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# DEVELOPMENT OF A CLINICAL STRATEGY FOR UHMBT DELIVERED SERVICES

## 2019 - 2024

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# SECTION ONE

## FOREWORD

The National Health Service turned 70 on 5 July 2018. Over the last seven decades the NHS has helped transform the health and wellbeing of the nation and in turn has earned the enduring support of the British people. Through a process of continuous evolution and modernisation, it has delivered huge medical advances, improvements in population health and innovations in patient care. As the NHS moves into its next decade, local health and care systems across the country are rising to the challenge of a growing and ageing population by collaborating across organisational boundaries to develop more integrated models of care. In line with the vision of the NHS Five Year Forward View and latterly the NHS Long Term Plan, here at Morecambe Bay through Bay Health and Care Partners, we are working in partnership with a focus on population health supported by local system-wide action. This means working together to mobilise community assets and collective capabilities to improve quality of care for individuals, health outcomes for populations, and wise stewardship of taxpayers' resources. A refreshed strategy 'Better Care Together 2' is currently being developed that sets out how we will achieve our ambitions across the Bay.

Our UHMB Clinical Service Strategy which aligns with the BCT2 strategy aims to set out our vision for the services we want to provide on our hospital sites and within our communities for the patients we serve over the next 5 years. It is strongly influenced by changes in the external landscape of the NHS and is underpinned by our ambition to continue to provide high quality services which are clinically and financially sustainable, which are accessible to our patients and provide them with an excellent patient experience.

This Clinical Strategy reflects the well-evidenced principles of what good future NHS care will look like. This means more local and integrated services, maximising our opportunity as a community provider of care to improve access and help keep people healthy, and more concentrated specialist services where necessary, to increase quality and safety. Our patients and local communities have provided input into the development of this strategy as have our doctors, nurses, other clinicians and staff across the Trust. We recognise that to implement this successfully, we will need to continually listen and respond to the views of patients, local communities and our colleagues.

'Foluke Ajayi

**CHIEF OPERATING OFFICER**

## INTRODUCTION

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The NHS Long Term Plan published in January 2019 acknowledges the challenges facing the NHS, it builds upon the Five Year forward view by affirming the commitment to introduce new models of care and to push forward the integration of provider services; acute, community and primary care. The plan introduces the concept of a new funding regime that will support the transformation required to ensure that in a decades time on the NHS 80<sup>th</sup> birthday we will have a service fit for the future.

It is now over 4 years since the publication of the Better Care Together Strategy; over this time there has been considerable change in the landscape of the NHS, Bay Health and Care Partners has been established and Healthier Lancashire and South Cumbria brings together all health and care services across Lancashire and South Cumbria. The NHS funding gap has increased with the financial gap for Lancashire & South Cumbria estimated at £572 million by 2020/21. At the same time, we continue to see the demands on our hospital and community services increasing whilst we battle with the challenges of recruitment and our fragile estate and infrastructure. We recognise that running services across multiple sites produces duplication and is not the most efficient way to deliver care and we understand this is one of the contributing factors to the significant underlying deficit.

Whilst the partnership approach and the integration of acute and community services is now on a journey; it is time to review the way we deliver our clinical services. This will be done in line with:

- NHS Long Term Plan 2019
- 2017 next steps key priorities of the 5YFV
- 7 day service standards to be achieved by 2020
- Bay Health Care Partners – sustainability & financial recovery plan (October 2018)
- Better Care Together 2 – strategy refresh
- Lancashire and South Cumbria ICS plans
  - Acute and Specialised Services Portfolio review
- We also recognise that some of our services are already very fragile and may require intervention outside of this process.

In the development of this strategy we commit that:

- Our strategy will be clinically led
- We will listen to our colleagues, patients and local communities.

## CONTEXT – UNIVERSITY HOSPITALS MORECAMBE BAY

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University Hospitals Morecambe Bay is a provider of hospital and community services from three main hospital sites:

- Furness General Hospital (FGH) in Barrow
- Royal Lancaster Infirmary (RLI)
- Westmorland General Hospital (WGH) in Kendal

In addition the Trust provides services at Queen Victoria Hospital in Morecambe, Ulverston Community Health Centre and in a range of community facilities.

UHMB serves a dispersed population of around 365,000 covering South Cumbria, North Lancashire and surrounding areas, with services commissioned by Morecambe Bay Clinical Commissioning Group.

## UHMBT ORGANISATIONAL STRATEGY

At UHMBT our refreshed strategy confirms our commitment to:

**“Creating a great place to work and A great place to be cared for”**

The clinical strategy is a core product of the Trusts wider strategy; its development has been guided by the Trust’s organisational vision and strategic objectives. In turn, it is influencing the development of other Trust-wide strategies, such as those for patient experience; people; digital and estates.

