

Our Clinical Strategy 2020 - 2025

University Hospitals of
Derby and Burton
NHS Foundation Trust





Contents

03	Purpose	08	Strategic Objective 1	12	Planned Care
04	Guiding Principles	09	Strategic Objective 2	13	Clinical Specialty Delivery Plans
05	Context and Background	10	Strategic Objective 3	14	Respiratory Services
06	A Changing Health and Social Care Landscape	11	Urgent and Emergency Care and Cancer Services	15	Trauma and Orthopaedics
07	Clinical Services Structure				

Purpose

Our clinical strategy is our central strategy that will drive delivery of our vision of 'Exceptional Care Together', associated **PRIDE** ambitions, and to deliver the best care we can to our patients and their families.

This strategy provides the framework for our clinical specialties and divisions to develop their clinical delivery plans. This will build on work that clinical teams have already completed and embed the transformation delivered during our Covid-19 response.

Our clinical strategy will also define which patients should be looked after in each of our hospitals and how, informing our plans for our estate. This will include any tactical changes / operational improvements that support our Covid-19 recovery work over the first two years of this strategy as well as the longer term strategic ambitions.



Guiding Principles



This strategy is shaped by a set of core guiding principles, which underpin everything we do and the goals we set ourselves. We will:

1. Put patients' time and convenience above our own
2. Provide the most effective, equitable and responsive services possible, delivering high quality and compassionate care
3. Embrace technology and digital solutions
4. Provide care closer to home wherever possible
5. Provide education, development and research opportunities for our people to drive clinical excellence in practice
6. Work in partnership to meet the health and care needs of our local population and to deliver more integrated services
7. Maximise efficiency across all services, particularly secondary care

While all of the guiding principles are important, putting patients' time and convenience above our own is absolutely central to this strategy. We recognise that our purpose as an organisation is to maximise the value and outcomes for patients, families, carers who use our services.

Put simply, we will ensure our services are patient, or person-centred, focusing care on the needs of the person rather than the needs of the service. We will involve patients as partners, being flexible to their needs, designing services and processes to suit them.

In practice, this means:

- Redesigning how patients are referred into hospital for investigations or treatment, including patients who may have cancer
- More efficient and responsive clinical services, which may include configuring our services differently to improve outcomes, building on recent successes such as hyper-acute stroke services.
- We will agree on the very best, evidence-based methods of treating patients to constantly improve the quality of care we offer our patients.
- Clinical teams will use technologies and new approaches wherever appropriate maximising the respect we have for our patients' time.



Context and Background



Our Population

We serve just over one million people across Southern Derbyshire and the Dales, Derby City, Burton and the South East of Staffordshire.

Our local population is culturally diverse and expanding as more new houses are being built than elsewhere in England.

Across our catchment area, levels of deprivation, employment and life expectancy vary greatly. Some residents can expect 25 fewer years of healthy life lived compared to residents in other areas. The need for health and care continues to increase, driven by the expanding population with an increase in our frail elderly populations. Our frail elderly patients often have multiple illnesses. Our focus must therefore evolve to manage people with many complex and chronic conditions.

Our Trust

Our Trust was created out of a commitment to provide the best healthcare possible to the people of Derbyshire and Staffordshire. The merger acknowledged the strengths of the two former Trusts and the areas of improvement which could be achieved through merging the two organisations.

We are now in the position where clinical teams are larger, and the expertise of those teams has become far greater. As a result, we are much more resilient and flexible as an organisation.

Covid-19

Our response to the Covid-19 pandemic has in many ways accelerated this as our teams came together so brilliantly to collectively prepare and respond to the pandemic. But our journey is far from over. Goals we set ourselves as part of the merger, as well as the impact Covid-19 has had – and the learning that will emerge – are still to



A Changing Health and Social Care Landscape

be achieved and challenges overcome - this strategy builds on our earlier commitments as we reshape the way we work with our partners for the benefit of patients and our people.

In 2016, NHS organisations and local councils came together to form sustainability and transformation partnerships (STPs) setting out proposals to improve health and care for patients. We are key partners in two STPs, Joined Up Care Derbyshire and Together We're Better Staffordshire.

