



Lancashire Teaching
Hospitals
NHS Foundation Trust



Summary of Clinical Services Strategy 2021–2024



Always
Safety First

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Foreword

We are delighted to launch the Trust's Clinical Services Strategy 2022-2025 which has been co-designed with our clinical leaders, frontline staff and operational leaders. This strategy has been developed to be fully aligned with the system level New Hospitals Programme Framework Model of Care and outlines the roadmap for our clinical services development and redesign for the next three years.

There is a lot to deliver, with some large-scale transformation for a number of clinical services in preparation for our new hospital, as we design and implement new models of care which are fit for the future. In designing our new models of care, we will focus on targeted population health management and reducing inequalities, co-designing clinical models and services with our patients as partners, to improve their health and life expectancy. We will continue to work collaboratively with local partners to drive improvements and provide integrated care to meet the needs of our communities. Our commitment to delivering this strategy and measuring its success is fundamental to the delivery of high-quality clinical services.

In developing this strategy, full consideration has been given to the significant challenges experienced in our system that relate to our clinical models of care and pathway redesign.

The significant drivers for change include: COVID recovery, the need for an emergency village on the RPH site with sufficient assessment capacity and the need to maintain acute services on two sites, community integration (to address the lack of integrated pathways and the need to work flexibly), workforce challenges, health inequalities and financial recovery. Addressing these challenges will improve both patient and staff experience.

This clinical strategy covers all services (acute and community) and specialist services provided by Lancashire Teaching Hospitals (LTH).

Our thanks to all of our clinicians and operational leaders who have led the work to develop our system level framework model of care. This has provided the framework to guide our work over the next three years. This clinical strategy will be supported by a measurement strategy to track our improvements and achievements. This strategy will be fully aligned to our annual 'Big Plan' and the implementation of the strategy will be through the divisional teams and overseen by the Safety and Quality Committee and the Trust Board.