<p><b>Patients</b></p> <p>Our patients will be treated with compassion, dignity and respect. Their experience is our most important measure of achievement.</p>	<p><b>People</b></p> <p>Our staff and volunteers are the ones who make a difference. They understand and share our values and this is reflected in their work.</p>	<p><b>Progress</b></p> <p>Our progress will be improved through innovation, education, research and technology to meet the challenges of the future.</p>	<p><b>Partnerships</b></p> <p>Our partnerships make us strong. By investing in them, we will deliver the best possible care to our communities.</p>	<p><b>Performance</b></p> <p>Our performance drives our organisation. Providing consistently safe, high quality care is how we define ourselves and our success.</p>
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## UHMB IN THE CONTEXT OF INTEGRATED CARE SYSTEMS

### HEALTHIER LANCASHIRE & SOUTH CUMBRIA – ICS FOR LANCASHIRE & SOUTH CUMBRIA

Healthier Lancashire and South Cumbria Integrated Care System covers a region made up of five local areas:

- Central Lancashire
- West Lancashire
- Pennine Lancashire
- Fylde Coast
- Morecambe Bay

The aim as a partnership of organisations working together is to improve services and help the 1.7 million people in Lancashire and South Cumbria live longer, healthier lives. The partnership is made up of Local Authority, Public Sector NHS and voluntary and community organisations coming together to improve outcomes and care for local people, reduce pressures on services and make best use of our financial resources.

Across the ICS there are a number of programmes of work (see below).

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As a partner within the ICS we are committed to working collaboratively to ensure delivery of financially sustainable services to our communities of Lancashire and South Cumbria.

## BAY HEALTH & CARE PARTNERS – INTEGRATED CARE PARTNERSHIP FOR MORECAMBE BAY

Bay Health and Care Partners is one of the five integrated care partnerships that sits within the Lancashire and South Cumbria integrated care system. BH&CP is made up of a range of partners from across health and social care communities:

- UHMB
- CCG
- GP Provider Alliance
- Lancashire County Council
- Cumbria County Council
- Lancashire & South Cumbria FT
- District Councils
- Community Voluntary Sector

The aim of BH&CP is to introduce and support new models of care across Morecambe Bay, this is described in the clinical strategy for the partnership Better Care Together Strategy.

### BAY HEALTH CARE PARTNERS TRIPLE AIMS:

As a partner we sign up to contributing to the delivery of the Better Care Together Strategy through the following aims:

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- **Better Health** – we improve population health wellbeing and reduce health inequalities
- **Better Care** – we will improve individual outcomes, quality and experience of care
- **Delivered Sustainably**- we will create an environment for motivated, happy staff, and achieve our control total

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## SECTION 2

### CLINICAL STRATEGY DEVELOPMENT

The ambition of this strategy is to ensure that hospital delivered in-patient care will only be considered when there is either clinical evidence of potential benefit from admission in accordance with a patient's wishes or when the resources required to deliver that care determine that it needs to be in a hospital setting. We also commit to maximising our opportunity as a provider of acute and community services to ensure delivery of integrated care based on pathways which support delivery of care closer to home. We recognise that our community teams are still in a period of transition and therefore will require further time to fully develop their strategic thinking and plans which will follow in due course, ensuring complete alignment with BCT2. As a provider of healthcare take very seriously our role in population health and wellbeing, we will ensure that our teams embrace the concept of Every Contact Counts understanding that every interaction with our patients provides an opportunity to support them in making positive changes to their physical and mental health and wellbeing. As we implement our strategy we will consider which model of delivery is appropriate for each service to ensure high quality care for all our patients.

A central tenant of our approach will be to ensure that whilst management of a clinical pathway may alter, it will continue to be provided locally wherever possible. We remain committed to the provision of A&E services and consultant led obstetric services at our hospitals in Barrow and Lancaster. However whilst the Trust will continue to strive to deliver as many of their services as they can locally - workforce, quality and financial drivers may well determine that this is no longer possible and therefore in order to ensure sustained delivery of a service within the BHCP footprint there will need to be consolidation and centralisation onto one of the hospital sites. Any changes will be done following engagement with colleagues, patients and public.

### ENGAGEMENT & INVOLVEMENT

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We recognise the importance of engagement with our staff, partners, patients and public. In line with our 5 P's we commit to put our patients first. The voice of our patients and staff must continue to be ever present in all parts of our organisation; with them, their families and carers and the wider community they should be partners in the design, development and delivery of services. Their support and contributions continue to be important as we work together to find ways to provide high quality care and services in different ways with constrained resources.