The more recent NHS Long Term Plan outlined a new system for how we will plan and deliver health and care - the system will have three levels, each with a distinct role; system, place and neighbourhood.

- Integrated care systems (ICSs) build on the foundations of STPs and will be in place by April 2021. In the local ICSs, in partnership with local councils and others, we will help set the overall system vision and strategy. With our partners, we will take collective responsibility for planning and organising the delivery of health and care to meet the needs of our local populations
- Integrated care providers (ICPs) will work at a more local level, focussing on creating an efficient, effective, responsive and equitable health and care system where a patients' time is the most important commodity. By working alongside local councils, other NHS organisations, and third sector partners, we will better understand information about our population. This will ensure the health and care services are tailored to the specific needs of the population we represent. We want people to live healthier lives for longer, and only come into hospital when necessary

Joined Up Care
Derbyshire

TOGETHER
WE'RE BETTER



- Primary care networks (PCNs) will work at a more local level. Based around groups of GP practices, PCNs will serve populations of between 30,000 and 50,000 people, organising community care, social care and primary care services.
- Our Clinical Strategy describes how we will build on our existing partnerships and work within this emerging integrated system.



Clinical Services Structure

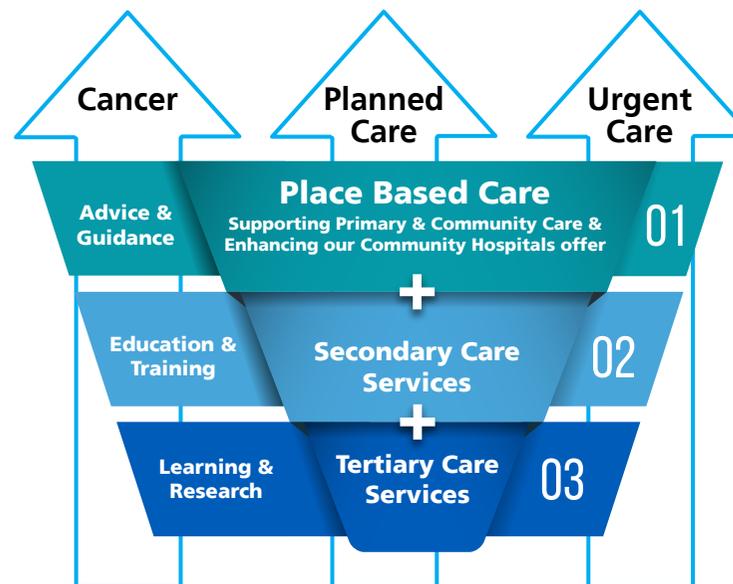
We want to do more than provide care for our patients when they become ill, we want to also help people to lead healthy, independent and fulfilling lives to prevent the population we serve becoming ill in the first place.

In response to this, our services will be grouped into three levels and, in turn, our strategic goals are framed around similar themes:

1. Those that meet a primary care demand
2. Our secondary care services
3. Tertiary care, which is our specialist services

Our nurses, allied health professionals (AHPs) and doctors in each of our specialities will define their five year delivery plans against these three levels of care, thinking about what this means for patients using:

- Urgent and Emergency Care services like stroke care
- Planned Care services like outpatients and day case surgery
- Cancer services



Strategic Objective 1

Integrating with primary and community care to provide seamless, local care and to support prevention and population health

We are committed to supporting the health and wellbeing of our local population. Many of our patients live with long term illnesses and have different times in their lives when they need our support. We know that some people are living with a number of health issues that means we need to help them manage their own care as best they can but that we are here for support when needed.

In partnership with colleagues in primary care our expert clinical teams will manage our patients with long term illnesses at home for as long as possible. When our patients need admission to hospital, we will design new pathways so that our patients spend as little time as possible in our Emergency Departments and the hospital. We also have the opportunity to make the best use of all the buildings and estate that we have as a large Trust. We know that the location and environment matters to patients and is part of delivering excellent care. As the clinical services change with changes in standards, technology

and workforce we need to ensure that we provide excellent care anywhere.

