



# Clinical services strategy 2017-2020

## 2018 Update

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# Clinical services strategy

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## **Introduction**

Our clinical services strategy sets out our vision for the services we want to provide for the patients we serve over the next three years.

Our strategy 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.

We will be extending our focus beyond treating ill-health taking every opportunity to promote positive health and well-being providing information, advice and signposting to support our population to have more healthy lifestyles.

We will continue to build on our early work to develop more integrated models of care in partnership with mental health, social, primary, community and voluntary care providers in our Derbyshire STP footprint.

We will ensure that through greater integration of primary and secondary care we maximise efficiencies and seamlessness of clinical pathways of care for the benefit of our patients and also continue to strengthen our current secondary care clinical networks to ensure a future of sustainable, of high quality local services for our population.

We are proud to serve our local population and to describe our portfolio of high quality accessible and sustainable services to deliver an excellent patient experience.

### **Gail Collins Medical Director**

*I'm writing to express our appreciation of the wonderful care our daughter received whilst at the Chesterfield Royal Hospital last week. We would like to convey our heartfelt thanks and appreciation to everyone involved – in all areas we encountered friendly, caring and professional individuals from the medical teams and nursing staff right through to catering, cleaning and security. Murphy ward deserves a special mention, but the good impression also extended to those chance encounters in corridors - you should be truly proud of the Chesterfield Royal and the caring service it delivers.*

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## Our vision

**‘To be a first-class provider of sustainable healthcare services, delivering the best possible care to our patients and being a great place for our people to work.’**

The Clinical Services Strategy reflects our vision - to provide a comprehensive sustainable portfolio of services

- to meet the urgent and emergency healthcare needs of our local population when travel to an alternative provider would compromise clinical outcomes
- to provide responsive and supportive cancer care that local patients can readily access
- to provide a supporting portfolio of elective surgical services to support the provision of the core services
- to contribute to the further development of sustainable primary care services

## Our values

Our Proud To Care values express our hospital’s character and need to be ‘lived’ not just written down:

**Compassion:** Treating patients and colleagues with compassion, kindness and respect

**Achievement:** Providing excellent care, safe services and a positive experience every time

**Relationships:** Being socially responsible, working openly and honestly with our patients, staff, partners and our communities

**Environment:** Providing the right tools for the job, a modern clean and safe environment - and a good place to work

## Our objectives and ambitions

The focus of our clinical services strategy is to ensure we meet the objective of having sustainable, appropriate and high-performing services and that we achieve our ambition of having a solid foundation of core acute services that meet all national standards:

### Our objectives:

- Provide high quality, safe patient-centred care
- **Deliver sustainable, appropriate , high performing services**
- Building on existing partnerships and establishing new ones
- Support and develop our staff
- Be financially efficient, sustainable and innovative
- Have an infrastructure that supports delivery

### Our ambitions:

- Rated **‘OUTSTANDING’** by the Care Quality Commission
- Have a solid foundation of core acute services that **MEET ALL NATIONAL STANDARDS**
- Have **EFFECTIVE PARTNERSHIPS** – locally through more integrated care, regionally through networked clinical service models
- In the **TOP 20% of NHS EMPLOYERS** for staff experience (as judged in national and local surveys)
- Have a Monitor financial risk rating of **4 (low)**, a governance rating of **GREEN** and deemed **WELL-LED**
- In the **TOP 20% for PLACE** scores, **REDUCE CO2 EMISSIONS** by 2% per year and have **IM&T** rating that’s **FIT FOR PURPOSE**

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## Our strategic context

### The profile of our local population is changing

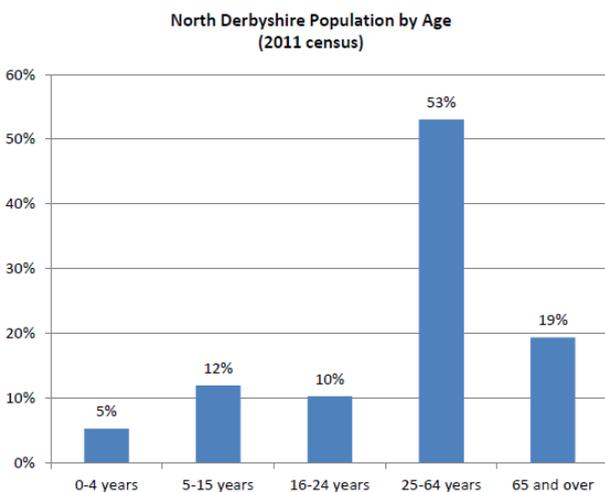
While the overall population of Derbyshire is increasing, the largest growth is in the older citizen group. The demand for healthcare is steadily rising and greater life expectancy and increased co-morbidity in our population mean that we need to respond to both increasing demand and to meet the challenge of more complex healthcare needs in a population who are less mobile and need to access care at home or as close to their home as possible.

