

Clinical Strategy 2022 - 2027

*“Improving **safe**, **personal**, **effective** care together”*



Foreword



East Lancashire Hospitals
NHS Trust
A University Teaching Trust

Welcome to East Lancashire Hospital NHS Trust's Clinical Strategy.

Firstly may we start with a huge thank you to everyone who has taken the time to contribute to its development in recent months – including colleagues across the Trust, partners in the wider health and social care system in Pennine Lancashire and Lancashire and South Cumbria as a whole and, perhaps most importantly, patients and their advocates.

This document is the culmination of a great deal of work and has taken account of everything the Trust has already achieved, as well as our refreshed aims and objectives, learning and research and, of course, the need to restore our services following the pandemic.

We both feel incredibly proud of everything the Trust has achieved during this difficult and challenging time. Pennine Lancashire was particularly tested by Covid and we lost many people, including colleagues, to the virus.

It is always important to remember though that, thanks largely to the dedication, determination and sheer hard work of colleagues, we cared for many, many more people, who were able to return home to loved ones and recover.

The Clinical Strategy now and up to 2027 continues to focus on our aim to provide safe, personal and effective care for everyone.

This includes striving for excellence in urgent and emergency care, which continues to be a significant pressure area for clinicians, as well as improving and transforming health and social care with partners across the area.

Despite the challenges that all hospital Trusts face in terms of workforce, finance and demand on services, we are proud that these plans are ambitious and focused. Our strategy is built on already well-developed, strong clinical services and our history of proud and caring staff, delivering excellent healthcare and outstanding performance.

We are confident this vision is right for the Trust, for colleagues, for patients and their families and the system as a whole and look forward to reporting on its successful delivery over the next five years – and especially the difference it makes to our services.



Professor Eileen Fairhurst
Chairman,
East Lancashire Hospitals
NHS Trust



Mr Martin Hodgson
Chief Executive,
East Lancashire Hospitals
NHS Trust

Where we are in 2022

Our Clinical Strategy 'Fit for the Future' 2016-2021 set out our clinical services priorities against 6 transformational themes supporting the foundations of integration of care and the development of high-quality services. As we end the five-year period, we have delivered (or are in progress to deliver this year) all our of key priorities and plans. As part of our Clinical Strategy, we have built a strong, high performing clinical service for the population of East Lancashire.

Our key achievements were:

- Establishment of Robotic Surgery within ELHT
- Increased ED capacity – 13 additional cubicles and a further 8 ED cubicles
- Establishment of a new emergency village at the RBH site including a new AMU
- Development of the Mental Health Emergency Assessment Unit
- Development of expanded Children's Assessment Unit at the RBH Site
- 2 additional MRI scanners
- Pharmacy robot
- Rapid Diagnostic Centre
- Maternity EPR
- Ophthalmology EPR
- Fit for Purpose Chemotherapy Unit
- Tele triage for Dermatology
- Fast Track Delegated Service for end of life care
- 4th Endoscopy Room
- CT Scanner (RBH)
- Angiography Suite
- Point of Care Testing expansion
- ePMA electronic prescribing
- Sample Handling Transfer Tube System (BGH)
- B20 – Enhanced Care
- Critical care expansion – additional 8 enhanced care beds
- Expansion of SAECU
- 2-hour Urgent Care Response SPOA with ICAT
- IHSS - Telemedicine service / CVW model (HSJ Award)
- CAST service in IDS to enhance access to care homes across Pennine Lancs
- Paediatric HDU – 3 new isolation pods
- Simulation Suite (Spring 2022)
- The development of a Hybrid Theatre (due Spring 22)
- EPR Cerner Implementation (due Nov 22)
- Development of a HASU – hyper acute stroke unit (due Summer 22)

In 2020, the Covid pandemic impacted our 5-year plan with some developments delayed into 2022. Despite the difficulties the pandemic has posed, our clinical teams have sought to continue to adapt, develop and manage the challenges posed and continued to strive to improve clinical services during this time.

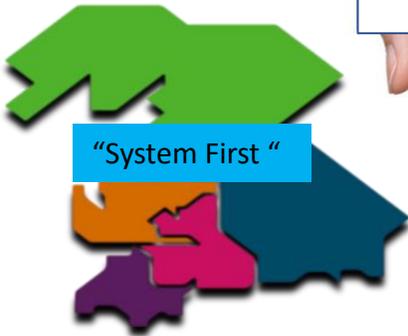
The pandemic has positively impacted on the development of community services and relationships across the system and allowed us to adapt and grow in different ways; but it also brought significant challenges never before experienced and thus resulted in elective care and diagnostic backlogs and further exacerbated health inequalities locally.