<p style="text-align: right; font-size: small;">University Hospitals of Morecambe Bay NHS Foundation Trust</p> <p><b>Patients</b></p> <p>Our patients will be treated with compassion, dignity and respect. Their experience is our most important measure of achievement.</p>	<p style="text-align: right; font-size: small;">University Hospitals of Morecambe Bay NHS Foundation Trust</p> <p><b>People</b></p> <p>Our staff and volunteers are the ones who make a difference. They understand and share our values and this is reflected in their work.</p>
<p style="text-align: right; font-size: small;">University Hospitals of Morecambe Bay NHS Foundation Trust</p> <p><b>Partnerships</b></p> <p>Our partnerships make us strong. By investing in them, we will deliver the best possible care to our communities.</p>	

Aligned with our primary principle:

**1. Our patient's voice is the most important.**  
 We will adopt the principle of 'please listen to me' and 'no decision about me, without me'.

We will ensure that we engage individual members of the public in their own health and care through shared decision-making and by giving them more choice and control over how, when and where they are treated – helping to deliver “no decision about me without me”. Working closely with our commissioners, and building on previous engagement and consultation, we will develop an engagement programme specifically around the implementation of our clinical strategy. Specifically in relation to our young people engagement and involvement via our Youth Forum will ensure their voice is heard in how we can improve our services.

We will look to build awareness and understanding of the key elements of the strategy and, most importantly, bring in the views and ideas of stakeholders to help shape our future plans. This will cover new models of care, improving patient pathways and systems, and our estates design and implementation. We recognise that working collaboratively with local communities from different geographical areas, communities of interest and seldom heard groups to ensure their views are integral in the commissioning, design, delivery and evaluation of services. The underlying principle of co-production is that people's needs are better met when they are involved in an equal and reciprocal relationship with professionals and others, working together to get things done.

## CLINICAL SERVICE STRATEGY PRIORITIES – aligned to UHMB Strategy

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University Hospitals of Morecambe Bay NHS Foundation Trust

## Patients

Our patients will be treated with compassion, dignity and respect. Their experience is our most important measure of achievement.

- ✓ Providing safe sustainable services for our patients
- ✓ Continue to improve emergency & urgent care services
- ✓ Through collaboration & integration we will where possible provide care closer to home
- ✓ Ensuring the estate is fit for purpose and supports the delivery of safe, effective care
- ✓ We will ensure best practice is incorporated into our service models
- ✓ We will focus on prevention & health inequalities

University Hospitals of Morecambe Bay NHS Foundation Trust

## People

Our staff and volunteers are the ones who make a difference. They understand and share our values and this is reflected in their work.

- ✓ Ensuring our workforce are engaged in delivery of our clinical service strategy
- ✓ Developing workforce models that meet the service needs
- ✓ Providing relevant training to ensure we can support our workforce to adapt to any service model delivery changes
- ✓ Providing leadership & support to our staff

University Hospitals of Morecambe Bay NHS Foundation Trust

## Partnerships

Our partnerships make us strong. By investing in them, we will deliver the best possible care to our communities.

- ✓ Working in partnership with BHCP to shape and deliver new ways of working aligned with the NHS Long term plan
- ✓ Working collaboratively with GP's to work in partnership to ensure delivery of safe & sustainable services
- ✓ Support the fragile services workstream across the ICS
- ✓ Engage with our patients and local communities on any proposed changes

University Hospitals of Morecambe Bay NHS Foundation Trust

## Progress

Our progress will be improved through innovation, education, research and technology to meet the challenges of the future.

- ✓ We will use evidence based information to support our strategy development
- ✓ We will align with our research priorities to ensure they inform any development opportunities
- ✓ We will embrace and engage in any digital technology to further improve our service delivery
- ✓ We will engage our staff to support development of new models; to listen and to share areas of good practice

University Hospitals of Morecambe Bay NHS Foundation Trust

## Performance

Our performance drives our organisation. Providing consistently safe, high quality care is how we define ourselves and our success.

- ✓ Ensure our models of care support the delivery of timely access and compliance with the NHS National constitutional standards
- ✓ Our clinical strategy will support delivery of effective & efficient models of care that are sustainable for the future
- ✓ We will monitor, audit and review changes to ensure improved outcomes and efficiency

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## KEY PRINCIPLES

A number of principles have been agreed by our clinical teams in the development of our clinical strategy and will underpin our clinical models:

### 1. Our patient's voice is the most important.

We will adopt the principle of 'please listen to me' and 'no decision about me, without me'.

### 2. We will review clinical evidence, benchmark data and guidelines to assure ourselves that we are delivering best practice

### 3. We will carefully review all of our service models

and ensure that every intervention we have with our patients adds value, removing any non-value added steps / interventions

### 4. We will ensure that all our services offer advice and guidance support to our GP's in a standardised approach

### 5. Any clinical assessment leading to a decision on a pathway of care (or change)

will take note of all information available about the patient including shared records

### 6. Following a new outpatient review, patients will only be followed up where clinically indicated;

a follow up will be an exception rather than the rule.