Hospital patient data confirms that 30% of those who use our service are over 65 years and this percentage is forecast to increase.

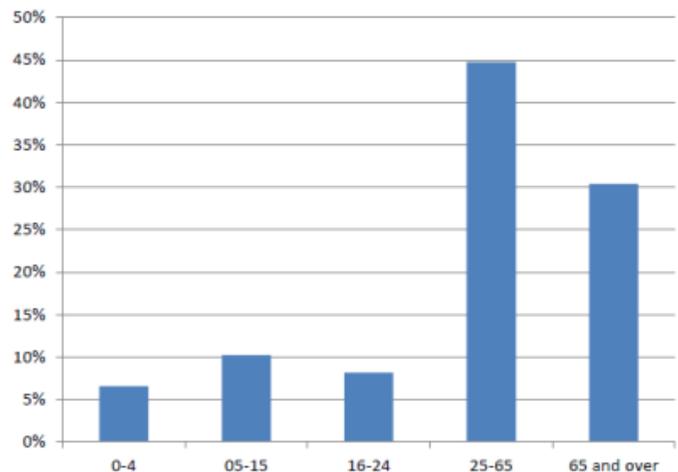
### Chesterfield Royal Hospital – Patient Demographics (2016)

#### North Derbyshire Population Data

##### Breakdown by age



##### Breakdown by Age (2016)



### Long term conditions continue to rise

Research from the Kings Fund evidences that long-term conditions are more prevalent in older people (58 per cent of people over 60 compared to 14 per cent under 40).

People with long-term conditions now account for about 64 per cent of all outpatient appointments and over 70 per cent of all inpatient bed days.

The Department of Health (based on self-reported health) last estimated in 2013 that the overall number of people with at least one long-term condition may remain relatively stable until 2018. However, analysis of individual conditions suggests that the numbers are growing, and the number of people with multiple long-term conditions appears to be rising.

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## **Next steps on the NHS five year forward view**

The NHS Five Year Forward View published in October 2014 set out a shared vision for the future of the NHS based around the new models of care. It was developed in collaboration with patient groups, clinicians and independent experts to create a collective view of how the health service needs to change over the next five years to close the widening gaps in the health of the population, quality of care and the funding of services.

The 2017 next steps review sets out national service priorities for the NHS:-

- High quality urgent and emergency care services
- Actions to reduce the pressure on Emergency Departments strengthening primary care streaming for patient with less severe conditions and supporting patients to be cared for closer to home.
- Improving access to primary care
- Recognising that cancer affects 1 in 3 of the population during their lifetime and responding with faster diagnostics and new ways to support our cancer survivors
- Improving access to psychological and talking therapies for those with mental health needs
- Help for frail and older people to avoid hospital stays where possible and stay healthy and independent

## **Local Sustainability and transformation plans**

The purpose of Sustainability and Transformation Plans (STPs) is to help ensure health and social care services in England are built around the needs of local populations in delivering the national NHS priorities. The NHS and local councils have formed partnerships in 44 areas covering all of England. Each area has developed proposals built around the needs of the whole population in the area, not just those of individual organisations.

### **Derbyshire STP**

The Trust is a partner in the Derbyshire STP working with the other health and social care providers in Derbyshire to find new ways of meeting people's needs and identifying ways of doing things more effectively and efficiently. The Derbyshire STP priorities are:-

- Enabling our population to prevent ill health by helping people take good care of themselves.
- To focus on people in their community providing place-based care closer to people's homes
- To help patients to use Emergency care services more effectively.
- To improve pathways of care by health and care organisations working better together
- To improve efficiency to maximise opportunities for investment in front line patient care

The ambition of our plan to improve the broader health and wellbeing of our local population is also reflected in the Trusts prevention strategy.

