

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	<b>Medical Director</b>
<b>Date:</b>	<b>20 December 2012</b>
<b>CQC regulation:</b>	<b>16</b>

**Trust Board paper S**

<b>Title:</b>	<b>Clinical Strategy 2012/13 – 2017/18</b>						
<b>Author/Responsible Director:</b> Medical Director							
<b>Purpose of the Report:</b> To brief the Trust Board on the draft Clinical Strategy							
<b>The Report is provided to the Board for:</b>							
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**University Hospitals of Leicester NHS Trust  
Clinical Strategy 2012/13 – 2017/18**

**Vision**

In the next 5 years, we will become a successful Foundation Trust that is internationally recognised for placing quality, safety and innovation at the centre of service provision. We will build on our strengths' in specialised services, research and teaching and offer faster access to high quality care, develop our staff and improve patient experience, we call this....

...Caring at its best

Our clinical strategy will address the unique healthcare demands from the socio-economic and ethnically diverse populations across our catchment areas. A particular emphasis is placed on addressing the known high morbidity and mortality from cardiovascular and associated diseases.

Improving quality and safety will be the thread that runs through our purpose, vision and strategy. This has a significant impact on the way we will take the organisation forward. Our strategy outlines our thinking about the future shape of our clinical services. The proposals within this document reflect the ambitions of our staff to provide quality acute care and contribute to the wider healthcare system for all our patients, families and carers.

**The General Hospital** will be the centre of our non-emergency 'elective' care work. It will become the outpatient hub for Leicester from which new and established clinical networks, developed in partnership with others deliver better value care for patients closer to their homes. New state of the art administrative and communications systems will support the patient journey between the organisations they visit as part of their care. The site will host the 'Diabetes Centre of Excellence', the 'Nutrition Diet & Lifestyle Biomedical Research Institute'. Day-case treatment will be the norm, delivered from a dedicated day-case unit and the infrastructure and environment will be developed to make the patient journey, from parking to treatment and ultimately discharge, as simple as possible. In addition, community maternity services and a rehabilitation facility for City patients will be delivered from this site.

**The Royal Infirmary** will be the major provider of our acute and emergency services. We will consolidate and develop our core emergency services on this site to ensure we have the critical mass to deliver effective, safe and high quality 24/7 care which meet the changing needs of our local community. A new model of care for the treatment of patients presenting as an emergency will be implemented supported by the remodelling Emergency Department. Our specialist clinicians will be available at the front door as part of an "emergency floor" for the hospital, whilst integrated services for the growing frail older population will be enhanced and become the national model for others to follow. The 'Leicester Cancer Centre' will continue to develop and cement its links with Cancer Research UK as a significant R&D led service. We will establish on the LRI site a Leicester Children's Hospital. To facilitate these changes, those services which may be more appropriately provided elsewhere (outpatients and daycase), will be moved out from the Royal Infirmary site closer to the patients' homes to improve access.

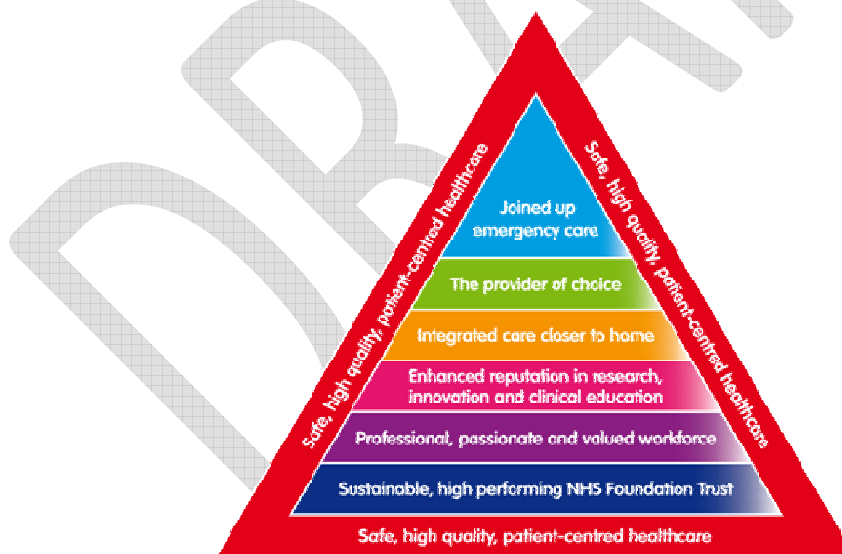
**The Glenfield Hospital** will build on its reputation for high quality research and development led cardiac and respiratory services with further developments of tertiary and complex services on this site. The Glenfield will become the home to the 'Leicester Heart Centre' and the 'Leicester Respiratory Institute'. To further compliment and strengthen the portfolio of services delivered from this site, vascular services and renal and transplant inpatient services will move to the Glenfield by 2017. This will be underpinned by significant academic development of this site.