HOW we will do this:

- Work in partnership with colleagues in primary care to meet the health and care needs of the citizens we represent.
- Be full partners in both Derbyshire's and Staffordshire's new health and care systems.
- Use our community hospitals and other community facilities for as many appointments / services as possible, closer to where our patients live. This will ensure we maximise the use of all our hospitals.
- Align our clinical teams' delivery plans with our estates plan.
- Remain fully focused on clinical quality and safety.
- Maximise the use of digital technologies, which includes the safe sharing of patient records across the whole of the health and care system.

WHAT we will do:

- Clinical teams will start working with colleagues in all health and care settings to identify geographical areas or groups of patients where health outcomes must be improved. Our clinical teams will then work with colleagues in local councils, Public Health, schools, GP practices and their teams, to plan how we improve health outcomes in these groups. We must increase our focus on preventing ill health and keeping people as healthy as possible for as long as possible.
- Divisional / clinical teams will support the development of a comprehensive estates plan.
- Increase our engagement of patients in identifying, designing and delivering redesigned clinical pathways.



Strategic Objective 2

Provide high quality, accessible and consistent hospital services for Urgent and Emergency Care, Planned Care and Cancer

We will treat our patients in the most effective and equitable way possible by creating value for our patients in every single interaction with them. In doing so, we will use all our resources in the most efficient way possible.

HOW we will do this:

When our patients are referred to our clinical teams, we will see patients as quickly as possible. Our teams will redesign our follow-up appointments to reduce the number of times our patients have to attend our hospitals, locking in the digital transformation achieved in response to the pandemic.

- When our patients are looked after by many specialist teams, we will decrease the number of times our patients have to come to hospital for appointments. We will, wherever possible, try to combine appointments or even see our patients closer to their homes in partnership

with our colleagues in primary care.

- When our patients need a planned procedure, we will guarantee to offer that procedure the whole year round. To illustrate how much we value our patient's time, we guarantee that we will not cancel any procedures because of bed pressures during the winter. We will keep beds for specific clinical pathways (for example hip replacement pathway beds) and ensure our Covid-19 recovery plans and infection prevention strategies support this.

WHAT we will do:

- All our clinical teams have a part to play in looking after our patients in our Emergency Departments. We will ask all our clinical teams to describe how they will work differently to reduce the amount of time our patients wait in our Emergency Departments.
- We will identify areas where we could perform better when compared to similar trusts. By reducing variation in the quality of care and

productivity, we will improve the clinical outcomes for our patients and enable our clinical teams to look after more patients.

- Clinical teams will use modern technologies new approaches wherever we can.
- We will provide the highest quality teaching and training for all our staff and all the students who train with us at UHDB.

Outcome: How we will measure success and Impact:

- Patient and staff feedback
- Reduce variation in the quality of care and productivity, supported by local, national and international benchmarking:
 - Get It Right First Time
 - Model hospital data
 - National Joint registry
- Delivery of performance standards across all services, unplanned care, planned care and cancer outcomes



Strategic Objective 3

Build on our existing areas of clinical excellence in expanding our tertiary services to provide sustainable and equitable access for our local population.

We provide healthcare services for over one million people. This allows us to provide some specialised services, which are commissioned on a regional or national level. We want all our patients to have equitable access to all specialised services. There are specialist areas where we will support our clinical teams to build on their national / international reputations (for example Renal Services and Hand Surgical Services). There are areas where we will collaborate with other providers to provide specialised services for our patients.

Some of our services are already provided in partnership with others within our local health and social care systems and, for some of our most specialist work, we work closely with our neighbouring university hospitals across the region.

HOW we will do this:

- Working in partnership with Chesterfield Royal Hospital, Nottingham University Hospital, University Hospitals of Leicester, and University Hospitals of North Midlands we will collaborate to make sure that we offer the best possible specialised care for our patients.

WHAT we will do:

- We will lead specialised collaborations and be an active partners in others, building on existing partnership arrangements, including:
 - UHDB lead for Head and Neck Cancer services for the East Midlands
 - UHDB are part of the national trauma network working with regional partners
 - UHDB are partners in the East Midlands Cancer Alliance

The three levels of care described earlier will allow us to focus on a number of key themes:

- Urgent and Emergency Care
- Cancer Care
- Planned Care.