- Where appropriate one stop clinics will be established

### 7. Our principle will be to assess to admit – not admit to assess

### 8. We will commit to explore alternatives to admission before a decision to admit is made. As a result we will:

Assess patients in the community where appropriate; Ensure access to ambulatory care pathways; hot clinics; ;Ensure senior review and decision making prior to admission

### 9. When a patient is admitted they will have a consultant review within 14 hours of admission 7 days a week.

### 10. All patients with high dependency needs will be seen and reviewed by a consultant twice daily.

patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway

### 11. We will start planning for discharge on day of admission

- Expected date of discharge will be set on admission and discussed with the patient.
- Daily board rounds will be undertaken following the SAFER principles

### 12. Any patient requiring surgery will as a default unless clinically indicated:

- Have a pre-op assessment prior to day of surgery.
- Have the procedure undertaken as a day case.
  - Be admitted on the day of procedure

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## BHCP STRATEGY PRINCIPLES

Our clinical strategy has been built upon key assumptions aligned with our Bay Health and Care Partners strategy to ensure it is:



Where we:

- consider our workforce as a shared resource, delivering across community locations and facilities
- Consider buildings as facilities to operate from rather than the sole property of individual organisations - we will do away with the notion that consultant medical staff only work in acute hospitals and GPs only work in primary care premises.

## OUR CHALLENGES

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We have identified a number of key challenges facing the Trust that need to be considered in relation to this clinical strategy:

**Workforce:** a number of our services are vulnerable due to the shortages in workforce. It is critical to have dynamic and responsive workforce plans in place as well as developing workforce models that meet the service needs. Providing relevant training to ensure we can support our workforce to adapt to any service model delivery changes and to provide leadership & support to our staff

**Physical infrastructure:** Much of our estate is not fit for modern healthcare and a good patient experience. It is becoming increasingly difficult to maintain. Alongside this strategy we will develop an estate strategy supporting delivery over the next 10 years.

**Funding:** UHMB remains in significant deficit and is identified as the worst performing Trust nationally in relation to cost per weighted activity unit (Model Hospital). In October 2018, BHCP submitted a Sustainability Financial Recovery Plan to NHSi/E which was accepted. For 19/20 UHMB must continue to deliver savings through efficiency measures in the order of 5.4 per cent, in order to deliver its control total as set by NHSi.

## CLINICAL STRATEGY – CARE MODELS

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In agreement with our clinical teams we have grouped our services into three Care Models:

**Emergency and  
Urgent care**

**Planned Care**

**Integrated Care**

**Underpinned by our support services**

**Achieving optimal service adjacencies**

## MODELS OF CARE

### EMERGENCY & URGENT CARE

Nationally we have an emergency care system under significant pressure and at UHMB we are no different. We have not achieved the national 4 hour Accident & Emergency standard for some time and recognise that our waits within the emergency departments is not where we would want them to be. We therefore commit to the following:

- ✓ Improvement work within our A&E departments will continue with oversight through our A&E Delivery Board.
- ✓ We will work with our Bay Health and Care Partners to ensure a comprehensive streaming model is in place ensuring only those patients who require emergency services attend our A&E departments. We will continue to deliver our urgent care service at WGH.
- ✓ We will move to providing a comprehensive model of Same Day Emergency Care on our Royal Lancaster Infirmary (RLI) and Furness General Hospital (FGH) sites, which has been evidenced to increase the proportion of acute admissions discharged on day of attendance from a fifth to a third.
- ✓ In recognition of the increasing number of presentations of elderly patients to A&E and subsequently being admitted we will ensure an enhanced frailty assessment service to ensure that those who do present to A&E are assessed, treated and supported by skilled multidisciplinary teams delivering comprehensive geriatric assessments with a focus of returning the patient back to their place of residence as a preference to admission.
- ✓ Within our acute wards we will ensure we adopt and embed the SAFER patient flow bundle which is a practical tool to reduce delays for patients in adult inpatient wards; it blends five elements of best practice; focused on ensuring every day is a 'value added' day; that our patients are fully informed throughout their stay in hospital and that planning for discharge commenced on day of admission.
- ✓ And through 2019/20 we will move towards meeting the national 7 day priority standards. The NHS launched 10 clinical standards in 2017 which are aimed at ending the variation in outcomes for patients admitted to hospitals in an emergency at the weekend. The overarching aim is to ensure patients receive consistent high quality safe care every day of the week. By March 2020 trusts are asked to deliver against four of the ten standards :

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- *Standard 2 – All emergency patients will be assessed by a consultant within 14 hrs of admission*
- *Standard 5 – access to a range of diagnostics over the 7 days*
- *Standard 6 – access to a range of consultant directed interventions 24/7*
- *Standard 8 – Review of high dependency patients twice / once daily depending upon condition 7/7.*

We recognise that there are particular constraints particularly to the estate on the RLI site and this will be addressed through the estates strategy

## PLANNED CARE – INPATIENT CARE

At UHMBT we need to make significant improvements in the delivery of our planned care services including cancer; our patients currently wait too long for assessment and for surgery, our commitment is to focus on improving our patients experience by review and reorganisation of our services to meet national standards.

