Clinical Strategy

Author: Andrew Furlong, UHL Medical Director

Trust Board paper D

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	N/A	
Executive Board	N/A	
Trust Board Committee	N/A	
Trust Board	N/A	

Executive Summary

Context

Further to the Chairman's Note to the public Trust Board (Reconfiguration) on 3rd September 2020, the Medical Director will lead a discussion on how the UHL Clinical Strategy evolved, underpins our Reconfiguration programme and seeks to address future LLR secondary healthcare needs and challenges.

Questions

1. Does the Board have a greater understanding of how the UHL Clinical Strategy evolved?
2. Does the Board have a greater understanding of how the UHL Clinical Strategy links to the LLR Reconfiguration programme
3. Does the Board have a greater understanding of how our Clinical Strategy & the LLR Acute & Maternity Reconfiguration programme seeks to address current & future secondary care healthcare challenges?

Conclusion

1. The UHL Clinical Strategy has been developed, sense checked and refined over the last 10 years through a process of ongoing multi-professional discussions with clinicians across

primary and secondary care linked to the wider LLR Better Care Together programme of work.

2. The UHL Clinical Strategy was strongly endorsed by the East Midlands Clinical Senate in 2018 and underpins the LLR Acute & Maternity reconfiguration plans that we are now publically consulting on.
3. The UHL Clinical Strategy and the LLR Acute & Maternity reconfiguration plans mitigate and seek to address 'known and likely' future secondary care healthcare challenges recognising the need for ongoing review of the Clinical Strategy as healthcare and population needs change.

Input Sought

The Trust Board is asked to contribute to discussions following the presentation led by the UHL Medical Director.

For Reference** (edit as appropriate)**:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes]
Safely and timely discharge	[Yes]
Improved Cancer pathways	[Yes]
Streamlined emergency care	[Yes]
Better care pathways	[Yes]
Ward accreditation	[Not applicable]

2. Supporting priorities:

People strategy implementation	[Not applicable]
Estate investment and reconfiguration	[Yes]
e-Hospital	[Not applicable]
More embedded research	[Not applicable]
Better corporate services	[Not applicable]
Quality strategy development	[Not applicable]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)?

- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required

- How did the outcome of the EIA influence your Patient and Public Involvement ?

- If an EIA was not carried out, what was the rationale for this decision?

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	**Select (X)**	**Risk Description:**
Strategic: Does this link to a ***Principal Risk*** on the BAF?		
Organisational: Does this link to an ***Operational/Corporate Risk*** on Datix Register		
New Risk identified in paper: What ***type*** and ***description***?		
None		

5. Scheduled date for the **next paper** on this topic: [TBC]
6. Executive Summaries should not exceed **5 sides** [My paper does comply]

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Caring at its best

#hello my name is…

Andrew Furlong

UHL Medical Director

One team shared values

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UHL Clinical Strategy

Evolution & Looking forward

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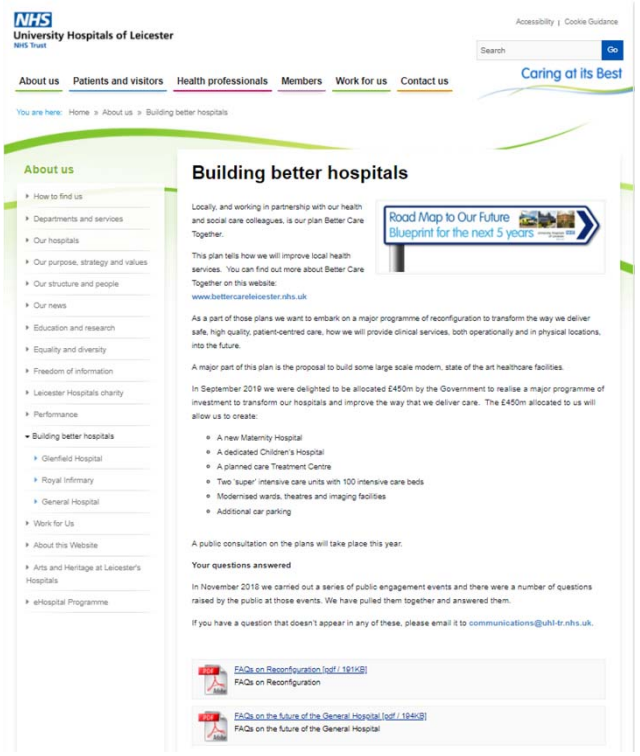
We have been talking publically about our Clinical Strategy for many years….