Urgent and Emergency Care and Cancer Services

Urgent and Emergency Care Services

Through our primary care partnerships, we will make sure our patients have access to the right care, in the right place, whenever they need it. Our partnerships in Urgent and Emergency Care will include NHS111 and our local Ambulance Services.

We will work within the ICS to develop Derbyshire's and Staffordshire's Urgent Treatment Centres (UTC). Providing fast and efficient services closer to people's home.

Within our A&E departments we will focus on same day emergency care (SDEC). SDEC is a way of assessing, diagnosing and treating patients in an efficient and effective way on the day of attendance.

Through our partnership work across our local system, we will simplify access to integrated urgent and emergency care services in the community to ensure that patients are directed and treated in the most appropriate care setting for their urgent care needs.

Through our partnerships, we will reduce the number of people who have to come to our Emergency Departments - where people do need to attend, we will reduce the amount of time spend in the Departments for treatment or a decision to admit.

Cancer

We will work with our patients and our colleagues in the local health and care systems to identify inequalities in cancer care. We must all work to decrease the number of people who have cancer. Forty percent of all cancers are caused by behavioural, lifestyle and environmental factors and by working together we must reduce this.

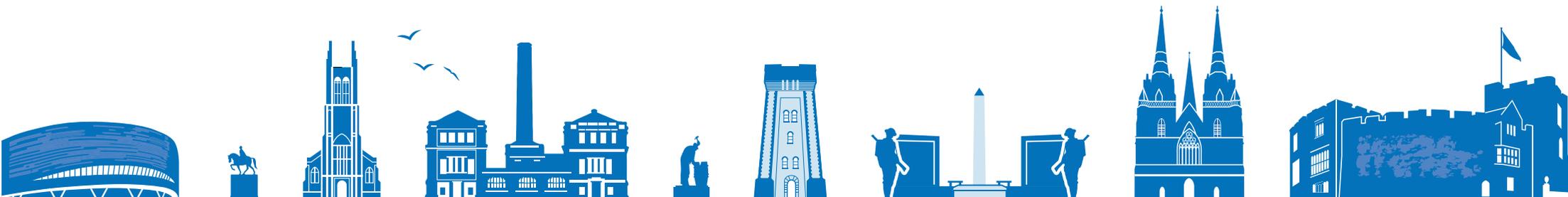
We will efficiently diagnose all cancers and we will diagnose all cancers earlier in the disease process.

As a major cancer centre in the region, we will extend and improve our cancer screening programmes as part of the national ambition to have three-quarters of all cancers diagnosed at an early stage.

We will improve outcomes for all our patients with cancer, starting with robust Covid-19 recovery plans with system partners to mitigate any lasting, wider impact from the pandemic.

Personalised care packages, including genetic testing, will lead to increasingly bespoke individualised treatments. We will tailor our treatments, where available to each of our patients, ensuring the cancer care we provide is tailored to their individual needs.

By delivering our ambitions for cancer services, we will increase survival rates, improve quality of life, improve patient experience, reduce variation and reduce health inequalities.



Planned Care



We will offer a more efficient, effective and responsive service when patients need planned investigations or planned procedures. We will keep patients and their families/carers involved in their care at all times.

With our colleagues in primary care and our patients we will develop efficient referral pathways which will improve our patients' experience of the care we offer. We will endeavour at all times to value our patients' time and personal circumstances.

Digitally enabled health and care will empower our population and connect our teams, providing easy access to appropriate, accurate and secure information. This will in turn support joined up and seamless care across the wider health and care system.

We will adopt a patient centred approach to the design and implementation of digital services. Work will be undertaken to ensure that our digital technology infrastructure and provision is fit for purpose and we will involve patients in the process to ensure that it will support the provision of high quality, effective patient care.

When patients are referred for specialist advice and/or are receiving follow up care, we will provide online booking systems and increase the number of digital appointments, where appropriate, such as video consultations to avoid patients having to travel to unnecessary appointments. Our Covid-19 response has already delivered a step change in the amount of care we provide via digital means, which our clinical delivery plans will build on.

And when patients do need to be seen in person, for example, for diagnostic tests and procedures, we will ensure our services are accessible, convenient and provided as close to home as possible. This will mean the majority of our outpatient appointments will be provided in community settings, moving away from the traditional model of care which involves providing clinics within acute hospitals. We will, in turn, re-purpose any vacated estate for patients and services which require acute infrastructure i.e. inpatient services.