- ✓ We will ensure comprehensive capacity and demand modelling across all our services
- ✓ In line with best practice evidence, we will plan to separate elective services from acute / urgent services to improve outcomes and patient experience
- ✓ We will review the new models of systematised surgery that are emerging to support improving quality while reducing costs; these are predicated on the redesign of clinical space; processes and roles to facilitate a higher throughput of patients and low cancellation rates.
- ✓ In addition, we will, in line with evidence from the British Association of Day Surgery (BADS) focus on short stay electives with four pathway options:
  - Procedure room
  - Day surgery
  - 23 hour stay
  - Under 72 hour stay

We will develop Westmorland General Hospital (WGH) as a designated ambulatory / short stay surgical centre. This is likely to lead to a shift of services to WGH and release much needed capacity on our acute sites. We will engage with our colleagues, patients and local communities on these developments.

We have started to expand our service portfolio at WGH with the commencement of the implantable cardioverter defibrillators (ICDs) service in our Cardiac Centre; this is a much welcomed expansion as previously our patients had to travel to Blackpool for this procedure.

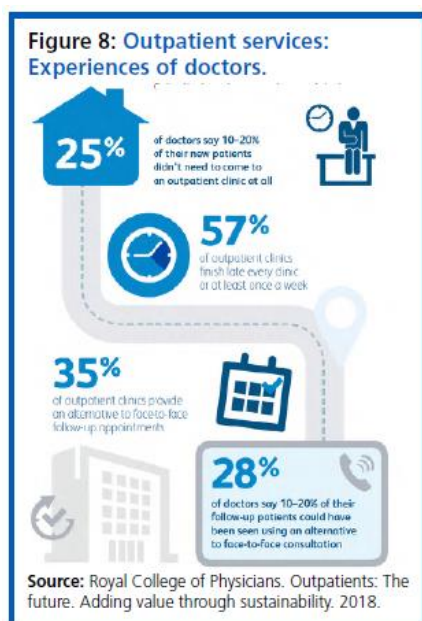
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## PLANNED – OUTPATIENT CARE

The NHS Long term plan identifies that the traditional model of outpatients is outdated and unsustainable. The overarching purpose of outpatient care has always been to allow patients who do not need to be in hospital to seek a specialist opinion. But what can be achieved in an outpatient setting has changed significantly over time. Improved survival, advances in diagnostics and treatments, new modes of communication, changing patient expectations and less hospital-centric models of care have had a huge impact. Outpatient care in many places and this includes Morecambe Bay, has not kept pace and this, coupled with increasing and inconsistent referrals/ demand which out-strips core baseline capacity has resulted in thousands of additional out-patient clinics being held each year at premium cost and a system under pressure.

Through BHCP we have established a reimagining outpatient programme, in recognition that there are great opportunities to redesign and deliver this service so that over the next five years patients will be able to avoid at least a 1/3<sup>rd</sup> of outpatient appointments. To support redesign we are developing innovative ways to provide this service and are working closely with our staff and digital team to ensure we embrace the use of technology within our solutions; minimising patient disruption and travel time wherever possible.



- ✓ We have a programme focussed on reducing unnecessary follow ups
- ✓ We are implementing patient initiated follow ups as a default across all our services.
- ✓ We are seeking to use technology to support; self-booking; telemedicine and virtual clinics

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## INTEGRATED CARE

The NHS Long Term Plan committed to increase investment in primary care and community health services this continues the direction of travel set in BCT2 Strategy. It has at its heart the continuation of the development of a population health approach; integration of care especially at a neighbourhood level through Integrated Care Communities; thriving general practice supported by primary care networks; an expansion of care in community settings and smaller, higher quality hospitals; and integrated children's services delivered through ICCs.

As an integrated acute and community provider and by working collaboratively and in partnership with our GP's, primary care networks, local authority and voluntary sector partners we have a great opportunity to help transform care for patients with multiple and complex needs spanning the health and social care sectors – from birth to death.

Our teams strongly support and understand the benefit of integrated care to deliver the best outcomes for our patients.