In addition to our challenge around elective recovery, we are still experiencing significantly altered and increased presentation for emergency demand on our services, that continue to put pressure on our clinical teams and infrastructure.

As a result, a large part of our new clinical strategy is focused primarily on building back our services (elective, non-elective and diagnostic) post-pandemic, getting the basics right, and building on the foundations that we have built since 2016. Our strategy has a strong focus on how we maintain and adapt what we do now - including what we do well and how we can improve. However, in some areas our clinical ambitions remain as we continue to develop innovative service models and specialist provision within the context of our developing relationships across place and wider system. Our clinical strategy is thus very much reflective of the environment in which we find ourselves in 2022.

Our key challenges remain as a focus of our effort - particularly workforce, but also infrastructure and transforming our ways of working to meet continued new pressures on our services. Our clinical teams remain resilient, ambitious and determined that within the next five years we will drive out the same high standards of care that we have achieved to date.

Key Principles of our Strategy



Our strategy expresses our collective purpose to provide safe, personal and effective care. It summarises our desire to achieve the highest standards in service delivery and improve health for local people - building on our history of proud and caring staff, delivering excellent healthcare and outstanding performance.

Our future is defined as a 'hospital without walls', networking as part of both a placed based partnership in Pennine Lancashire and within the wider Integrated Care System in Lancashire and South Cumbria.

We see ourselves as partners in a local and bigger integrated system of care - agile to the place and needs of our patients and acting as an anchor institution with the ability to influence and improve population health. Our 'offer' to the wider system will be to support integration locally and to support tackling inequalities across the Lancashire and South Cumbria ICS in a network and as a centre of excellence for Healthcare.

Our Clinical Strategy is a cornerstone of our Trust Strategic Framework (Trust Strategy), which along with other key strategies will collectively support delivery of our Vision and Goals.



Our Aims

Our aim over the next five years is to build on our strengths and manage our challenges and thus ensure that the fundamentals of care are right for our patients.

- **Ensure a 1st class emergency service**, so that patients are well cared for **in a fully integrated seamless way** through primary, community and social care, making clinical intervention meaningful, holistic and where possible within co-produced pathways.
- **Within elective care we will 'build back better' after covid**, so that patients receive their elective treatment in a timely, clinically optimal way, clearing elective backlogs to pre-pandemic levels, transforming the delivery of outpatient services and being a recognised centre for a range of specialist services.
- **To recognise and build on our clinical strengths** and thus our 'offer' at a local and ICS level, as a partner in health and care, providing services increasingly via networks.
- As a major employer and provider of healthcare, our focus goes beyond helping people to recover from episodes of ill health or injury and seeks **to play a part in addressing the health and wellbeing of our population and to reduce health inequalities**.
- **Be 'digital by default'** and sweat our digital capabilities to help clinicians provide safer, more effective care for patients.
- Have a **strong underpinning clinical workforce** plans that support our ambitions and be a preferred choice of employer for clinical teams across our services.
- **Productivity, efficiency and reduction in variation** are key threads of all of our clinical services.
- **Improvement, Education, Research and Innovation** underpin and support us to be the best that we can be.
- To ensure that **equality and diversity is a key thread throughout** our strategy.

What this means

Our key focus in the first part of our 5-year plan will be to re-establish our strong position pre-pandemic in both elective and non-elective care. From this foundation we will then extend and expand our goals to continue to drive up standards of care across our system.

Our ambitions will require strong workforce plans that underpin our goals and a change in focus from in-hospital service delivery to care in a 'hospital without walls'. Clinical teams will become more agile and flexible in the way that they work so are more responsive to 'place' and to patient, rather than patients following traditional pathways through primary to secondary care.

Within elective care, we will continue to develop our elective capacity, further developing our 'green' elective site, our centre of excellence for robotic surgery as well as expanding key areas of specialist skill – to the benefit of our local population and that of wider Lancashire and South Cumbria. We aim to fundamentally review the delivery of outpatient care, developing service delivery which is fit for the 21st Century. Similarly in non-elective care we will continue to develop our community offer in partnership with primary care networks including virtual wards and personalised case management alongside expansion of 'front door' provision/Same Day Emergency Care ensuring a home first approach wherever possible. Our acute in-patient services will ensure high quality specialist care when needed.