Dr Gerry Skales

Medical Director



Sarah Cullen

Nursing, Midwifery & AHP Director



Faith Button

Chief Operating Officer

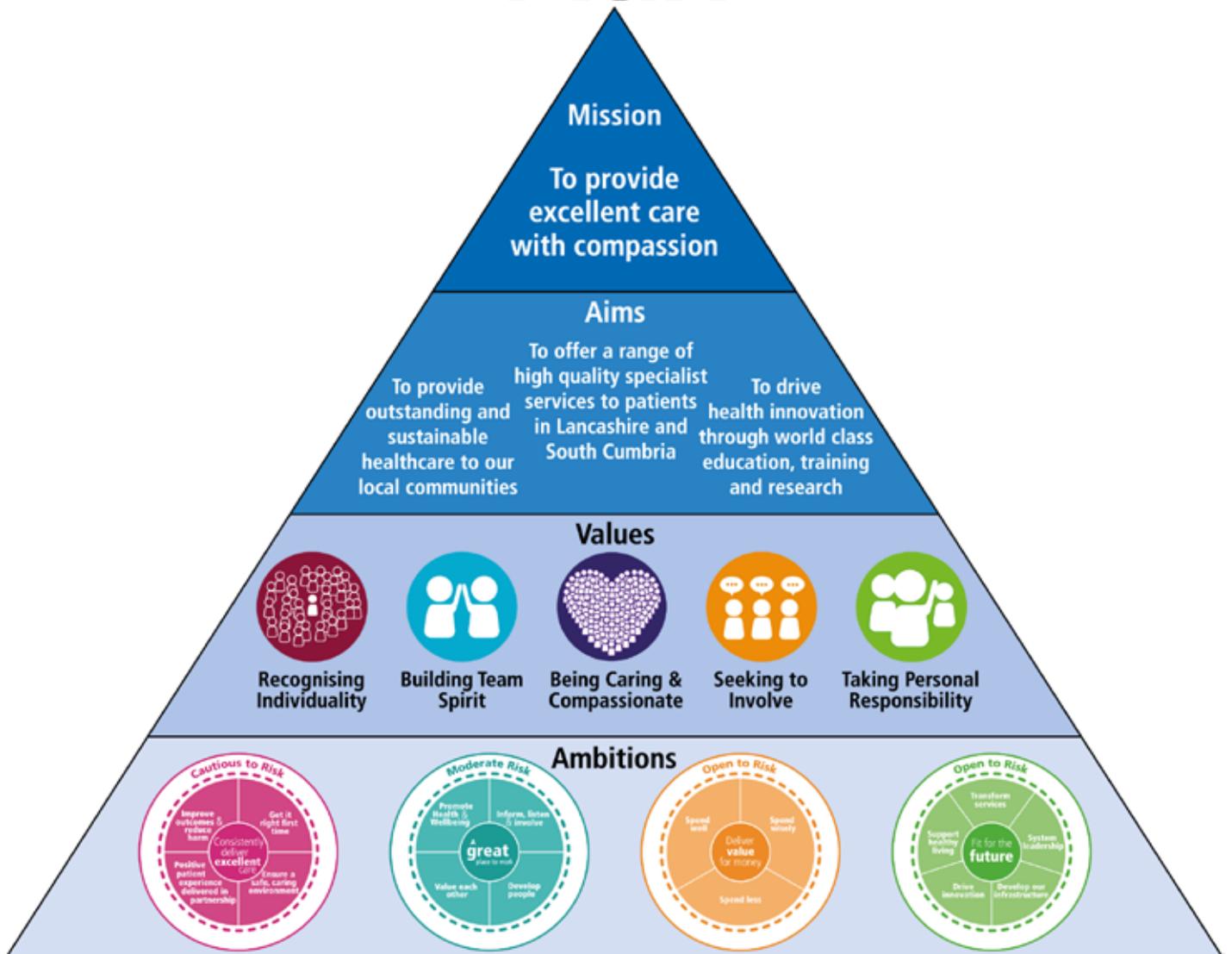
Our Trust Strategic Objectives and Our Big Plan

To provide outstanding and sustainable healthcare to our local communities

To offer a range of high quality specialist services to patients in Lancashire and South Cumbria

To drive health innovation through world class education, training and research

Delivery of the Trust's Clinical Strategy will be supported by a range of other detailed plans such as our Workforce and Organisational Development Strategy, Information Technology Strategy, Continuous Improvement Strategy, Financial Strategy and Communication Strategy.



Our Strategic Clinical Priorities

1) To provide outstanding and sustainable healthcare to our local communities

Reduction of waiting lists following COVID-19

The COVID-19 pandemic that commenced in March 2020 has fundamentally changed the landscape for the NHS and impacted on all clinical services across the organisation. The growth of our waiting lists following COVID-19 has been significant, and treating the increased number of patients will be a key priority for all specialties. Through this strategy period we will reduce our waiting list for outpatients, diagnostics and procedures, with the aim to be compliant with the NHS constitution. We will need to consider all options to increase clinical activity, with extended working and collaborating with the independent sector.

The system working with Integrated Care System (ICS) partners, implementing national and regional schemes throughout this period has enabled a number of transformational pieces of work to progress. Transformation programmes are currently taking place at three levels across our system;

- **ICS level**
- **Place level**
- **Organisational level**

The details of priorities at an ICS level are detailed in the ICS clinical strategy and are being reviewed as part of the developing Provider Collaborative Board (PCB) clinical strategy.

The details of the priorities for the Trust to deliver each year are detailed in Our Big Plan and the planning framework.

Capital developments have supported the replacement of RPH day case theatres into facilities at Chorley and South Ribble Hospital (CDH), alongside a Surgical Enhanced Care Unit (SECU), improvements in recovery areas in endoscopy, expansion of the emergency department at Royal Preston Hospital (RPH) and refurbishment of high dependency paediatric facilities. Enhancements were made to the existing critical care build to provide further compliance to infection control guidance.