- ✓ We are already on a journey with integration of our teams following the transfer of community services. Care pathways are completed for:
  - End of life care
  - iMSK
  - Diabetes
  - Urgent and emergency care

And are being developed / implemented for:

- Respiratory teams and pulmonary rehab team
  - Heart failure and cardiac rehab
  - Therapy teams
- ✓ Following the transition of our community children's nursing and therapy team across North Lancashire we are beginning to work in an integrated model across the Bay providing care across the whole pathway – we will continue to build on and expand this model. In the future this will include services across South Cumbria.
  - ✓ We recognise that we have a good opportunity to improve the integration of our stroke service. We will ensure we are doing so in alignment with the work at an ICS level.
  - ✓ We will develop a model of elderly care that has been proven to transform the quality of care with 30-40% reductions in hospital attendances / admissions and a similar reduction in bed days.
  - ✓ Clinicians will lead multi-disciplinary teams and be accountable for delivering excellent care and outcomes for all our elderly patients with complex care needs.
  - ✓ We will endeavour to provide and deliver appropriate care in community based clinics or in patients' homes, delivering on the acute site only when absolutely necessary.
  - ✓ With our health and social care partners through BHCP we will also develop pathways and multi-disciplinary care teams to support patient with long term conditions through proactive, highly coordinated care.
  - ✓ A single care plan will be developed jointly with our patients, supported by education and engagement.
  - ✓ We will work closely with our local community providers to ensure that care is well integrated and where appropriate provided close to patient homes or at home, ensuring they have access to the best acute facilities when needed. We will engage with our local community to understand where they would like to be cared for.

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Through these initiatives we will drive significant reductions in the number of days that our patients spend in hospital on an unplanned basis, significantly reducing the cost of unplanned care whilst maintaining or improving safety and quality for our patients.

## CHILDREN & YOUNG PEOPLE AND MATERNITY

Whilst our strategy and clinical models apply to all our patients irrelevant of age or condition, we will make specific reference to our children and young people and maternity patients.

Through BHCP our vision for children and young people is that by working together, we will empower families and communities to reach their potential and create a brighter, healthier future for our children and young people. We recognise that improving the health and wellbeing of children and families will lead to a healthier generation of adults across Morecambe Bay.

We have made a number of improvements in recent years, including:

- Significant progress towards developing an Integrated Childrens Nursing Team, particularly in Lancashire North where children's community services are now integrated within UHMB.
- The development of an MDT approach for frequent attenders with paediatricians, GPs and Community Nurses working together to help ensure that families are able to access the support they need to address needs and thereby avoid unnecessary hospital attendances
- The alignment of children's and maternity professionals to ICCs, supporting local partnership working to meet the needs of local communities

We are committed to:

- working with the ICS and the Local Maternity Service on system wide solutions to improving care for neonates; paediatrics and maternity services.
- achieve the national maternity vision set out by Better Births, the report of the National Maternity Review; to ensure that our maternity services are safe and personalised; that put the needs of the women, her baby, and family at the heart of care; with staff who are supported to deliver high-quality care which is continuously improving.

## SERVICE ADJACENCIES & SITE MODEL

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We are committed to balance the safety and efficiency advantages of centralising services against the access and responsiveness advantages of localising services. There are a number of our 'acute' services where clinicians are clear that a one-site option would be the safest and most efficient approach. We recognise that we will have no option but to consolidate some of our smaller specialties onto one site in order to support delivery of a safe and sustainable service and we will do this through engagement with our population.

In addition to this there is work being undertaken across the Lancashire and South Cumbria Integrated Care System (LSC ICS) to review service provision and to respond to the NHS Long Term Plan; with a specific focus on fragile services where it is acknowledged a 'do nothing' approach is not a viable option and the current service provision is unsustainable.

As a partner in the LSC ICS we are fully supportive of this work and acknowledge that change is needed to ensure the safe and sustainable delivery of future paediatric care across the ICS

At UHMBT we recognise that there is a need to make significant improvements in the delivery of our acute and planned care services; patients currently wait too long for assessment and for surgery; our commitment is to focus on improving patients experience by a review and reorganisation of services.

To support our thinking about service adjacencies we have reviewed best practice publications to provide us with the most comprehensive clinical review to date of the inter-dependencies between a wide range of acute hospital-based services.

There are of course many factors and perspectives related to hospital configurations other than the clinical one, but it is of fundamental importance to understand the clinical relationships between services before embarking on service change; this report assists and supports this understanding.

## SITE MODEL

Within UHMB we have three hospital sites: Royal Lancaster Infirmary (RLI), Westmorland General Hospital (WGH) and Furness General Hospital (FGH).

As recognised earlier the NHS Long Term Plan (2019) acknowledges that separating urgent from planned services can make it easier for NHS Trusts to run efficient surgical services. Providing planned services provided from a 'cold' site where capacity can be protected to reduce the risk of operations being postponed at the last minute if more urgent cases come in; improves not only wait times and patient experience but also outcomes. There are also benefits to implementing this model on managing complex urgent care on a separate 'hot' site – allowing timely access to specialist trauma surgical intervention.