Diagnostic services are a fundamental part of our delivery strategy, underpinning our clinical services and development of therapy/diagnostic provision needs to continue alongside changes in clinical specialities. Our key priorities over the next 5 years are to build our diagnostic provision to match our ambitious clinical developments, in particular community diagnostic hub provision at Burnley General Teaching Hospital.

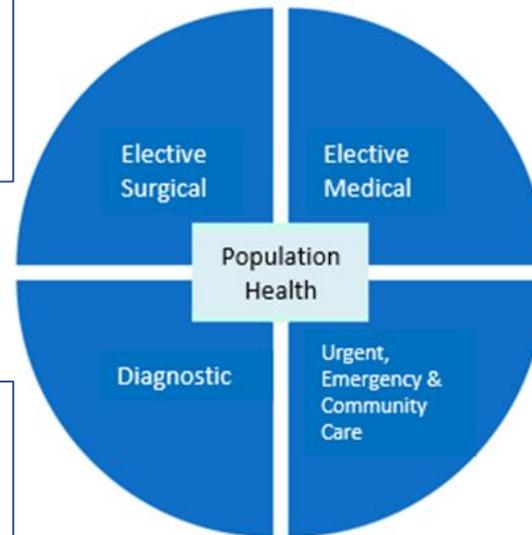
Making every contact count will be a key theme going forward, whether this is how we interact as partners at place and in the wider Integrated care system, or as contacts with our patients, relatives and carers.

As the largest employer locally and completing thousands of patient contacts every year, we are in a prime position to truly influence health equity, prevention work and ultimately population health.

Key 5-Year Priorities : Summary

Our key priorities are identified through the quadrants of our healthcare provision, as elective medical and surgical care, diagnostics and urgent, emergency and community care. Central to all our work is our focus on wider population health.

- Elective Care Recovery post pandemic
- Build back better – Improvement in quality, productivity of care
- Development in some specialist areas – Robotic Surgery, Hybrid Theatre/Vascular Arterial Surgery, Head & Neck Cancer, Paediatric Surgery, Hepatobiliary (HPB) surgery



- Elective Care Recovery and clearance of backlogs
- Build on strengths and improve care in key specialist areas – Development of Heart Care Centre, Hepatology services, TB/Neurology services, Therapy /ACP support, Haematology/Chemotherapy Unit, Paediatric Oncology and young people’s mental health/SEND services

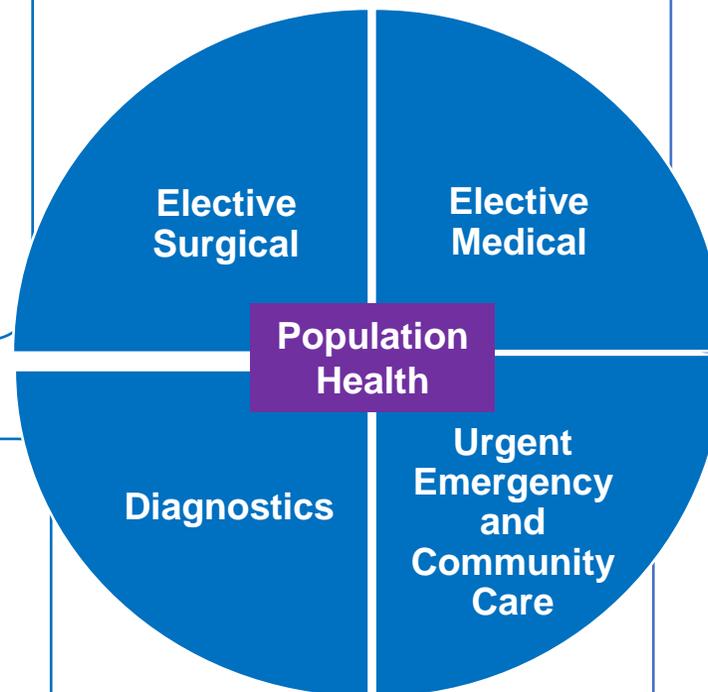
- Build diagnostic capacity / capability to support elective and emergency care
- Increase capacity for radiology (BGH site development), aseptic services, ERCP and specialist endoscopy and cardio-respiratory diagnostics (diagnostic hub model)

- Ensure a 1st class emergency service when our patients are at their most vulnerable
- Whole system improvement transferring care from in-hospital to more agile models of emergency care
- Improvements in acute stroke, medicine for older people / frailty, surgical assessment, same day emergency care, maternity and paediatric care and our level 3 NICU.

