

# Developing our clinical strategy

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# Clinical Ambition

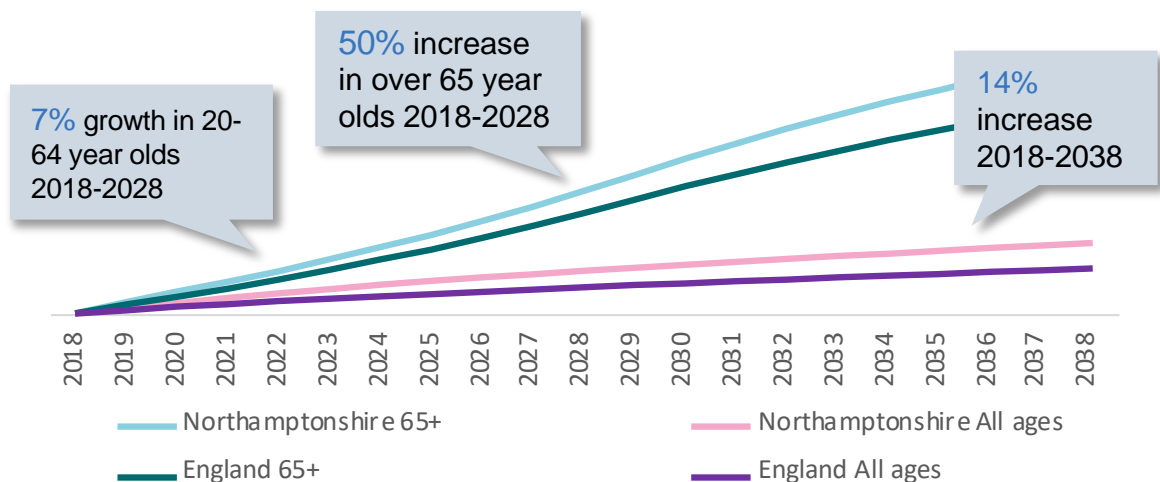


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# Our clinical ambition – case for change



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**Our population is growing and ageing faster than national average**

- ▶ Our population is older and growing faster than the national average
- ▶ Difficulty recruiting and retaining staff in some areas
- ▶ Our patients want 'joined up' services to avoid duplication and delay
- ▶ Inequity in access to services across Northamptonshire, and variation in pathways.
- ▶ National drive for greater integration and collaboration



# What our patients think



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The board have previously heard patient experience stories describing the current problems related to poor service collaboration, and they have described clearly through our engagement, what they want:

A more holistic approach to my follow up care

Growing services in county

The services need to be more joined up and talk to each other

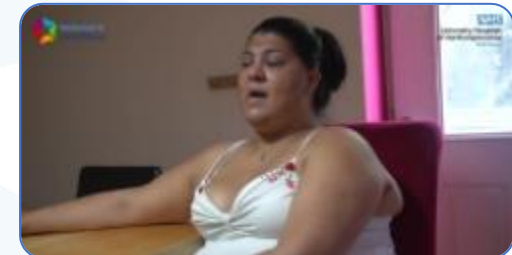
Need to talk to patients in ways they understand



Nicky Breast surgery



Keith heart attack



Bernadette ENT





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# Engagement in developing the clinical strategy



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# Engagement during the development of our strategy

- ▶ Our clinical ambition has been developed together with our staff, and in particular our senior clinicians.
  - ▶ Development of the clinical ambition in 2021 involved senior clinicians from across the Group in a number of workshops and discussions involving over 200 clinicians



Through the all-staff survey and discussions with patient engagement leads, an initial set of hypotheses was developed.

These hypotheses were further developed through established clinical forums and extensively tested through 20+ pillar workshops with clinical and non clinical teams

Hypotheses were tested and developed through:

- ✓ Clinical Reference Group
- ✓ NGH Clinical Leads Group
- ✓ KGH Clinical Leads Group
- ✓ Strategic Collaboration Group
- ✓ Joint pillar & specialty discussions
- ✓ UHN Group Clinical Senates

Initial thinking and hypotheses were also tested with PA's Clinical Panel.