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## South Yorkshire STP

Recognising the close links we have with South Yorkshire healthcare services in supporting our cancer and tertiary service pathways we are an associate partner in the South Yorkshire STP working together plan.

The south Yorkshire STP priorities mirror those of Derbyshire in

- their focus on Place –based services for local people
- Mental health
- Prevention
- Emergency and urgent care
- Elective care
- Children’s and maternity services

South Yorkshire acute providers will also work together in a review of Hospital services to develop a plan to ensure sustainable clinically networked services within the STP

### Seven day services

In 2013 the NHS Services, Seven days a week forum under the leadership of Dr Bruce Keogh developed ten clinical standards describing the minimum level of service that hospital patients admitted through urgent and emergency routes should expect to receive on every day of the week. Four of the ten standards identified as having the most positive impact for outcomes for patients have been prioritised for implementation. The Priority standards to be in place by 2020 are:

- **Time to first consultant contact**

- Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.

- **Access to diagnostics**

- Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Within 1 hour for critical patients
- Within 12 hours for urgent patients
- Within 24 hours for non-urgent patients

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- **Consultant led interventions**

- Standard 6: Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols. These interventions would typically be:

- Critical care
- Interventional radiology
- Interventional endoscopy
- Emergency general surgery
- Emergency renal replacement therapy
- Urgent radiotherapy
- Stroke thrombolysis
- Percutaneous Coronary Intervention
- Cardiac pacing (either temporary via internal wire or permanent)

- **Ongoing review**

- Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, 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.

The remaining standards are:

**Patient Experience** : Patients, and where appropriate families and carers, must be actively involved in shared decision making and supported by clear information from health and social care professionals to make fully informed choices about investigations, treatment and on-going care that reflect what is important to them. This should happen consistently, seven days a week.

**MDT review**: All emergency inpatients must be assessed for complex or on-going needs within 14 hours by a multi-professional team, overseen by a competent decision-maker, unless deemed unnecessary by the responsible consultant. An integrated management plan with estimated discharge date and physiological and functional criteria for discharge must be in place along with completed medicines reconciliation within 24 Hours.

**Shift handovers**: Handovers must be led by a competent senior decision maker and take place at a designated time and place, with multi-professional participation from the relevant in-coming and out-going shifts. Handover processes, including communication and documentation, must be reflected in hospital policy and standardised across seven days of the week.

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**Mental Health:** Liaison mental health services should be available to respond to referrals and provide urgent and emergency mental health care in acute hospitals with 24/7 Emergency Departments 24 hours a day, 7 days a week.

Where an emergency\* mental health need is identified in the Emergency Department or on an acute general hospital ward, a liaison mental health service should respond to the referral within one hour. Emergency referrals should be made at the earliest opportunity after a patient arrives in the ED. An emergency response consists of a review to decide on the type of assessment needed and arranging appropriate resources for the assessment.

**Transfer to community, primary or social care:** Support services, both in the hospital and in primary, community and mental health settings must be available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken.

**Quality improvement:** All those involved in the delivery of acute care must participate in the review of patient outcomes to drive care quality improvement. The duties, working hours and supervision of trainees in all healthcare professions must be consistent with the delivery of high-quality, safe patient care, seven days a week.

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## Our clinical services

Services to meet the needs of acutely unwell patient who can only be cared for in hospital have complex interdependencies which define which services comprise our core business and this informs our priorities. To deliver our ambition will require a combined portfolio of core, supporting and standalone clinical services aligned with our local system priorities and compliant with seven day service standards by 2020:

### Core services

Core services are interdependent services which are essential for the delivery of the hospitals fundamental purpose of providing rapid access to acute care for the local community. These services are:

- Emergency Care including access to vascular surgery
- Acute medicine and supporting specialties (including cardiology, respiratory, diabetes, gastroenterology, acute stroke, multidisciplinary healthcare of the elderly and frailty)
- Clinical haematology and acute oncology
- Acute general surgery
- Trauma and orthopaedics
- Maternity and gynaecology
- Integrated paediatric and neonatal care
- Anaesthetics, acute pain management and critical care
- Diagnostics including radiology, endoscopy and medicines

### Supporting core services

Our strategy sets out our ambition to provide locally accessible cancer and elective services which have further interdependencies with our acute core services often being delivered by the same staff and so further enabling our core services. These services are

- Colorectal surgery
- Breast surgery
- Upper GI surgery
- Leukaemia and lymphoma care
- Urology
- Chemotherapy and Palliative care
- Orthopaedic surgery
- Audiology and ENT

### Stand-alone services

Our other services can operate more independently but remain essential to the delivery of our ambition to provide locally accessible integrated care. These services are

- Primary care
- Child and adolescent mental health services
- Dermatology
- Rheumatology
- Ophthalmology
- Oral and maxillofacial surgery

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## What have we achieved so far?