Clinical Specialty Delivery Plans

Our clinical specialties are in the process of refreshing local delivery plans in line with this overarching clinical strategy and in pursuit of the strategic objectives. We have included two examples of headline priorities put forward by our clinical teams overleaf.

These examples have been chosen because they reflect the breadth of services provided by our Trust and illustrates how different services will need to respond differently to in order to fulfil the ambitions set out in this strategy i.e. some will become much more community focused, others centres of excellence for hospital based care and so on.

Summary

We are a big teaching hospital with big ambitions. We will fundamentally reshape the way we work as part of the wider integrated health and care systems, to reduce health inequalities, improve the wellbeing of our local population and prevent people from becoming ill where this is avoidable. We will adopt new technologies and develop new ways of working, underpinned by new roles, to deliver Exceptional Care Together.

Strategic Milestones for Clinical Strategy

20/21	21/22	22/23	23/24	24/25
<ul style="list-style-type: none"> ■ Clinical teams working with colleagues in all health and care settings to develop plans that target localities or groups of patients where health outcomes must be improved. ■ Clinical Delivery Plans developed across all specialties, which will also inform our Infrastructure strategy and our community hospital plans ■ Clinical teams working in partnership across the health system to improve flow to ensure consistent delivery of time critical services throughout the year, as part of our Covid-19 recovery plan ■ Outpatient transformation plan delivered, providing more care closer to home 	<ul style="list-style-type: none"> ■ Consistent delivery of urgent care and cancer access standards ■ Clinical teams across our different specialties actively involved in supporting patients in our Emergency Departments, providing care sooner and supporting improved flow. ■ Where possible health apps and wearable technologies in place to support patients with long-term conditions. ■ Robotic surgery maximized to improve clinical outcomes 	<ul style="list-style-type: none"> ■ Consistent delivery of all routine elective care access standards ■ Identification and elimination of unwarranted clinical variation, thus improving productivity and clinical outcomes for our patients ■ Highest quality teaching and training in place for all our staff and all the students who train with us at UHDB as evidenced by GMC survey 	<ul style="list-style-type: none"> ■ Tertiary services in areas of clinical excellence expanding in partnership with regional providers, providing more complex care locally ■ Achieving top 10% in GIRFT reports across all clinical standards 	<ul style="list-style-type: none"> ■ Seamless care models in place with integrated teams working together to support prevention and to improve population health – our local communities will be healthier overall ■ All services are of the highest quality, providing accessible and consistent care for our patients across unplanned, planned and cancer services – patients will spend less time in acute hospitals ■ Recognised as a Centre of Excellence for multi-professional research, education and leadership, continuously improving clinical quality

Respiratory Services

The UHDB Respiratory department is one of the largest in the country providing acute respiratory care to a population of one million people with a clear strategic direction to improve prevention of respiratory diseases and also excellent management of patients with acute care needs. Its important here to recognise that the Covid-19 pandemic provided an immediate challenge meeting the acute needs of our patients, there will be further ongoing challenge to minimise the long-term impact Covid-19 has on the respiratory health of our population.

Level 1 Care

Building strong clinical networks with primary care **we will:**

- Work with public health colleagues to identify our populations that are at greatest risk of respiratory illness and target interventions to reduce ill health. Specifically, we will reduce the amount of smoking in all our populations.
- Support better shared management of complex respiratory patients through expanding our community offer, including the Improving Adult Respiratory Care Together team (ImpACT+) service, ensuring consistency for our patients in Derbyshire and Staffordshire.
- Linked to ImpACT+ we will develop a range of on the day services, based within the ambulatory care centres, to improve direct access to specialist support for our patients in the community. The ImpACT+ team will support paramedics who need urgent advice for patients with respiratory conditions and, in so doing, prevent non-elective admissions.
- Implement a referral triage service (SRS) to review referrals and by directing some patients straight to test and giving advice and guidance to colleagues, reduce the number of new patients seen in clinic.