- ▶ A Clinical Senate was formed to consider in detail each element of the ambition with member clinicians reflecting the views of themselves and their colleagues. Over 200 attendances at both conferences combined



East and West Midlands Clinical Senate brought a wider breadth of clinical engagement and views

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# Engagement on the approved Clinical Ambition

Clinical Ambition approved at the November 2021 Boards

From March 2022, after taking time out for winter pressures, the document was shared within the Group:

- Multiple Medical Director online meetings to which all staff were invited
- Group internet site:
  - Clinical Ambition
  - Details on how staff, partners and the general public can provide feedback.
  - Summary version of the Clinical Ambition with information on public sessions
  - Online survey; and
  - Dedicated email address

Medical Directors attendance at various partner committees to share the Clinical Ambition and receive feedback:

- Northamptonshire Health Care Partnership Board

NHCP sub-committees

Partner groups:

- NHFT
- Invitations to the Health and Wellbeing Committees



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# Engagement on the approved Clinical Ambition

► We have spoken to:



600+ internal staff:

- 102 consultants
- 70 nurses
- 56 Clinical Support
- 280 Other



ICS Partners, including:

- Northants CCG
- NHFT
- North Northamptonshire UA
- West Northamptonshire UA
- 360 Care Partnership



Grade distribution:

- 232 Senior management
- 52 Middle management
- 62 Junior
- 77 Other



Members of the public

- Website
- Survey
- Social media
- Public sessions

A number of groups, including:

- Primary Care
- Governors



Detailed breakdown of our engagement is provided in Appendix 1



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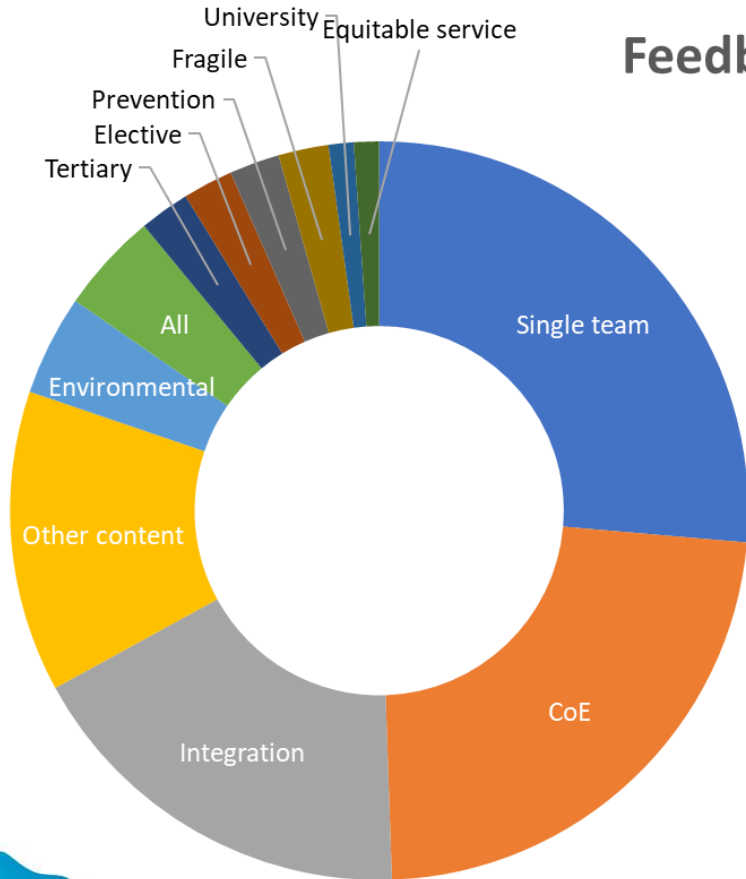
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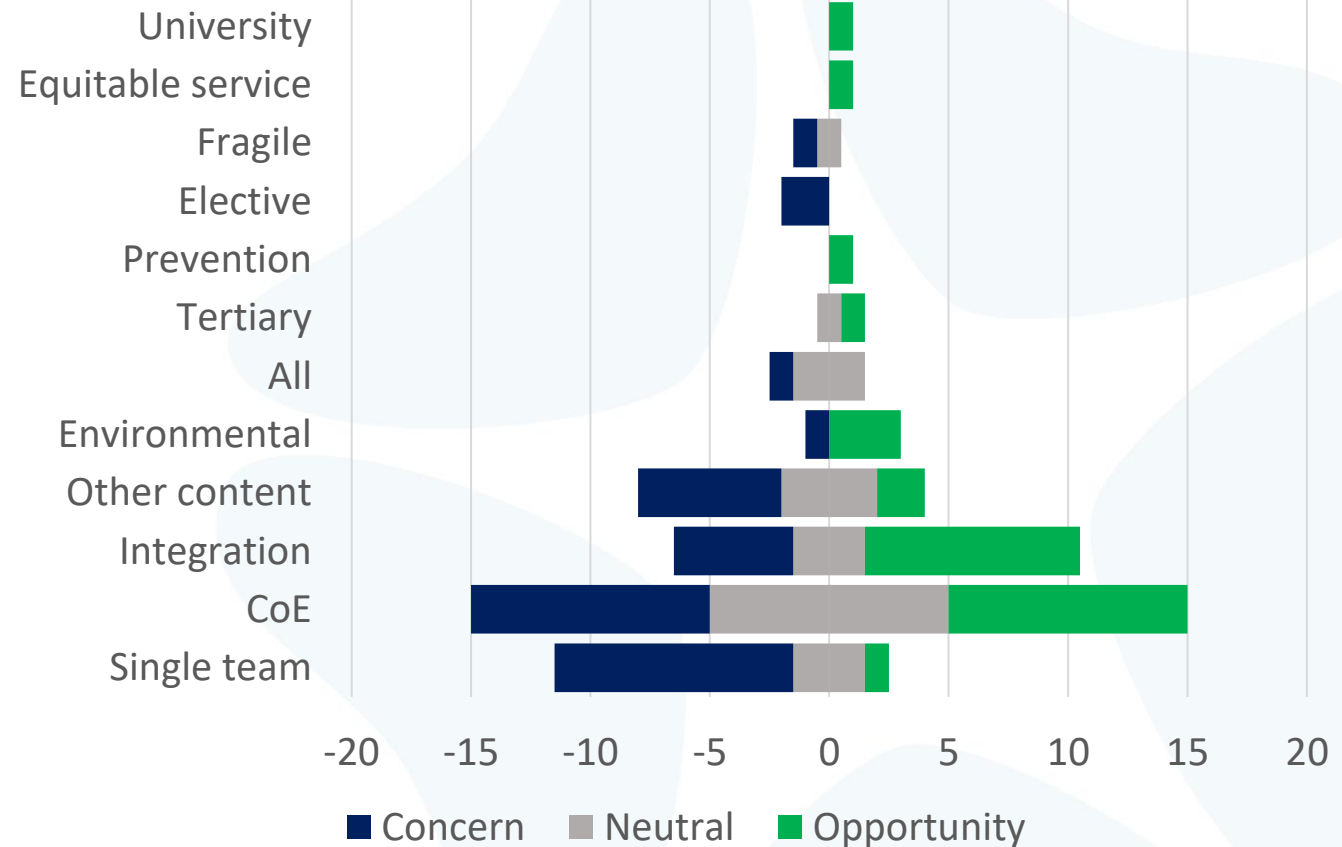
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# What have we heard?