Transforming Urgent and Emergency Care

There is an urgent need to improve the physical environment of the RPH Emergency Department and provide appropriately sized assessment facilities adjacent to the ED. We are writing a case for capital funding to enable this work to commence as rapidly as possible which on completion will improve the flow of emergency patients, reduce the number of patients requiring admission to hospital and reducing the length of stay of those who are admitted.

As part of the New Hospitals Programme we will review the current provision of emergency and acute medical services as well as critical care services on both of our hospital sites to produce recommendations for the future configuration of our services which are likely to need to be put to public consultation.

The ambition to separate elective and non-elective services across the organisation continues in this strategy and a key focus for clinical services is implementing and consolidating this across our organisation. This will reduce patient cancellations due to a lack of an available bed, and will protect infection prevention control pathways.

The non-elective services have a number of areas of focus within this strategy. Initial steps to re-open the CDH emergency department have been taken, and the strategic intention is to move from a 12 hour to a 24 hour emergency department, when it is possible to safely staff the emergency department. A review of the overarching strategy for the Chorley site and the non-elective pathways is also underway.

In line with the NHS long term plan the Same Day Emergency Care (SDEC) pathways will be expanded in adults and children's services, and diversion of patients into the most appropriate pathway via 111 assessment schemes will be enhanced and implemented through the existing Urgent and Emergency care platforms. This will result in more patients being cared for without the need for a hospital admission.

The strategic ambition is that to respond to increasing demand by allowing further admission avoidance, workforce models will be developed to provide robust seven day services for all non-elective specialities (for both adult and children's services) to include SDEC pathways, hot clinics and virtual wards. The acute hospitals services where appropriate will be integrated with and supported by community health and care services.

The capacity of the emergency department has been increased through COVID-19. This strategy recognises the pathway transformation opportunities that could be gained with co-locating acute services with modern emergency village facilities and is the next phase to this work. This would bring the medical and surgical assessment units with the correct capacity to be co-located with the emergency department. This will improve senior decision making and closer collaboration between acute specialties, and improve earlier discharge by ensuring early and regular senior clinical review. Inpatient admission when required will be to the correct specialty ward.

Protecting Elective Services

The national direction to separate services was further reinforced in the green elective site requirements through COVID-19 and allows us to further focus on the utilisation of the CDH site as an elective hub. The strategy for the organisation is to further increase the volume and number of elective services at CDH and appropriate support services that are required alongside this. Neurosurgery, Plastic Surgery, and potentially Gynaecology will develop their elective service by using the CDH elective site.

The strategic direction for routine day case children's surgery will be to also utilise the CDH elective hub, enabling protected and efficient pathways for the majority of children's surgery, with the smaller number of more complex surgery or children with more complex needs receiving surgery on the RPH site.

Ophthalmology services are implementing long term transformation plans with a purpose built facility at CDH that enables high volume quality pathways fit for the future. The next step is to further work across the system and integration with community pathways to ensure only those patients that would benefit from hospital care have to travel to hospital.

Services will work collaboratively with partners across the ICS and the Lancashire and South Cumbria Cancer Alliance to improve and sustain cancer performance, to implement national optimal pathways, to develop Community Diagnostic Centres (CDCs), promote early diagnosis and equitable access. The commencement of the CDC at The Preston Healthport providing CT, MRI and obstetric ultrasound scans is a welcome first step for our local population. There is a plan to increase this community provision to include cardiorespiratory and endoscopy examinations over the next 2 years.