We have invested to strengthen our core services and maintained our supporting core services through embracing partnership and redesign opportunities

### **In our Medicine and Emergency Care division we have:**

- Increased our consultant establishment in emergency care to ensure there are senior decision makers at the front door beyond the usual working day over seven days a week
- Through our acute physician team we have established ambulatory care services over seven days with extended hours over five
- Established a specialist acute oncology team
- Implemented an acute frailty service with a multi-professional team
- Recruited a multi- skilled team volunteers to support service delivery in clinical areas
- Completed an upgrade of our cardiac catheter lab to position ourselves for improving local access to angiography
- Expanded and strengthened our haematology team to develop capacity for our haematological cancer service in our new NGS Macmillan Cancer centre which opened this year
- Established a 24/7 service for the urgent treatment of our patients with acute GI haemorrhage
- Contributed to the local delivery of a shared sexual health service in collaboration with partners

### **In our Surgical Services division we have:**

- Completed a major refurbishment project of our theatre suite introducing an additional clean air theatre
- Established a successful five day surgical ambulatory care service improving the experience for patients presenting with acute surgical conditions
- Increased opportunities for patients to access to laparoscopic surgery through targeted recruitment
- Extended the portfolio of onco-plastic breast surgery services to include lipo-modelling techniques
- Recruited a new tier of Associate Specialist staff in our ophthalmology team to strengthen long term sustainability of the local service
- Established a JAG-accredited bowel scope screening service within a brand new department
- Developed an extended portfolio of day case pathways for elective orthopaedic care
- Established a specialist service for patients with hip fractures
- Redesigned our critical care service to deliver an intensivist led combined HDU /ITU
- Established a critical care outreach team to support out ward based patients covering extended hours over seven days
- Worked as part of a managed clinical network for smaller surgical specialties to ensure longer term sustainability of local services
- Established a new model of care for patients with thyroid and parathyroid disease requiring surgery

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**In our Women and Children's division we have:**

- Established extended hours labour ward consultant cover through workforce redesign
- Developed the competencies of our midwifery staff to include new-born screening examinations
- Established a consultant of the week model in paediatrics
- Established a new paediatric rapid access clinic
- Developed a pathway and supporting resources to support the transition of young people into adult services
- Redesigned the pathway for children and young people to improve access for those who need a social communication disorder assessment
- Developed a service for babies to have home support with tube feeding to enable their earlier discharge
- Established a best practice service for children and young people with epilepsy
- Developed skill mix in gynaecology with the introduction of a colposcopy specialist nurse
- Developed skill mix in obstetrics with the introduction of maternity support workers
- Established an eating disorder service in CAMHS

**In our Clinical Specialist Services division we have:**

- Procured a second MRI scanner to improve access for our patients from early 2018
- Trained and developed reporting radiographers to improve long-term service sustainability
- Established a local nuclear medicine service
- Progressed the development of a sustainable solution for pathology services within the Derbyshire Pathology Alliance
- Explored options for a sustainable solution for histopathology with Sheffield Teaching Hospitals
- Collaborated across Derbyshire to optimise efficiencies of our medicines management
- Established a seven day therapy service to ensure that our frailest patient can receive timely access to assessment in ED and inpatient areas



# **Our strategic approach 2017-2020**

## **2018 update**

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**To achieve our ambition we will**

**1. Strengthen our strategic partnerships**

- **With other healthcare, social care and voluntary sector partners in the Derbyshire STP footprint**

Strengthening our partnerships within North Derbyshire will ensure through integrated models of care we can best meet the needs of our patients in Place-based care models and ensure our service are fully compliant with national seven day standards of care

- **With secondary care providers through our Associate Membership of South Yorkshire STP**