Overall, Leicester's Hospitals will become smaller, more specialised and more able to support the drive to deliver non urgent care in the community. We will play a leading role in ensuring the rapid translation of research and innovation into services which will benefit our patients and the wider population.

As a result of centralising and specialising services, we will improve quality, safety and the hospital experience for our patients from the time they park their car to the moment they leave; we will be recognised for our low mortality rates, for low waiting times and for patients' rating the care they receive as excellent.

We will save money by no longer supporting old, expensive and under used estate and we will become more productive. This will enable us to make a cash surplus as a viable Foundation Trust at the end of each year which we will use to fund improvements to our existing services and the creation of new, innovative services supported by research and development.

Underpinning our 'vision' and 'purpose' are our strategic objectives. By delivering these we will fulfil our purpose to provide 'Caring at its Best'



Our Divisions and Clinical Business Unit teams, comprising of clinicians, nurses and managers have developed individual service strategies to deliver our strategic objectives; the key service developments on which we will focus initially are detailed below:

## **THE DELIVERY OF SAFE, HIGH QUALITY INTEGRATED CARE FROM A SUCCESSFUL FT**

Our clinical strategy is focused on delivering high-quality, patient centred services with excellent clinical outcomes. We will have a process of continual quality improvement for our clinical

outcomes, morbidity and mortality rates and other clinical indicators to ensure that we remain a provider of choice for our patients. We will eliminate avoidable pressure ulcers and have low hospital acquired infection rates.

The model of clinical practice will be to provide consultant delivered -rather than consultant led-patient care. We will create a sustainable workforce for the delivery of responsive multi-disciplinary clinical services which meet the needs of clinicians and patients. Training and education will play an integral part in ensuring staff have the right skills now and for the future.

The strategy reflects the changes in demographics, placing the patient at the centre of service planning and design ensuring that holistic patient centred care remains at the heart of everything we do. For example we will build services tailored to meet the challenges of a rising older population ensuring integrated care is provided across primary, community and social care. We will work with our partners to develop the infrastructure and networks to offer expertise across the health community to ensure that care for the older person is as seamless as possible.

We will respond to the national drive towards fewer regional centres of excellence for specialised services by ensuring these services deliver innovative, high quality patient care through robust Research and Development programmes which enable our patients to benefit from leading edge developments in the care of specific conditions. We will specifically seek to ensure it remains as a national centre of excellence for its work in Cardiac, Respiratory, Vascular, Renal, Cancer and Diabetes and significantly strengthen its portfolio of other key services to ensure they are sustainable in the future.

## **EMERGENCY CARE WHEN AND WHERE YOU NEED IT**

We will implement an integrated Clinical Model for Unscheduled and Emergency Care in partnership with agencies across the Health and Social Care community. Patient pathways will be changed to ensure that patients are seen in the right place at the right time by the right professional. We will base the clinical model on a mutually agreed understanding of how patients should flow through the system including who is responsible for particular aspects of a patient's care.

This clinical model will be supported by the development of new roles including extending roles of nursing and other professionals and offering creative recruitment strategies to meet the skill mix requirements. In addition we will invest in the development of a new "emergency floor" within the Leicester Royal Infirmary by 2014. We will actively seek opportunities to become a stakeholder in the management of minor injuries units and the urgent care centre. This model of care will create the optimum environment for patients in which they will get intervention from the right clinicians at the right time and in the right place. Our emergency department resources will be focused on the treatment of those patients with major illness and trauma, whilst admission for those with minor illness and injury will where clinically appropriate be avoided.

In particular we will:

- relocate the general surgical emergency take from the General Hospital to the Royal Infirmary. This will improve the emergency pathway experience for general surgical patients and will help to reduce cancelled operations and improve quality of service through protection to the elective surgery bed base. Additional theatre sessions will be provided at the Royal Infirmary to accommodate the increase in demand from emergency surgical services on a single site.

- promote centres of excellence such as the Elderly Frailty Unit (EFU) through the expansion of the Emergency Decisions Unit (EDU) and EFU at the Royal Infirmary.
- expand imaging, pathology therapy and pharmacy services, to meet increased demand and provide a 24/7 service which minimises internal waits and improves the efficiency of the flow of the emergency patient through the system.
- actively promote access to ambulatory care services and work in partnership, to further develop pathways to prevent the need for hospital admission
- continue to develop of our speciality take on the Clinical Decisions Unit (CDU) and Coronary Care Unit (CCU) at Glenfield to take streamed cardiorespiratory patients as the “Cardiorespiratory Acute Floor”.
- relocate our acute renal and transplant services to the Glenfield Hospital recognising the key interdependency between this service and cardiology
- ensure that University Hospitals of Leicester retains its status as a lead provider nationally and internationally recognised for its ECMO services. We will develop ECMO as a key part of an integrated advanced respiratory support service for adults with serious respiratory failure

To facilitate these changes we will where possible move our outpatient and non complex elective services out from the Royal Infirmary and Glenfield Hospital sites to the more appropriate and clinical setting which provides optimum access for the patient.