A key element of the transformation of elective care relates to outpatients, and the alternatives to traditional outpatient (OP) appointments. These will be described in further detail within each specialty's clinical strategy and implementation plan but will focus on a number of areas;

- Enhanced advice and guidance to reduce OP referrals
- Creation of more one stop appointments including diagnostics pre-appointment
- Increasing the virtual offer
- Patient initiated follow up allowing patients with stable conditions to avoid regular hospital follow up but to be able to access their specialist team should the need arise
- Focus on understanding and reducing 'did not attend' (DNA) or 'was not brought' (DNA in children)

The telemedicine suite has opened on site at RPH and allows teams to work in a purpose built environment when completing virtual clinics, freeing up clinical facilities.



2) To offer a range of high quality specialised services to patients in Lancashire and South Cumbria

The Trust will continue to focus on ensuring the improved provision of high quality tertiary services over the course of the clinical services strategy. This includes continuing to provide our existing tertiary services, creation of new collaborations and networked services across our ICS. The PCB clinical strategy aims to describe these in greater detail.

We will continue to provide the following tertiary services;

Radiotherapy and Specialist Cancer Surgery

Major Trauma

Neurosciences

Plastics & Burns

Renal

Specialist Mobility and Rehabilitation Centre

Vascular

Neonatal Intensive Care

Plans for a clearly identified and integrated Neurosciences Centre for Lancashire and South Cumbria (similar to those already established in Manchester and Liverpool) will be progressed to help improve recruitment, service co-ordination and the profile of the Neuroscience specialties.

Significant improvements to Renal Medicine service provision are being implemented by locating provision in areas away from the LTHTR “hub” to support community provision and improved patient accessibility.

Plastic surgery capacity will be increased, and the breadth of treatments reviewed to enable equitable access for patients in the ICS.

The Specialist Mobility And Rehabilitation Centre (SMRC) will continue to support national rehabilitation priorities and the military veterans programme. The robotic programme has been sustained, and the specialties will continue to ensure that there is equitable access to these procedures by ensuring the national direction for increased robotic surgery is available locally.

In line with the ICS Clinical Strategy and the Provider Collaborative priorities, LTH is well positioned as the major specialist centre for Lancashire and South Cumbria to make a leading contribution to these priorities.

We plan to develop:

- a comprehensive stroke centre within the Trust, following designation by the ICS, alongside a related development to expand of our mechanical thrombectomy service
- the L&SC regional Pathology collaboration is continuing to develop its clinical model and mobilisation of procurement. With the anticipated approval of the full business case construction of the state of the art regional hub will commence in early 2023
- a L&SC Specialist Vascular Surgery Unit to provide a networked service across the region
- a L&SC Head and Neck cancer surgery and oral maxillofacial surgery (OMFS) networked service across the region
- Radiotherapy operational delivery networks (ODNs) will be established by 2022 – we are working in collaboration with the Christie and Clatterbridge Cancer centers to achieve national recommendations as part of the North West Radiotherapy ODN
- the five year road map for aligning Urology Cancer Services will be reviewed to explore and identify any developments to take forward with system partners including consideration of a single specialist surgical centre for complex urology cancers
- in maternity, the creation of a maternal medicine centre for L&SC at RPH and the development of the NW maternal medicine network will be progressed
- provision of further tertiary paediatric services for children and young people in L&SC to allow access to services more locally (e.g. Children’s rheumatology, Children’s pain services) will be explored and advanced in conjunction with the well-established tertiary children’s services in Manchester and Liverpool.



3) To drive health innovation through world class education, teaching and research

The Education and Research Strategies support the delivery of the Clinical Strategy by ensuring we provide high quality education for our students and staff and we provide a wide range of accessible research and innovation projects. There is robust evidence that leading healthcare organisations that maximise recruitment of patients to clinical trials and other research studies deliver higher quality care.