## Feedback themes



## Tone of feedback



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# Centres of Excellence - You said, our response

You said...	Our response...
<p>There is <b>enthusiasm to develop services in other areas</b> than those already outlined in the clinical strategy. These include: renal, respiratory, maternity, plastics, colorectal, paediatrics and tertiary services.</p>	<p>We are keen to support our staff to develop their ideas to improve quality and access for our patients and local people, and we welcome their enthusiasm. We commit to working with staff as part of the development of service strategies over the coming year to expand these ideas. Our planned next steps to do this are set out in the timeline on pages 71 and 72</p>
<p>People want to better understand the <b>plans for robotics and where robots would be located</b>.</p>	<p>We have already invested in robot-assisted technology at Northampton General Hospital. No decisions have yet been made on the location of other robots or timescales, but we expect to locate them in line with the needs of our local population. This will be worked up as part of the development of the services strategies over the coming months and in discussion with staff.</p>
<p>There is some <b>confusion about the Centre of Excellence proposal</b> and what this will actually mean for patients and staff for example would it disadvantage the careers of staff not on the lead site.</p>	<p>We are clear that a centre of excellence will be across both hospitals and that patients will access the same, high quality care wherever they access services. Our centres of excellence will be for all of Northamptonshire rather individual hospitals. We are proposing consolidating some of the more specialist services on a single site where this can be evidenced to be best for patients, but equally, we are also proposing providing many services at both sites or closer to home where possible. More detail and a refined language to explain our ideas more clearly are set out on pages 48 to 51 and 55. It is likely we will move towards single teams delivering care across the centre of excellence where this will deliver improved care and experience for staff and patients, and over the coming months we will work with teams and patients to develop these proposals in more detail and we will only implement changes following wide staff and patient engagement.</p>