Population Health

- As an ‘anchor institution’ within the wider system, support health equity and access, whole system pathways including prevention and earlier support and care before patients access emergency services
- Integrated pathways with GPs, community and social care services

Key 5-year clinical services priorities



- Elective care recovery post pandemic and BGH elective site development
- Centre of excellence for robotic surgery
- Vascular arterial surgery/hybrid theatre – partner in Vascular Network
- Regional Head and Neck Cancer Centre
- Paediatric Surgery Centre
- HPB/general surgery expansion

- Phase 9 BGH radiology
- Aseptic Unit
- ERCP/specialist endoscopy
- Diagnostic hub for both endoscopy and cardio-respiratory
- Outpatient transformation

- Heart care centre/expansion of cardiology provision
- Gastroenterology hepatology service
- Explore opportunities for regional TB/neurology
- Cross-Division Therapy Team and ACP expansion – 7-day services/levelling up across Pennine Lancashire
- Mental health in schools
- Development of SEND
- Enhanced POSCU (paediatric oncology)
- Outpatient maternity ante-natal consultations
- Haematology/Chemotherapy Unit

- Ensuring 1st class emergency services (*front door development – 111/bed base and workforce review/Pathways focus*)
 - Acute Stroke Centre and stroke recovery (HASU)
 - MFOP strategy, frailty pathway
 - SAECU expansion
 - Develop and improve ELHT's trauma services, working within the LSC Major Trauma network
 - Expansion of out of hospital/agile care model (virtual wards/Hosp@Home)
 - Urgent 2-hour response – single provider across our patch
 - Ageing Well programme
 - 24/7 collaborative care navigation hub
 - Level 2 paediatric critical care
 - Level 3 Neonatal Intensive Care Unit Improvement
 - SDEC development – all specialties
 - Maternity transformation programme
 - Ockenden response actions
 - Paediatric emergency flow development
 - Emergency gynaecology and EPAU service development
 - Maximising advantages of ACP/PA/ANP roles in PWE practices

Population Health

- Integrated pathways with GPs, community and social care services and a key role in prevention
- Driving health equity and access
- Personal case management/anticipatory care model



Population Health

As an anchor institution, we will support the health of people living in our local area and the wider Lancashire and South Cumbria catchment. We will improve population health across the whole system of health and social care by working in partnership with other providers and services, working from early years through to older people's care to end of life care, and also expand our role as a partner in the wider pathway beyond our traditional hospital boundaries. This encompasses providing high quality healthcare but also working in a collaborative way with other services so that we can:

- support prevention of ill health and injury
- drive health equity and access
- provide whole system integrated pathways for patients, with no boundaries or duplication
- support personal case management, an anticipatory care model and a collaborative approach within the system to provide high quality, safe, personal and effective care.

To continue to advance services through Place based integrated care

- Continue with our commitment to all the work ongoing across Pennine Lancashire on whole system services, working with our partners in primary, community, social and voluntary care
- Primary Care Services provision via PWE development – GP services through to community to hospital care – whole system pathway redesign
- Community diagnostics – improvement of community diagnostic provision with a specific focus at BGTH
- Home first default - Discharge pathways further embedded and built upon so that the requirement to stay in a hospital bed is minimised to the clinically appropriate time and patients are supported to return to their usual home wherever possible
- Intermediate care and Community Hospital site development – further development and planning to improve the intermediate care tier of our emergency response with a focus on 'step-up' and admission avoidance
- 'Place' based planning and community service development – so that patients are seen at place, local to their home and community
- Partnership working fully embedded across primary care, mental health, care sector, LAs

Develop the 'NHS@Home' model

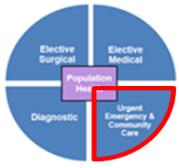
- A single point of access for patients so there is no wrong door to our service
- Providing a consistent Pennine offer to all our patients
- Develop an integrated collaborative care community hub
- Integrated IHSS Service
- Enhanced support to Care Homes (telehealth, joint working)