Education

The primary objectives of our education strategy are:

- to deliver and support education and training for our current and future workforce at Lancashire Teaching Hospitals NHS Foundation Trust
- to extend our education and training offer to healthcare staff locally, regionally, nationally and internationally

The model focuses on the three key components to successful careers:

- Getting in – creating and inspiring opportunities and access to careers
- Getting on – developing staff skills and competencies through excellent education and training
- Going further – offering career-enhancing education opportunities that enable career progression

Research

Our vision is to be the highest recruiting and most innovative, patient and staff-focussed Research & Innovation (R&I) collaborative in Lancashire and South Cumbria. Our research strategy has the following strategic aims which support the delivery of our Clinical Strategy:

- To continue building the capability and capacity within the Trust to lead and deliver high quality research and innovation and offer our patients greater access, an enhanced experience and better care through access to research, clinical trials and experimental medicine.
- Forge better links to our local/partner Higher Educational Institutions (HEIs) and significantly increase clinical academic appointments at all levels in the Trust.
- Academic partnerships in women's health and child health will be developed, joint clinical/research roles created and research/research education supported to enhance services and support service development opportunities.
- To increase the presence and profile of R&I in the Trust and in doing so the opportunities for staff, patients and the public to engage with the research agenda and provide a route for them to direct and influence Trust research and innovation priorities.
- Significantly enhance research quality and infrastructure and develop a full operational governance framework for R&I that feed into the Workforce and Education Directorate (WED) and trust level governance, effectively and appropriately.
- Develop a commercial and innovation strategy for R&I that feed into the Trust's plans for commercialisation, and WED's plans to develop an Innovation Hub for Education, Training and Research.
- Complement and service the Trust's plans for Improvement, both continuous (CI) and Service (SI).

4) System working in a new NHS landscape

Local Services: Integration, Place Based Care

Building on our existing successful integration programme in frailty and the emerging integration programme for respiratory services we will work with our partners to ensure that our local services and systems are fully integrated to provide joined up, seamless care with improved local access. For some of these priorities, the work will be delivered through the new System Level Model for Improvement.

Priorities for future programmes include (further details can be found in the Big Plan):

Therapies

Psychology

Cardiac services

Diabetes

Autistic spectrum disorder and the Special Educational Needs and Disability (SEND) agenda

Acute and Community Children's services review

Clinical networks

Our strategy is to support and develop existing clinical networks across the ICS and consider new areas of collaboration. Clinical networks have been developed in L&SC for Ophthalmology, Urology, ENT, MSK, Gynaecology, General Surgery, Oral and Maxillofacial Surgery (OMFS) and Anaesthetics/Perioperative pathways. These groups have representation from all system partners involved in the relevant clinical pathways to drive best practice and shared learning, utilising GIRFT, model hospital data. These groups also facilitate development of consistent clinical pathways, removing unwarranted variation and consider the opportunities to provide mutual aid where required. These networks are in addition to the existing Operational Delivery Networks in a number of areas that have been established for some time together with the long standing cancer clinical reference groups for all cancer specialities supported by the Cancer Alliance.

Fragile clinical services

Responding to COVID-19 highlighted that we have some fragile clinical services linked to the current available skilled workforce to sustain services. The system working, particularly through clinical networks, has enabled some early work to take place to provide mutual aid and consider working more closely together as networked services to provide more resilience. Our strategic aim would be that we will recognise which of our clinical services are fragile, through specialty level clinical strategies, and we will work to support and consolidate the service rather than divesting.

Reducing Health Inequalities

Our commitment to reducing health inequalities is outlined in this Clinical Services Strategy and our Always Safety First (ASF) Strategy, building on the foundations of our patient safety culture and systems, with a focus on recognising our role to identify and take steps to reduce health inequalities.

We will work closely with the Central Lancashire Determinants of Health System Delivery Board and our Data Science Group to understand key areas of focus and enable agreed metrics to be monitored. We have committed to engaging with patients as partners, staff and other stakeholder groups setting specific actions for our teams, local stakeholders and individual clinicians to address inequalities in patient safety.

As described in our patient engagement and involvement strategy, patients, visitors and partners will be central to identifying the improvements required to ensure health inequalities are thoroughly considered and addressed as part of this work and patients feel they receive individualised care in our services.