## **PLANNED CARE WHEN YOU CHOSE IT**

We are committed to being the provider of choice for planned care. We will deliver a full range of elective services from day case procedures through to complex tertiary surgical work.

We wish to work collaboratively and in partnership with the health community to agree how and where this range of services is delivered. Our strategy recognises that how and where these services are delivered must change from the traditional hospital site based system to a more distributed and integrated model of care delivery closer to the patients home whenever possible. As well as being good for patient care this change in model of delivery is an essential enabler for the University Hospitals of Leicester to be able to realise its ambition of ensuring both high quality emergency as well as tertiary complex care can be delivered efficiently from our hospital sites.

We aim to provide day case care wherever this is possible and reduce our elective length of stay for in patient procedures to that of the best performing Trusts in the UK. Our model of care will reduce morbidity and mortality, improve patient experience and reduce the number of cancelled operations to a minimum. By enhancing the delivery of high value care, these changes will mean that our current hospitals will change, becoming smaller and containing fewer in patient beds resulting in significant cost savings for the NHS.

Specific plans to allow this to be delivered include:

- the development of a dedicated day case and outpatient hub at the General Hospital
- changing the current three site model critical care services and providing an integrated Critical Care service across two acute sites. This will enable us to retain intensive care training accreditation and recruit and retain medical staff, as well as respond to changing demands for the service. Over the next five years, we expect to treat patients with increasingly complex conditions and this will result in an increased demand for critical care beds. Currently have proportionately fewer critical care beds than many other Trusts so to meet current and future demands we will consolidate the number of critical beds at the Royal Infirmary and Glenfield sites.

- building a purpose designed Theatre Arrivals Area (TAA) at Royal Infirmary. The TAA model takes control of the patient elective journey and brings ownership of the patient and any potential issues back to theatres by ensuring it is located within the Theatres complex.
- expanding facilities for post-operative care in theatre recovery at both Royal Infirmary and General Hospitals;
- developing more specialised planned care specialities on the Glenfield site. Our tertiary cardiology services will expand to include complex aortic and mitral valve work. We will move our vascular services to the Glenfield Hospital in order to optimise clinical interdependencies with cardiology and interventional radiology through the development of a hybrid theatre.

Improvements in diagnostic and Interventional radiology are an essential component of these service developments. We will optimise our provision of this service by expanding planned outpatient Imaging services and outpatient therapeutic procedures to meet the increased demand and to ensure the trust continues to meet its referral to treatment time targets

To meet the challenge of the future predicted increase in birth rates we are investing £2.9m over the next 2 years in expanding our maternity units at the General and the Royal Infirmary to create more delivery rooms, extra high dependency space, and dedicated assessment centres. In parallel a review and redesign of care pathways will take place in order to optimise the patient experience.

#### **LOCAL CARE WHERE POSSIBLE**

Where possible we will improve patient care and experience by delivering that care closer to the patient's home. Not only is this good for the patient, it is an essential enabler to allow us to deliver the emergency and tertiary planned care services outlined above within our hospitals. We will work with partners in the community to ensure these services meet the needs to the local population and use our expertise to provide the patient with integrated high value and world class treatment.

A significant number of our outpatient services can be provided in more local setting. We will respond to disease prevalence and referral patterns by offering services in local settings with a primary focus on moving out patient Dermatology, Diabetes and Rheumatology services into community settings. Further to this we will explore other areas of opportunity such as respiratory medicine.

We will also implement the following initiatives:

- the increase demand for endoscopy services as a result of the expansion of national screening programmes for Bowel Cancer will be addressed by the development of the nurse specialists to deliver the endoscopy service more widely in the community.
- we will implement one-stop nurse led pre-admission clinics in the community to reduce the need for patients to travel to hospital for pre-assessment.
- currently most patients who require long courses of intravenous antibiotics for complex infections have to be kept in hospital despite the fact that they are otherwise medically, surgically and socially fit for discharge. Therefore we will deliver more services at home through the Outpatient Parenteral Antibiotic Therapy (OPATS) programme. We will increase the number of intravenous therapies which are able to be delivered in the patient's home or a local community setting particularly in the field of infectious diseases and respiratory medicine. In addition our Chemotherapy @ Home programme will increase the number of chemotherapy drugs which are able to be delivered in the patient's home or a local community setting.

- we will develop new service models for the provision of ophthalmology services in the community.