Healthy Start / Ageing Well

- Integrated Neighbourhood teams and a Population Health Management approach
- Support and empowerment for self-management
- Case management / Anticipatory care model approach - Anticipatory care helps people to live well and independently for longer through proactive care for those at high risk of unwarranted health outcomes
- Family health care – to improve holistic care management that supports families with all needs in a 'wrap around' model of care
- The Ageing Well programme focuses on key elements of supporting older people
- Development of interface medicine and interface joint workforce roles

To drive health equity in care and access to our services

- Delivery of the White Paper and L&SC Health Equity Commission outputs
- Be an active 'Marmot Trust' and aim to improve health equity in line with plans initially started by the Marmot review
- To develop our role as an anchor institution, supporting the wider population health of our community by working in partnership with other agencies to improve health from early years right through to ageing well
- Our Calico/Burnley development will support a collaborative care hub and our ability to respond to local health needs



Urgent Emergency and Community Care

Demand for emergency care continues to rise at a faster rate than resources allow and puts pressure on all parts of our health and social care system. In **striving for excellence in emergency healthcare**, we will continue to improve and transform all parts of our emergency offer to patients, both within our hospital-based services but as a partner and provider in the wider community response to patients in need of emergency care.

Our goal is simple - that patients receive high quality care at a time when they feel most vulnerable and in need of our help. 'Getting the basics right' may not be considered transformational or ambitious as a strategy – but this is fundamental to everything we value and everything we do, and is crucial to every patient that accesses our service in need of our help.

The emergency care system is complex and multi-faceted and thus our plans must also be multi-layered and tackle all parts of the process and pathway.

One of our fundamental aims is to continue to **develop our Hospital@home model**, including **anticipatory/preventative care**, an agile care model and being **a sole and single provider for the 2-hour community response service**. We will strive to achieve all aspects of the **Ageing Well Programme** and work closely with our partners to ensure that patients experience an integrated high-quality service consistently throughout the system – no matter where they enter or leave the pathway.

As a provider of **GP services through our PWE development**, we will continue to expand and develop all opportunities to provide patients with end-to-end seamless care. Joint workforce models, shared pathways, and joined up service provision will lead to streamlined, efficient care where patients feel that all parts of the service fit together for them.

Our in-hospital plans focus on hospital flow of emergency patients, starting **with a review of our bed base and detailed bed modelling/flow analysis**. This will feed into our planning so that we take full advantage of **new developments in virtual care**, as well as ensuring our bed base/workforce matches new/changing needs post pandemic.

We will support this work by further improvements in how patients access and use healthcare with **expansion of same day emergency care (SDEC) models**, as well as **development of the SAECU** for surgical emergencies and improvements to **paediatric, gynaecology and maternity emergency services**. **We will improve our level 3 Neonatal Intensive Care Unit.**

We will expand our acute stroke care by developing **an integrated Acute Stroke Centre and Recovery Unit and work with partners to support a single stroke rehabilitation 'offer' across residents in Lancashire and South Cumbria**. **We will develop Frailty and Medicine for Older People Services**. We will continue to build and expand our **paediatric critical care function** to ensure safe and effective care for children with critical illness and injury.



Feeling unwell?
 Choosing the **right service** will ensure you get the best advice and treatment as quickly as possible.

www.nhs.uk
 Look after yourself. Ensure you have a well stocked medicine cabinet to treat minor ailments.

PHARMACY
 Pharmacists are experts in medicines and can help you with minor health concerns. They can offer clinical advice and over-the-counter medicines.

GP ADVICE
 GPs are available for all health concerns and can refer patients for other medical services where required. Evening and weekend appointments are available.

NHS 111
 NHS 111 can help if you have an urgent medical problem and you're not sure what to do. Dial 111 or visit online.

URGENT CARE CENTRES
 You can go to an Urgent Care Centre if you need urgent medical attention, but it's not a life-threatening situation, such as a break or strain.

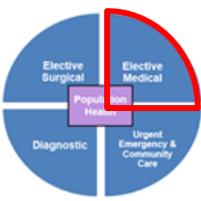
MENTAL HEALTH
 NHS 111 can help if you need urgent mental health help or you're not sure what to do.

HOSPITAL
 Emergency Departments or A&E are only for genuine life threatening emergencies only.

NHS 111 can help if you need urgent medical help or you're not sure what to do.