New Hospital Programme

We have a once-in-a-generation opportunity to transform our region's hospitals by 2030. By creating a network of brand new and refurbished facilities, we'll help local people live longer, healthier lives. By doing this, we'll also make Lancashire and South Cumbria a world-leading centre of excellence for hospital care.

The New Hospitals Programme is currently in development, creating the case for change and developing the Framework Model of Care. Our clinical strategy has taken account of the work underway to design the Framework Model of Care and is fully aligned. The clinical models of care will be incorporated into the delivery plans for this strategy where appropriate. This strategy outlines the work now required within Lancashire Teaching Hospitals NHS Foundation Trust to redesign our clinical services to deliver improvements for our local population and to be ready to transition to our new hospital.

Lancashire & South Cumbria New Hospitals Programme



Implementing our Clinical Services Strategy

We will now develop a robust implementation plan for the delivery of our strategy.

Planning

- **Benchmarking and learning from best practice:** The use of getting it right first time (GIRFT) visits and recommendations will inform the strategy and vision in many of the specialty strategies. Systematic analysis of the model hospital opportunities will allow further benchmarking and provide services with examples of organisations that are excelling in their delivery of highly efficient and good quality clinical care. Our strategy is to improve any services identified as outliers to the median and to ensure all services move towards best practice.
- **Engagement on our proposed service changes:** The speciality level clinical strategies contain various service changes that are at a formative stage. These will require further development involving our patients, staff and wider stakeholders to co-design future services.
- **Business case development:** A number of the proposals outlined in our Clinical Service Strategies will require a robust business case before proceeding to implementation and therefore in the event that the priorities cannot be funded, delivery will remain a risk.
- **Delivery plan development:** The Trust Planning Framework and the Clinical Service Strategies outline the key actions and timelines required to deliver this strategy. Detailed speciality level strategies and delivery plans will now be developed, which are aligned to and will inform the annual planning process.

Communications and engagement

- **Development of an engaging narrative for our organisation:** On approval of this Clinical Services Strategy an engaging narrative will be developed for staff, patients and our local population. This will be an integral part of our Communication Strategy.
- **Communicate and engage with external stakeholders:** Delivering this Clinical Services Strategy will require us to work closely with local partners.

Divisional Clinical Strategies

- **Development of Divisional Clinical Strategies:** Using this document as a foundation to build on our Divisions have developed Divisional and Specialty level Clinical Strategies to take forward our overall strategy and reflect service specific factors/circumstances. The Executive team have met with each Divisional team to review and discuss their strategies, ensuring congruence with the overall Trust Clinical Strategy and identifying key areas where senior support will be required to move forward. These Divisional Strategies will be reviewed on a 6 monthly basis as part of our Divisional Improvement Forums to ensure progress is being made and to help form the basis for the overall Trust Strategy to be reviewed and refreshed.

Measuring Success

In the three year lifespan of this strategy our ambition is to move our Care Quality Commission (CQC) rating to good and to support the organisation and the ICS to move from SOF 3 to SOF 2.

In the development of implementation plans, each clinical speciality/division will set the measures of success.

Successful delivery of our strategy, its successors and the system clinical strategies in the long-term will be measured against six key outcomes:

1. **Improved health and wellbeing of our local population:** measured by health outcomes such as life expectancy, mortality and morbidity and health inequalities between regions
2. **Reduction in Health Inequalities**
3. **Improved outcomes for our patients:** measured by clinical outcomes, safety and patient experience
4. **Improved patient experience:** measured by patient satisfaction and patient reported outcomes
5. **A great place to work:** measured by staff and trainee satisfaction, and our ability to recruit and retain our talented workforce
6. **A financially sustainable system:** measured by efficiency and productivity and the sustainability of Lancashire Teaching Hospitals NHS Foundation Trust and our partners in Central Lancashire and the ICS.