## **CREATION OF A CHILDRENS HOSPITAL**

We intend to transform the way we deliver care to children in our hospital. We will consolidate the hospital care of children onto the Royal Infirmary site and in due course provide a physical Leicester Children's Hospital on that site with its own unique identity. There will be a single front door for paediatric emergencies to reduce duplication and improve patient experience. The changing health needs for children and young adults with complex medical needs, including the need for long term ventilation of respiratory difficulties, will require an increase in provision of paediatric critical care beds. Our children's hospital will work as a system leader within a network within the East Midlands in this specialty to provide this capacity.

We will improve services for Children, Teenagers and Young Adults through our new Teenage and Young Adults (TYA) Cancer Unit. This integrated unit will provide a dedicated environment in which children, teenagers and young adults are treated. An integrated team of specialists will ensure high quality, age appropriate care. Youth support co-ordinators will work with patients to ensure they receive the emotional, social and practical support they need. The unit will also provide support to the families of the patients.

Service modelling will be undertaken to assess the requirements for children's surgical day care and outpatient activity. We will seek to build on relationships with neighbouring district general hospitals to provide 'hub and spoke' surgical provision as well as outpatient clinics. In many cases we will be the hub, providing expertise and backup to define the local and community based pathways care – for example:

- joint working with local partners to meet the needs of children with urological diagnoses and to create capacity for increasing demand.
- joint working with local partners to meet the growing specialty needs of paediatric gastroenterology, with more children presenting with obesity and born with conditions such as coeliac disease.
- as more young children are being diagnosed with Type 2 Diabetes we will work with the community providers and commissioners to deliver a sustainable and patient focused model for transition of care from Children's to Adults services for teenagers and young adults with diabetes.
- outpatient appointments and simple procedures for children with dermatological conditions will take place in community and more complex treatments will be retained in the acute setting.
- working with commissioners and GPs to develop an East Midlands wide allergy service for children, which will offer more outreach in to GP surgeries.

We will also seek to partner with other teaching hospitals across the region – for example provide a regional model of care for children with metabolic conditions with Sheffield Teaching Hospital as the hub and University Hospitals of Leicester as a spoke

## **NATIONALLY AND INTERNATIONALLY RECOGNISED CLINICAL SERVICES BACKED BY R&D AND SUPPORTED BY TEACHING EXCELLENCE**

The changes to our clinical services will be driven by a strong culture of research, development and innovation, and underpinned by excellent teaching and training.

Our recently opened HOPE clinical trials unit will provide leading edge research and support us in providing high quality treatments to our patients with cancer. This will increase recruitment of patients and will give us the ability to attract patients nationally. The focus will be to engage with industry with a specific focus on randomised controlled trials and earlier phase studies designed through the National Cancer Research Network (NCRN) alliances with industry aligned with our national Cancer Centre Status.

The benefits of exercise for health are clear and indisputable virtually across every disease area: Cardiovascular, Obesity, Osteoporosis, Diabetes, Arthritis, Cancer, Depression, etc. Lack of physical activity as independent risk factor in cardiovascular disease is twice as important as smoking. There is a clear recognition our population does not exercise enough with only 15% boys and 7% girls achieving recommended activity levels and approaching 30% of children have problems caused by being overweight. Leicester has a strong sporting tradition and has in its catchment area, Loughborough, a major centre of sporting excellence in the UK. As part of the 2012 Olympic legacy programme, a commitment of £30m has been made to National Centres for Sport & Exercise Medicine, one of which will be based at Loughborough, with direct involvement of Leicester's Hospitals and University from 2015. Along with our East Midlands partners this will encourage research and education in the fields of respiratory and sports and exercise medicine with a clinical Sports and Exercise Medicine service being delivered on the Loughborough University site.

Over the next five years we will continue to expand on our strengths across our research and academic portfolio. We will invest in the development of our three Biomedical Research Units.

- The NIHR Leicester – Diet Lifestyle and physical Activity BRU will focus on improving health for patients with long term conditions such as diabetes by using and improving upon therapeutic lifestyle interventions. It provides an opportunity for researchers in the East Midlands to become some of the leading experts internationally in research into lifestyle, and in particular physical activity interventions to both prevent and treat diseases such as diabetes. The funding will support nearly thirty research posts.
- Cardiovascular BRU - The LCBRU continues to strive to enable more rapid translation of laboratory discoveries into clinical research and application. With the commissioning of the new British Heart Foundation Cardiovascular Research Centre Laboratory facilities we will seek further opportunities in cardiovascular research.
- Respiratory BRU – we will promote the development of new and effective therapies for the treatment of severe asthma and chronic obstructive pulmonary disease (COPD).

Working with Nottingham University Hospitals NHS Trust (NUH) on a joint venture known as 'empath', the vision for Pathology services is to become the pre-eminent provider of pathology services in the UK, supported by the academic ambition to be a world class centre in translational research. The hub will be fully operational by October 2013.