NHS 111
 0800 015 0600
 Text line
 0800 90 3 0110





Elective Medical Care

Within elective medical care, we will continue to build on strengths and develop in some areas/gaps in provision. Specifically:

The development of a Heart Care Centre incorporates a combined unit for cardiology services including our current Coronary Care Unit, cardiology ward and Ambulatory Assessment Area. We will also provide a new electrophysiology list in partnership with colleagues at Blackpool, with one of their consultants completing a visiting list locally within our ELHT Cardiac Catheter Laboratory. This will support safe, personal and effective care, by improving patient experience and health outcomes by combined pathways into more streamlined efficient services. Productivity will be improved as well as ambulatory care services.

Improving Hepatology services within the clinical specialty of gastroenterology will ensure that patients have local access to services in a timely way. A growth in workforce will support management of waiting lists and allow us to further embed our multi-disciplinary approach to care.

We will work within the ICS and with other providers/our Tertiary colleagues to **support TB and neurology services** within the area. As a partner in the wider network, we can offer increased capacity and specialist care for local patients as a joint collaboration with partners within the system.

Therapy and ACP team development – levelling up to 24/7 care. As services have grown in recent years, it is important that underpinning therapies and advanced care practitioners (ACP) match the pace of growth – to offer alternative workforce to specialities with recruitment challenges, and also ensure that patients are cared for holistically by a multi-disciplinary team. Gaps in therapy support can impact significantly on patient outcomes and are thus a crucial part of our clinical strategy.

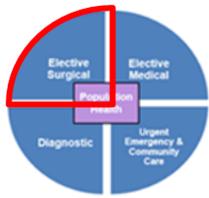
The demand for mental health services for children and young people continues to grow, and has become an acute challenge for systems nationally in the wake of the Covid pandemic. Through our ELCAS service, we will work with partners to **ensure that in-reach into schools for specialist mental health support** and fast tracking into specialist care so that young people and their families/carers have a robust and integrated system of support.

We will work with partners in health, social care and education **to improve provision for young people with special education needs and disability (SEND)**. Our key priorities are to improve transition into adulthood, reduce health inequalities and improve targeted treatment management.

We will make a small **expansion to our paediatric oncology shared care unit (POSCU) service** so that children and young people can have their chemotherapy within East Lancashire, rather than travelling to Tertiary centres at Manchester or Alder Hey. Enabling young people to have treatment locally will have a significant impact on patient experience allowing children to stay in school/at home on treatment days – rather than spending lots of time and cost travelling.

Improvements to our Haematology/Chemotherapy Unit is a crucial priority in the next five years as the current unit has outgrown its estate. The limits on this unit impact all clinical specialty functioning and creates a bottleneck in both elective and emergency care. A new and expanded unit would be co-located to achieve maximum impact on productivity and patient experience and would ensure that growth in demand could be matched by capacity.

We **will improve outpatient maternity care** by reviewing and improving consultations, so that our service is aligned with the national requirements of CNST, Ockenden and the Personalised Care Long Term Plan.

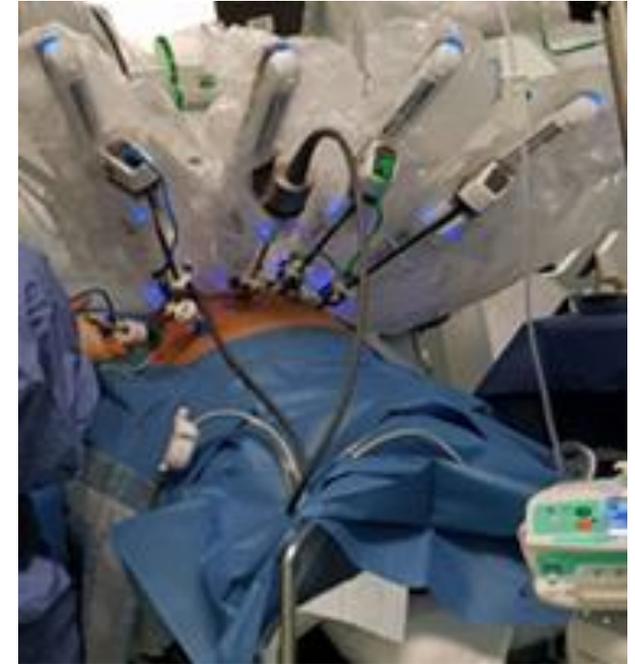


Elective Surgical Care

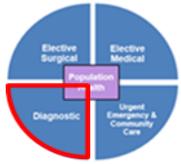
Our elective surgical plans build upon the foundations of our first clinical strategy and our key strengths within specialist elective surgery.