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Timeline

- 2000 – 3 city hospitals merge to form UHL
- 2007 - ‘Pathway’ project collapses
- Circa 2008 – split elective orthopaedic services brought together @ LGH
- 2008-2010 – series of multi-professional work shops to develop the UHL clinical strategy & explore options to improve patient pathways/outcomes
- 2010 onwards - LLR Better Care Together SOC/PCBC
  - 2 internal reviews of CS
  - LLR system Clinical Strategy
  - EM Clinical Senate review of CS
- 2017/18 – ED/Emergency Floor
- 2018 – Vascular Services relocate to GH
- 2021 – EMCHC & LGH Level 3 ICU dependant service moves

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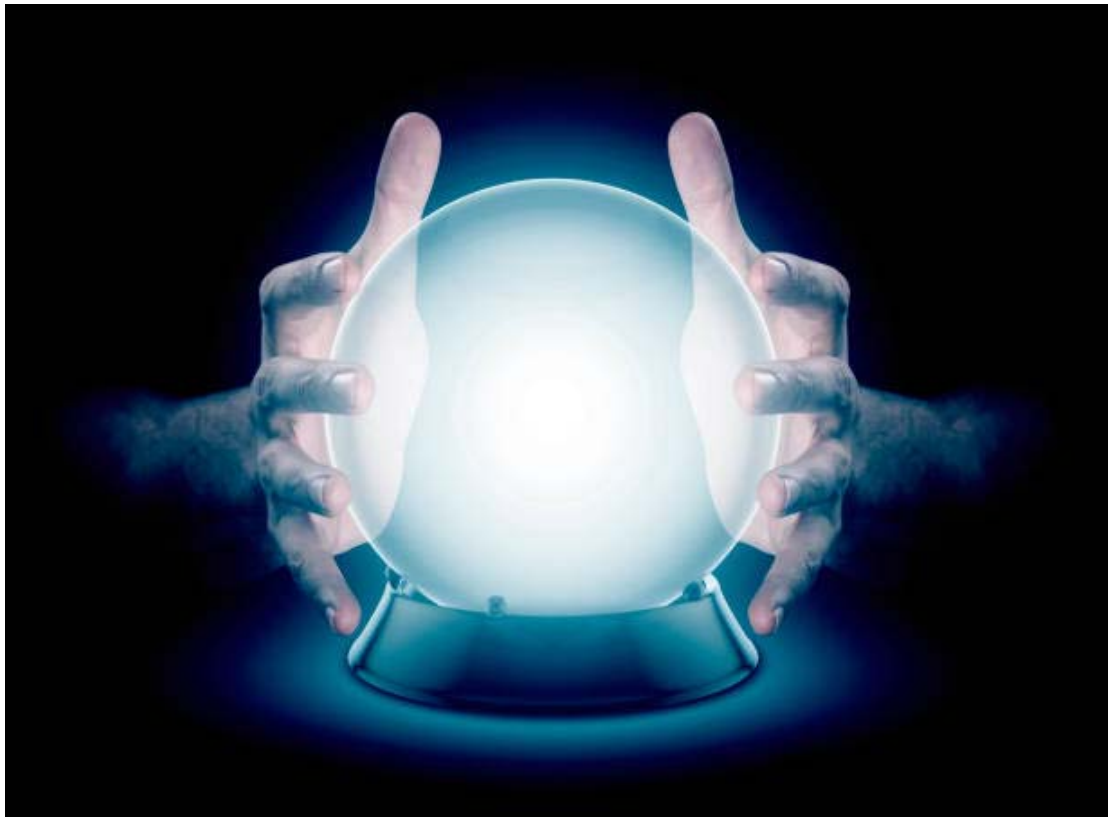
Looking Forward…



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But there is much we do know…

- The population we serve – local/regional/supra-regional
- Service 'models of care'
- Workforce resilience, recruitment & retention
- Centralisation of complex and tertiary specialist work to improve outcomes
- Supporting DGH's & primary care – working in networks/across organisational boundaries
- Supporting less complex work to be done in appropriate settings
- Need for increased ICU & enhanced care provision
- Technology & 'expensive kit'
- Infection Prevention – XDR organisms/emerging infections
- Teaching, Training & Simulation facilities
- Research

COVID-19 – what if?

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- ITU
  - Our plans double our ITU physical beds
- Children's Hospital
  - Services inc. EMCHC would have been relatively unaffected
- Treatment Centre
  - Segregated green pathways
- Our wards
  - Increased side room provision & ability to locally cohort
- Our buildings
  - Digitally enabled to support virtual/remote consultations & care
  - Improved infrastructure to support oxygen provision and ventilation etc.

But we are taking the opportunity to further review our plans based on our learning from the first wave

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