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# Single team - You said, our response

You said...	Our response...
People are keen to <b>work together across the two organisations within the Group</b> (Kettering General Hospital NHS Trust and Northampton General Hospital NHS Trust) to support the clinical strategy. There were questions about clinical leadership and governance across both hospitals and support such as HR and finance.	We already have a single lead across the Group in many non-clinical areas and we will explore moving towards single teams for each clinical area, taking best practice from across both sites. We have a single Group Quality and Safety Committee and will have further discussions on how we might have more shared governance across the hospitals. We have set out initial timelines for this discussion in section 6. Our Group People Plan, shown on page 61 to 63, also sets out how we will develop our organisations and support people to work together.
There is some concern about <b>access to services</b> and travelling to sites including by public transport, physically accessing services (for example, parking and disability access) and equality of access.	With our partners, our strategy will see many services being delivered closer to home and we will only move services where there are evidenced clear clinical quality benefits. This approach is set out in more detail on page 56. Access to services is very important and a key consideration before any service change is made. We will fully consider the potential impact of any proposed changes to the location of services, including inequality groups, as part of an Integrated Impact Assessment prior to making any changes.
People are enthusiastic about the potential <b>benefits of the clinical strategy in supporting recruitment and retention</b> but <b>concerned about lack of staff in some key areas</b> such as theatres, and the <b>potential impact on staff of possible changes in the location of services</b> .	We recognise that the capacity and capability of our staff underpins successful delivery of our clinical strategy. We believe that the clinical strategy will make our hospitals more enjoyable places to work and that the proposed changes will improve job satisfaction with, for example, more sustainable rotas and better development opportunities. We will continue to work with and engage our staff throughout the development of more detailed speciality clinical strategies and through into implementation. Our Group People Plan sets out more details of our recruitment and retention plans for 2021 to 2024 ,as shown on page 61 to 63.



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# Integrate with community - You said, our response

You said...	Our response...
People <b>like the focus on prevention</b> and working with partners to prevent ill health and hospital admissions, where possible.	We are working with partners across the whole care pathway to improve health and outcomes for patients, as shown on page 8. The development of the Integrated Care Board (ICB) gives us a real opportunity to integrate services and tackle the causes of ill health, as shown on page 45 and 46.
There is a <b>general welcome for the plans around greater integration of services</b> with lots of ideas about how integration could go further and faster. This includes ideas for further collaboration for cardiology, diabetes and respiratory alongside the wider use of allied healthcare professionals in the community.	We are committed to integrating services where possible, alongside our partners in the Integrated Care System (ICS) as set out on page 45 and 46. As we develop more service strategies, we will work with staff to look for further opportunities for integration, as set out in our implementation plan on page 71 to 77.
<b>Community diagnostic hubs are seen as an opportunity</b> to provide diagnostics closer to home and add vital diagnostic capacity.	We are working hard with system partners to develop a community diagnostic hub in 2022/23, moving diagnostics currently done on the acute site into that setting where appropriate, and improving faster access to diagnostics for our population. We have added some further detail about the plans for community diagnostic hubs in our Diagnostic section from page 143.
<b>Mental health was flagged as an important part of the clinical strategy</b> , especially for children. Our ambition document was quiet on supporting patients with mental health concerns when in our hospital for acute treatments.	Mental health is a priority for the Integrated Care System and we have included it within this clinical strategy on page 46. Supporting those requiring emergency treatments is included on page 131, but is now a thread throughout the document as it is a key part of supporting the holistic needs of all our patients regardless of which service they are accessing. Mental health will be an important focus when we are developing our service strategies.



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# Environment - You said, our response

You said...	Our response...
<p>People want to focus on sustainability and environmental impact and are keen to understand more detail of the <b>possible impact of the clinical strategy on sustainability and the environment.</b></p>	<p>There has already been £20m “green” investment in Northamptonshire for schemes such as electric vehicle charging points and solar panels. Both hospital sites have investment agreed in 22/23 to replace old energy infrastructure with new energy centres delivering a significant impact on improving our carbon footprint. This investment is complementary to our proposals for hospital development as part of the New Hospitals Programme, which will be net carbon neutral. Further integration and digitalisation will also have a positive environmental impact as people don’t need to travel so far to access services. More detail on the potential impact of our proposals on sustainability is shown on page 69 of this document, or is available through both Trust Green Plans.</p>

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# University status - You said, our response

You said...