First and foremost, we will clear elective care backlogs resulting from the covid pandemic, with an ambition to achieve recovery targets well ahead of nationally mandated timelines. We will firmly embed GIRFT methods (*Getting it right first time*) within elective care to achieve this goal and also focus on outpatient care improvement and productivity. This will allow us to enact our second phase of our strategy– to ‘build back better’ post covid and further develop and expand our key specialist services:

- Build **a centre for excellence for robotic surgery**, to improve clinical outcomes for our patients and those within the wider ICS catchment as required.
- We will **create our Hybrid theatre** as part of the ICS Vascular network plans, working as a clear partner across Lancashire and South Cumbria. We will also offer partners increased vascular arterial surgery capacity as part of this development.
- We will **continue to expand our Head and Neck Cancer service**, in line with the wider ICS network plans. We have the capacity and capability to become a regional centre for Head and Neck Cancer and make this offer clearly to our partners in the ICS.
- We will continue to **expand paediatric surgery** provision locally in collaboration with our Tertiary Centres, including in orthopaedic, general surgery and urology specialities. We will work as partners with Tertiary Centres and other providers within the ICS so that a wider population catchment can benefit from local specialist expertise.
- We will **develop our General Surgery workforce, thus creating an increased offer for HPB** (hepato-biliary surgery) for our patients.
- **Outpatient Improvement and Transformation** are fundamental to our plans across all specialities. With pandemic recovery alongside increasing demand for elective, diagnostic and cancer care we must transform and change how we provide outpatient care in the future to enable us to meet these challenges. A whole system/whole pathway redesign is planned, to support clinicians to provide the highest quality in more productive and efficient ways.



Our Surgical Robot at work



Diagnostics

Our diagnostic services are the underpinning infrastructure to a productive and safe elective, community and emergency service and are thus fundamental to providing continued high quality services and 'getting the fundamentals of care right'.

To this end, our strategy for diagnostics is ambitious and focused.

Our key priority is to **update/expand our Radiology Unit at the Burnley Teaching Hospital site**. This is our main elective/diagnostic hub, situated away from the main emergency services at Blackburn and thus 'protected' as an elective centre. Whilst significant improvements have been made to clinical services on the Burnley site in recent years, our radiology unit falls short of the high quality estate we aspire to.

The **development of our Aseptic Unit** is also critical to our ongoing clinical strategy, as a key supporting function to all clinical specialities. The demand for aseptic services has far outstripped the capacity available and this key development will ensure management of elective waiting lists, better clinical outcomes and improved patient experience. Aseptic provision is particularly crucial to all cancer care within the Trust.

We are committed to collaboration across the Integrated Care System and will **continue to work with partners to develop a service model for Pathology, including opportunities for sub-specialisation of specialist service in hub models/networks**.

We will also **expand our ERCP / Endoscopy provision** within the Trust. There are significant backlogs as a result of the covid pandemic, but demand for endoscopy continues to rise exponentially and current capacity cannot keep pace with the requirement for endoscopy care to support chronic illness as well as cancer diagnosis. We will **develop a diagnostic hub** for endoscopy and cardio-respiratory testing therefore streamlining care.



How our Strategy fits into wider ELHT planning

ELHT's Strategic Framework



How we deliver our plans

What we plan to do

Our Strategic Framework summarises our overall Trust Strategy and structure of delivering all that we aspire to achieve. Our clinical strategy is just one arm of our ELHT framework. It aligns with all supporting strategies; which are delivered through our system working which are in turn firmly rooted in our goals, behaviours, values and ultimate vision to provide safe, personal and effective care.

Our supporting strategies define the 'what' of our plans, and our system working- including a strong focus on our SPE+ improvement practice and performance monitoring and delivery is the 'how'.

There are key interdependencies and enablers that underpin our strategy – our existing and future estate, our workforce plans, how our digital infrastructure will support us and how we will fund our schemes.

Our clinical strategy is therefore closely aligned to other key strategies in the Trust – it is one of several plans that all dovetail together to help us achieve our aims.

Through the development of the clinical strategy we have engaged with staff across all our clinical services as well as colleagues in finance, estates, workforce, education, quality governance and information/IT. There is close alignment and triangulation between all plans to ensure we can deliver our ambitions.