It is very clear that WGH will feature as a significant asset within the portfolio of UHMBT and for Bay Health and Care Partners, not least because the capacity at the FGH and RLI sites are already stretched and the fabric of the estate particularly at the RLI site is in need of a significant amount of capital to ensure we are able to continue to deliver safe effective care on the site. Critically however the site lends itself to be a designated elective centre; meeting the recommendations within the NHS Long Term Plan and the ambition of the ICS.

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With this focus in mind and to support sustained delivery of safe, effective and financially viable services across UHMBT the intention will be to maximise the utilisation of the WGH site, creating much needed capacity particularly on the RLI site and to provide a dedicated elective centre that gives an opportunity to build an excellent service delivery model and reputation: improving outcomes; performance; staff and patient satisfaction.

### **ELECTIVE CARE CENTRE – WESTMORLAND GENERAL HOSPITAL**

To support sustained delivery of safe, effective and financially viable services we will seek to maximise the utilisation of the WGH site, for the following services:

- Ophthalmology
- Elective day cases
- Elective short stay surgery
- Elective orthopaedics

This change would have a consequential impact and positive outcome on the delivery of safe effective patient care; performance; staff and patient satisfaction. Consideration will be made to ensure there is equitable access provided across the Bay to the advantages and improved clinical outcomes that are experienced from separating elective from urgent care are benefitted by all our patients.

### **URGENT / ACUTE CARE SERVICES THAT WILL REQUIRE CONSOLIDATION ONTO ONE OF THE ACUTE SITES (RLI / FGH)**

Within the Trust we already have a number of fragile services due to workforce constraints. In order to support the sustained delivery of a safe, effective and financially viable service for the community of the Bay the following services may need to be consolidated onto one site in line with the emerging ICS clinical strategy:

- ENT
- Urology

It is likely that more will emerge over time.

## **LINKS TO OTHER UHMB STRATEGIES**

### **People strategy**

The Trust's People Strategy is focused creating a positive work culture and consists of broad areas:

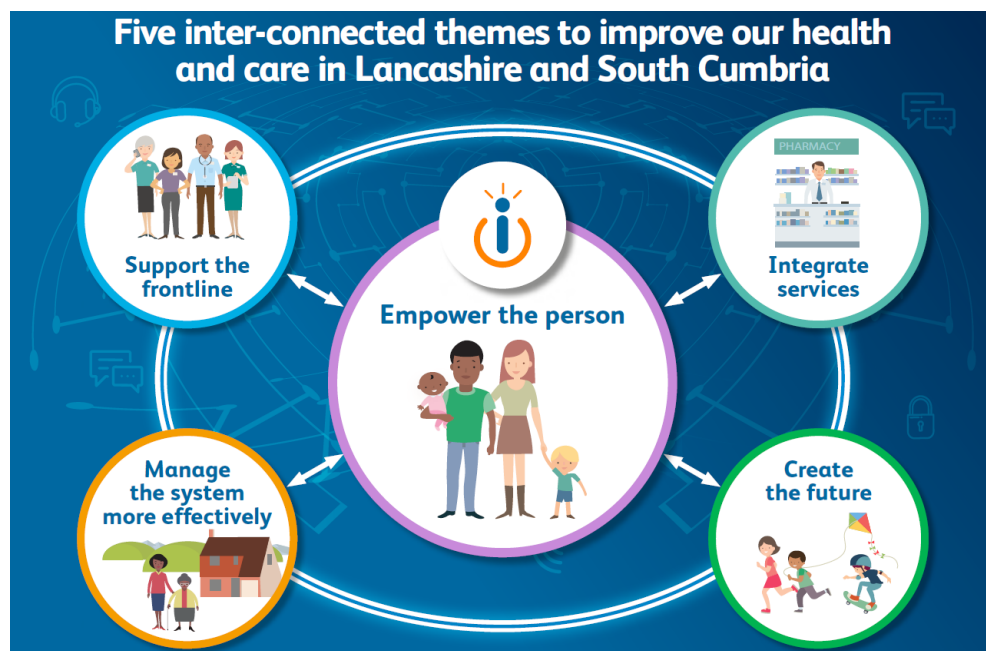
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- Recruit and Retain
- Grow and Develop
- Health and Wellbeing
- Engage and Involve

Delivery of the clinical strategy will be through a workforce plan, which is supported by the people strategy.

## Digital strategy

The Digital Strategy for BHCP is currently being reviewed to ensure it aligns with the Lancashire and South Cumbria ICS Digital Strategy – which is focussed on 5 broad themes.