Our collaboration with other secondary provider Trusts in South Yorkshire, building on already established working together relationships, will provide a platform for us to further develop clinical networks to ensure the future clinical and financial sustainability of hospital based specialist services for our local population

- **With primary care through our own portfolio and in collaboration with GP colleagues outside of royal primary care**

Through these links we will explore opportunities to support primary care in achieving better outcomes for patients with long term conditions through greater access to specialist advice and maximising opportunities for healthy lifestyle promotion in our clinical encounters and through developing the role of secondary care physicians in care closer to home increase our ability to directly influence pre hospital pathways and improve the experience of seamless pathways of care for our patients

*“Strengthening partnerships both within North Derbyshire across, healthcare social care and primary care pathways and in clinical networks with our secondary care partners in South Yorkshire will enable us to ensure a core offer of high performing sustainable core clinical services delivered through networks and efficient and seamless pathways across organisational boundaries”*

*Simon Morritt, Chief Executive, Chesterfield Royal Hospital*

**2. Continually improve our core services to ensure we can deliver sustainable high quality efficient and effective care by**

- Achieving compliance with national clinical and seven day service standards to ensure patients receive the same care seven days a week; be seen by a consultant within a few hours and at the latest by the morning after arrival; if the consultant advises urgent tests or treatments ensure these will be available on the same day; meet expectations that our patients can see a consultant or one of their team every day to make sure that their care is progressing and that they are given information and an opportunity to ask any questions.

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### 3. **Strengthen our existing pathways of care to ensure we avoid unnecessary hospital admissions for our population**

Our priorities align with the ambitions of the Derbyshire STP, our partners and our commissioners to ensure that no one stays longer in hospital than necessary by

- Maximising opportunities for **ambulatory care pathways**
- Enabling **rapid access to senior advice / guidance** and
- Establishing **multidisciplinary assessment pathways** across hospital and community health and social care providers to optimise early discharge

### 4. **Invest in prevention of future ill health**

We will focus greater attention on securing the future health and well-being of our population through the implementation of our prevention strategy to deliver the ambitions of the NHS Five year Forward View

### 5. **Identify and plan for redesign of services whose long term sustainability is at risk**

Through our partnership with colleagues in South Yorkshire acute Trusts and our commissioners agree an approach for services whose sustainability is challenged to ensure continuity of service provision for local patients is assured

## **Our work plan**

### **In our Medicine and Emergency Care Division we will**

- Implement the objectives for Emergency care set out in the Derbyshire STP business case including the phased implementation of our Urgent Care Village project
- Optimise pathways for admissions avoidance
- Identify partnership opportunities to strengthen our dermatology service
- Deliver improvements in end of life care including the implementation of a redesigned palliative care service
- Review our stroke service to inform the development of a blueprint for a sustainable model for the future
- Continue to develop and improve our frailty service by moving to a model of direct access over weekday extended hours
- Position the cardiorespiratory service to provide care through a seven day service compliant model of in-reach support
- Repatriate patients to the NGS Macmillan cancer centre to access chemotherapy treatment closer to home
- Scope the opportunity to develop a radiotherapy service on site and implement the recommendations

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### **In our Surgical Services Division we will**

- Optimise care delivery through surgical ambulatory care pathways
- Improve the environment of our urology clinic to provide a better experience for our patients and our staff
- Evaluate the quality impact of new critical care service model to inform a strategy refresh and progress capital plans for a combined Critical Care unit to optimise efficiency in care delivery for the benefit of patients
- Redesign our fracture clinic provision and re-establish a balanced orthopaedic surgical service portfolio
- Implement actions from the theatre utilisation review to improve timely access to elective surgical care for patients
- Build on opportunities of working in network with SY trusts in ENT, OMFS and ophthalmology to increase long term sustainability of locally delivered services
- Implement 'straight to test colonoscopy' as a model to improve the experience for patients

### **In our Women and Children's Division we will**

- Develop our CAMHS services in line with the Futures in mind pathways we are supporting
- Continue to evaluate, develop and improve our new neurodevelopment pathway for assessment of children with social communication difficulties
- Improve our community midwifery infrastructure to provide local antenatal and post-natal care for patients
- Establish an acute paediatric assessment unit and ensure that our acute paediatric service is fully compliant with children services standards
- Continue to work in partnership with our tertiary partners to enable local access to rheumatology, CF and cardiology services meeting clinical standards and access targets via a hub and spoke model for children
- Evaluate and develop the new paediatric epilepsy best practice model to ensure this is effective and sustainable
- Evaluate and develop the service we provide for looked after children in Derbyshire