People highlighted the **importance of research and supporting learning and development**, with questions about dedicated research space, support for students and the availability of learning and development for all staff.

Our response...

Supporting research and learning and development is an incredibly important part of our Group strategy, and the Group Academic Strategy shows what we plan to do in this area over the coming years. This is outlined on page 27, 65 and 87. We have already increased academic posts and increased the dedicated research space in buildings.

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# 'Other' - You said, our response...

You said...	Our response...
<p>There are some <b>concerns as to whether the ringfencing of elective capacity is realistic</b> but <b>general positivity about the plans for the elective collaborative</b>.</p>	<p>Our strategy is to put geographical and physical distance between elective and emergency capacity, as set out on page 51 and from 132. The elective collaborative will allow us to work most closely with other providers, including the independent sector, to integrate elective care provision and offer equal access across Northamptonshire. We commit to include patient and public representatives in elective workstreams.</p>
<p>People recognise that <b>digital and IT development will be crucial to delivery of the clinical strategy</b>, for example, having shared access to notes and results. There were several detailed questions about which IT systems would be used and when digital roll-out would happen.</p>	<p>We have a comprehensive digital strategy that sets out our plans for digital implementation, and we know this will be crucial to delivering this clinical strategy. These plans are summarised on page 61 and include plans and timelines for implementing shared access to patient notes and results. We are committed to a single Patient Administrative System (PAS) across the Group and expect this to be in fully implemented by the end of 2023.</p>
<p>Stakeholder engagement and communication in the clinical strategy is key and people are keen to understand <b>how we would communicate and engage with key stakeholders</b>.</p>	<p>We have undertaken an extensive engagement exercise in developing this clinical strategy, as set out on page 19-22 as this response evidences. We will continue to engage and communicate with stakeholders as we develop the next detail of our plans, as shown on page 17,79 and 80. We are always happy to hear about any further groups that we could usefully engage and welcome any groups or individuals contacting us to get involved.</p>
<p>People have <b>questions about the timeline and resources required to implement the clinical strategy</b>, particularly whether clinical leads will have enough dedicated time for successful implementation. Dedicated support will also be required to support team development and cultural change.</p>	<p>We know time and resources will be required to successfully implement the clinical strategy. New Group leadership roles have already been agreed as the way forward with support provided to deliver the cultural and operational changes required. This will be fully agreed in July 22. The development of the Group Clinical Director role provide a single leadership role for each clinical area and these roles will be focussed on service transformation rather than performance reporting.</p>
<p><b>Theatre capacity is a current concern</b>. There were also questions about whether there will be sufficient bed and theatre capacity in future with a growing population and planned closures of some wards (e.g. Thomas Moore). The New Hospital Programme capital development is seen as a real opportunity to increase capacity within the hospitals.</p>	<p>Theatre capacity is a priority area for the Group and plans are being progressed rapidly to develop our elective capacity. We have shown more detail about these plans on page 67, 67 and from page 112. This clinical strategy will be an important part of our site development plans and will form the basis of our bids for new capital, as outlined on page 66.</p>



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# Clinical strategy

## Matt Metcalfe and Rabia Imtiaz





# Our clinical strategy



Work with health and care partners to **prevent ill-health and reduce hospitalisation**

**Ring-fence elective capacity** to reduce waiting list and variation between sites, and increase efficiency



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Develop **Centres of Excellence** across all services, starting with cardiology and cancer



Build on our University Hospital status to become a **hub for innovation and research**



# Engagement next steps

We remain committed to continuing the strong engagement and co-design that has been at the centre of the development of this document and our journey so far.

## June and July:

- Feedback to staff with 'You said, we did' and the approved strategy with next steps:
  - the internet
  - staff briefings
  - regular updates thereafter
- Public and patients with the approved strategy and next steps:
  - UHN website
  - Healthwatch
  - Northamptonshire Carers
  - Invite patients to join groups developing individual strategies
- Partners, share the approved strategy and next steps
  - ICS meeting
  - Invite ICS representatives to support development of individual service strategies
- Statutory Bodies
  - Health and Wellbeing Board
  - Overview and Scrutiny Committees (to follow)



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# Over the coming year, we will focus on developing clinical service strategies and start to implement changes



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