Within UHMBT we recognise that digital technology is vital to enabling our vision of:

- Ensuring our patients are better supported and enabled through the use of digital, to maintain/improve their health and wellbeing and manage their own care, and that of their dependents.
- Using digital information and tools required to underpin efficient, effective and consistent decision making, helping clinicians to make optimal choices.
- Digital systems should support further integration of services along pathways of care.
- Implementation of new care pathways supported by digital which increase agility and pace of change – with a particular focus on outpatients
- Digital solutions should empower staff to deliver great care and drive improvements in service delivery with activity, administrative and performance data extracted as a by-product of digitally enabled care processes.
- That data captured in digital systems supports simple, transparent, evidence-based approaches to assessing the effectiveness of care pathways, patient experience, efficiency of service delivery and cost effectiveness.
- That the digital transfer and sharing of data is undertaken securely and in-line with best practice and the law, and that citizens have increasing access to and control over their data and the opportunity to add information to their own records as appropriate.

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## Patient Experience Strategy

Our Patient Experience Strategy will help us to work towards a future where every patient will feel positive about every aspect of the service we provide.

We will include patients in every aspect of developing and monitoring patient experience through including their feedback from recruitment activities; service design or redesign experiences; through listening events and by visiting patients and staff across different parts of our service. We will monitor our Always Events to understand the impact on the way people feel about our services.

## Estates Strategy

A well thought out Estates Strategy is essential to the provision of safe, secure, high quality healthcare buildings capable of supporting current and future service needs. As identified earlier in the document, estate across the organisation requires a significant amount of investment.

Due to limited access to capital funds over a number of years the Trust has a significant level of backlog maintenance and equipment replacement level. The Trust's backlog needs are one of the highest in the country. The Trust is committed to working with partners to secure the much needed funds to finance essential capital expenditure to address high risk on its sites alongside improving the quality and adjacencies of our estate for the long term.

An estates strategy is in development and will support delivery of this clinical service strategy, we aim for all our facilities to support excellent healthcare through a high quality patient care environment, and support improved staff working lives.

## NEXT STEPS

Delivery of this clinical strategy will be overseen through Bay Health & Care Partners (BHCP) Acute & Specialised Services Board with reporting through to BHCP Leadership team and to UHMB Quality Committee. Implementation and delivery of the clinical strategy and principles will done in partnership with our teams through specific targeted meetings and Big Conversations. We will seek to include and involve our patients and public to help define and shape implementation of this strategy to ensure it is co-

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designed by the very people who will be using our services. This will be aligned to the Better Care Together 2 communications and engagement sessions.

Strategies for each clinical service feed into and out of the overarching clinical strategy framework. Knowledge and views at a service level will be explored in detail to have the most accurate information and assumptions about future need, optimal clinical adjacencies; new models of care; opportunities for consolidation and collaboration and potential in terms of education and research.

We recognise that we cannot stand still and as this strategy develops so will the plans across Lancashire and South Cumbria ICS, so we must continue to refresh, update, and engage throughout the next five years.

In the meantime we will establish a clinical transformation programme to act as the engine room for ensuring and facilitating a whole organisation response to delivering the clinical strategy and achieving the step change in patient outcomes and experience that we seek over the next five years.

## CLINICAL TRANSFORMATION PROGRAMME

The success of this clinical strategy will be measured by our ability to transform clinical care and patient experience, specifically:

- to implement new models of care
- to fully realise our ambition to deliver outstanding patient outcomes and experience,
- to successfully reconfigure our services to deliver the three-site model and support the wider aims of Bay Health and Care Partners and Lancashire & South Cumbria ICS
- to modernise our business processes.

Oversight will be through the Bay Health and Care Partners Acute and Specialised Services Board. Operationalising the recommendations from the clinical strategy will require time, clinical leadership and support. As with any emerging plan there is a requirement to set out a timeline and process. As an organisation we have committed to a process of listening in action and continuous improvement, building on this methodology and skill set within the organisation we will establish a Clinical Transformation Programme (CTP) to act as the engine room for ensuring and facilitating a whole organisation response to delivering the clinical strategy and achieving the step change in patient outcomes and experience that we seek over the next five years.

## CONCLUSION

Implementation of this clinical strategy will enable us to transform the way in which we provide our care in order to meet the changing needs of our patients across the Bay. It will mean more local and integrated services, to improve access and help keep people healthy, and more concentrated specialist services where necessary, to increase quality and safety. Crucially, it will reduce hospital admissions – so that patients are only admitted to hospital when they should be and not because we haven't done enough to

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help them manage their long term condition at home or because we are waiting for test results to come through. It will also mean better organised care, helping us improve patient experience as well as clinical outcomes. We will also be providing our clinical services through integrated care hubs, in community clinics and through other innovative ways of bringing our services to our patients rather than to always expect our patients to come to us.

We recognise that to develop our strategy further and to implement it successfully, we need to do much more to explain our thinking and to listen and respond to the views and concerns of patients and local communities; and we have to make sure that we have community capacity in place before we change inpatient hospital services. This will be done in partnership with BH&CP and Lancashire & South Cumbria ICS.

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