Level 2 Care

We will continue to improve patient outcomes, service effectiveness and efficiency for all secondary care services. For our inpatients, our priorities include:

- Unifying the Respiratory Department across both acute hospital campuses of University Hospitals of Derby and Burton, to deliver a consist service with standardised in-patient referrals, a consistent specialist input into the admissions unit, intensive care.
- Pulmonary rehabilitation will be consistently available for all our patients. This will link into ImpACT+ in the community.
- Increasing Respiratory HDU capacity at Burton and Derby to ensure we maintain sufficient capacity to manage seasonal demand safely.
- Defining how our wards will consistently work whilst looking after our patients aiming for the earliest possible safe discharge from hospital.
- Ensure that our digital infrastructure and provision is fit for purpose by involving patients in the design and roll out process



Level 3 Care

We will continue to build on our national reputation for specialist services working in partnership with regional tertiary centres to provide networked pathways. **We will:**

- Secure specialist allergy centre status
- Become a specialist fibrosis centre with the ability to prescribe drugs high-cost, immunosuppressive treatments
- Undertake all endobronchial ultrasound procedures locally (EBUS is a minimally invasive but highly effective procedure used to diagnose lung cancer, infections, and other diseases)
- Expand specialist clinics to include a cough and breathlessness clinic
- Continue to expand our asthma service with the ability to deliver newer biologic agents and bronchial thermoplasty.

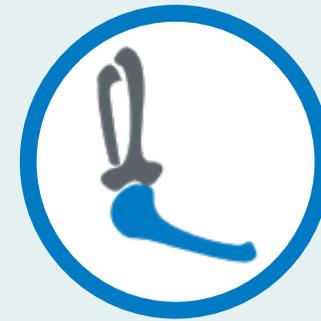
From an education and teaching perspective, we will

- Be recognised as a leading department for education of nurses, junior doctors and advanced clinical practitioners
- Expand our output of quality improvement projects and audit
- Increase the number of patients recruited to clinical trials and increase the number of departmental publications at national conferences and peer review medical journals.

Trauma and Orthopaedics

As one of the largest providers of orthopaedic services, we will become a centre of excellence with the very best clinical outcomes. We will be recognised for our research and teaching, promoting our best practice internationally.

Our **PRIDE** Improvement Practice will enable this, identifying and removing waste from our processes whilst promoting consistency in the way we work clinically.



Level 1 Care

Support earlier access to our specialists and improved outcomes for the local population through new clinical models and services, including:

- T&O Early Senior Review for primary triage
- Targeted Outreach teams across our local integrated care partnerships, putting additional support into the communities with the most need and greatest level of inequality.
- Increasing our service offer at the community hospitals ensuring a wider range of specialisms are available and as much as pathway delivered close to home
- Co-deliver local musculoskeletal services with community partners

Level 2 Care

We will continue to improve patient outcomes, effectiveness and efficiency for all secondary care services. Our priorities for planned care over the next five years include:

- Providing greater access to elective care across 7 days, moving to three operating session days across all hospital sites, which will reduce waiting times to improve outcomes and experience for patients
- Dedicated / exclusive theatres and bed base for T&O activity, providing consistency of access for patients throughout the year
- Develop the Treatment Centre extension at our Queens Hospital Burton site into the most efficient and productive elective centre in the UK
- Providing local care for local patients, increasing our market share across Staffordshire and repatriating activity from the private sector
- Expand consultant capacity in appropriate sub-specialties and in line with demand, reducing reliance on premium payments

For urgent care services, we will:

- Develop new pathways to support increased demand / pressures in the Emergency Department, including the establishment of an Orthopaedic Assessment Unit (OAU) to expedite diagnosis
- Deliver non-ambulatory trauma care on the Royal Derby Hospital site
- Our workforce will also evolve over the next five years. We will develop the roles of non-medical staff, including Surgical First Assistants in theatre, Extended Scope Therapists in clinics, and Advanced Clinical Practitioners on our wards

Level 3 Care

We will continue to build on our national and international reputation for specialist services:

- Hands – stand-alone tertiary centre with international recognition and a well-established research portfolio.
- Spines – delivered as part of the Regional Spinal Network ensuring sustainability for low volume services across a large population
- Hips / Knees – will develop a tertiary service in line with the Regional Revisions Network.
- Rebranded T&O Centre of Excellence



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