### **In our Clinical Specialist Services Division we will**

- Embed the EMRAD system and realise network benefits
- Complete the installation of the second MRI scanner
- Complete the process of integration of Derbyshire pathology services
- Explore commercial pharmacy opportunities that will be of benefit to patients
- Explore opportunities for use of tele-health in our therapy practice to improve access for patients

***2018 update: As part of a hospital wide re-organisation, our Women & Children's and Clinical Specialist Services Divisions have been re-structured to form a new Integrated Care Division.***

## Appendix 1

### Priorities for 2017-18: Year 1

Clinical service Priority	Action	Project elements	Timescale	2018 update
<b>Urgent care village: Phase 1a</b>	Investment in infrastructure in ED to enable clinical pathways for pit stop assessments, front door MDT assessment and management of frail elderly patients to be optimised	Capital and clinical pathway projects	February 2018	Completed
<b>Urgent care village: Phase 1b</b>	Establish infrastructure for primary care streaming into the UCV and an urgent care centre facility	Capital and clinical pathway projects	December 2017	Completed
<b>Ambulatory care</b>	Review and strengthen medical and surgical ambulatory care pathways to deliver best performance	Capital and clinical pathway projects	April 2018	
<b>Cardiology</b>	Develop and implement proposals to support seven day service compliance and rapid access to pathways for timely intervention	Clinical pathway project Business case	December 2017	Continuing work towards full 7-day services
<b>Sustainable services review</b>	Identify clinical priorities for networked solutions in SY sustainable services review	Partnership project	April 2018	HSR published with recommendations – on-going review
<b>Excellence in Cancer services</b>	Improve effectiveness and efficiency of cancer pathways	Clinical pathway project	October 2017	Improved cancer pathways in place
<b>MSK pathways</b>	Refresh and redesign current service improving pathway efficiencies and breadth of services	Clinical pathway project	October 2017	Pathway design work completed and implemented from October 2018
<b>Our PLACE based service offer</b>	Develop a portfolio of services to be commissioned to support place –based delivery of care Refresh frailty service	Clinical and business modelling	September 2017	On-going
<b>Primary care</b>	Review our clinical and business models, agree recruitment strategy, identify projects for primary secondary care pathway integration pilots	WF and OD project Clinical pathway project	September 2017 December 2017	On-going
<b>Prevention of future ill health</b>	Establish the prevention strategy oversight group to deliver the implementation plan	Clinical pathway and business modelling	August 2017	Relaunch of STP prevention group to drive system approach

## Appendix 2

### Priorities for 2018-19: Year 2

Clinical service Priority	Action	Project elements	Timescale
<b>Continue with on-going projects from year 1</b>			
<b>Sustainable services review</b>	Support and progress implementation of HSR recommendations by participation in development of clinical networks	Partnership project	April 2018
<b>Review of our out-patient clinics to provide a better experience for our patients and our staff</b>	<ul style="list-style-type: none"> <li>• Improve physical environment in out-patient areas</li> <li>• Redesign fracture clinic</li> </ul>	Clinical pathway modelling	2018/2019
<b>Review strategy for a combined Critical Care unit to optimise the delivery of efficient patient care</b>	Evaluate the quality impact of new critical care service model	Capital and clinical pathway projects	2018/2019
<b>Urgent care village: Phase 2: completion of a full business case to extend and re-design urgent and emergency care services</b>	<ul style="list-style-type: none"> <li>• Finalise design and business case</li> <li>• Commercial pharmacy opportunities</li> <li>• Establish an acute paediatric assessment unit</li> </ul>	Capital and clinical pathway projects	2018-2020
<b>Seven day services</b>	<ul style="list-style-type: none"> <li>• Continue to drive improvements to achieve compliance with seven day service standards</li> </ul>	Implement new white board system for real time inpatient wait monitoring Redesign clinical services	2018-2020
<b>Seamless service across primary and secondary care</b>	Establish a pathway for Renal function monitoring in the community	Clinical pathway redesign	April 2019

