives *[highlight which KSO(s) this recommendation aims to support]*					
KSO1	KSO2	KSO3	**KSO4**	KSO5	KSO6
Safe and compassionate care	*Modernise hospital and estate*	*Staff engagement*	***Partnership working, clinical and financial sustainability***	*Healthy lives staff and patients*	*Investing in our staff*

Board assurance framework		
Significant risk register	No significant risks are aligned to SO4	
	Y/N	If Yes state impact/ implications and mitigation
Quality		
Legal and regulatory		
Financial		

Assurance route	
Previously considered by:	Senior Leadership Team

Executive summary					
Action required: *[highlight **one** in bold]*	**Approval**	Information	Discussion	Assurance	Review
Purpose of the report:	To request approval from the Board of Directors for the organisation's Clinical Strategy for 2022/23.				
Summary of Key issues:	Aligned with the work which is being done at an Integrated Care System (ICS) level in relation to development of a Norfolk and Waveney Clinical Strategy and using the outputs from the 2021/22 business planning work which all clinical specialties completed and the emerging 2022/23 business plans, the Trust has developed a robust Clinical Strategy. Six clinical priorities have emerged from QEH's strategic planning, informed by the national pressures and priorities of the NHS and in line with this national and system context;				

	1. Providing safe alternatives to emergency admissions and to focus admissions on patients who need them most 2. Improving quality of inpatient care including End of Life Care by modernising in line with 7-day services, NHSEI advice, using technology and focusing on what our population really needs 3. Optimising length of stay for all patients (elective and emergency) 4. Improve maternity care in line with national recommendations including continuity of carer 5. Transforming outpatient services using technology to become a more responsive, patient focused service 6. Improve access and reduce inequalities of access for patients on waiting lists, improve cancer outcomes and address the pandemic-related backlog including development of an elective hub Underpinning delivery of the above six clinical priorities, the Clinical Strategy recognises that the Trust will not be able to provide every service to every patient. However, in line with our vision to be the best rural district general hospital for patient and staff experience, the trust will focus on the services most important to its population. It will also strive to be a centre of excellence for some key areas most important to our population, and within the expertise and experience of our team. To support the strategy, the Divisional teams have provided clear narrative as to the services which we aim to expand as well as specific reasons why other services may need to be provided in different ways in the future. Significant engagement on the content of the Clinical Strategy has been undertaken both internally and externally. Once approved, a robust comms plan will be implemented to ensure organisational visibility and understanding of the Clinical Strategy. Alongside this, the Trust's Clinical Strategy document will be used to inform the development of a Norfolk and Waveney Acute Clinical Strategy in partnership with NNUH and JPUH and will enable the development of a clear plan of service development and integration across the three acute Trusts within Norfolk and Waveney.
Recommendation:	The Board of Directors is asked to approve the Clinical Strategy