Our plans are phased into years over the next five years, and these are aligned with our business planning in the Trust – which feeds into wider system planning processes.

Delivery of our Clinical Strategy will be driven through our existing business structure within Clinical Divisions and monitored through our Divisional Boards. Cross-organisational Key Delivery Programmes, which dovetail to place-based and wider system programmes, will ensure a co-ordinated approach where required. Our strategy will be regularly reviewed and annually refreshed at our Senior Leadership Group as well as key Delivery and Transformation Boards and annually at Trust Board.

We recognise that we work within a quickly changing landscape as NHS structures change and clinical demand and our ability to respond continually evolves. The Clinical Strategy will thus be updated regularly, with our partners, within the next five years so that we can be ever responsive to the demands placed upon us and thus provide **safe, personal** and **effective** care.

ELHT Improvement Continuum

Improving Safe Personal and Effective Care



Improvement Continuum

Clinical Effectiveness and Audit

Measures existing practice against evidence-based clinical standards

Improvement

Use of SPE+ improvement method to achieve 'small steps' (continuous improvement) and 'big leaps' (radical transformational redesign)

Research and Development

Generates new knowledge where no or limited research evidence available

Innovation

New ways of working (policies, systems, products, technologies, services and delivery methods)

Improving Safe, Personal and Effective Care underpins all we do and developing a culture of learning and improvement is at the core of how we will ensure we can deliver the best outcomes for our patients.

Our Improvement Continuum describes our overall approach, ensuring we have the right combination of methods and approaches, supported by skills and organisational development to continuously improve and innovate.

Underpinned by Information/Knowledge Management, Skills/Education, Organisational Development

Corporate functions working together

Quality Governance



Performance Informatics

HR&OD



Improvement Hub



DERI
Directorate of Education, Research and Innovation

Supporting Clinical and Operational Teams delivering **Safe Personal Effective Care**

Our Quality Strategy, SPE+ Improvement Practice Development Plan and Education, Research and Innovation Strategy and Plans will support delivery of our ambitions.

How our Strategy fits into the wider system: *ICS Clinical Strategy Alignment*

ICS 10-year Clinical Strategy / ICB/PCB Priorities	Alignment to ELHT 5-year Clinical Strategy
<p>Integrated Care Board Overarching Vision / Goals:</p> <ul style="list-style-type: none"> • Improve outcomes in population health and healthcare • Tackle inequalities in outcomes, experience and access • Enhance productivity and value for money • Help the NHS support broader social and economic development 	<ul style="list-style-type: none"> • Our Clinical strategy has population at the heart of our aims, with a clear ambition to support the wider ICS achieve outcomes in population health, driving health equity and supporting people in the wider social and economic landscape that they live within. • A key thread of our delivery is to ensure productivity and value for money, working with partners to maximise our collective offer to patients.
<p>10-year Clinical Strategy <i>Improving the health and wellbeing of local communities ▪ Delivering better, joined-up care, closer to home ▪ Delivering safe and sustainable, high -quality services</i></p> <p>Short term goals – to restore and recover from the pandemic</p> <p>Medium to Long term goals –</p> <ul style="list-style-type: none"> • Health and Wellbeing of Communities: Prevention/Health Education, population health management, anticipatory care • Living Well: support people to have the best possible start in life. We want to ensure that people are healthy and independent for as long as possible, and we want people to have happy, productive and fulfilling lives. • Managing illness through collaborative networked clinical services • Urgent and Emergency Care – Consistent offer of care, streaming and triage – right place first time, digital technology to enhance care • End of Life Care, Frailty and Dementia – supporting people as they enter the final period of their life • Workforce - develop systems and services that maintain a healthy and happy productive workforce, that makes L&SC a number one place to work for clinicians and other staff. 	<ul style="list-style-type: none"> • The key short-term goal in the ICS Clinical Strategy is to fully recover from the pandemic. This aligns to our 1-to-2-year plans within our Strategy which focus primarily on elective care recovery, diagnostic improvement and improvements to emergency services to manage demand for emergency care • The medium to long term goals are all included within our local Clinical Strategy and we have made clear how we ‘fit’ into the wider system and what our offer and support of the wider system will be. • None of our local strategy contradicts the overarching aims of the ICS Clinical Strategy and as partners within that system we will ensure that delivery of our plans remain aligned to the wider system view. • Our strategy includes all aspects of the health and wellbeing of communities and the living well aims in the ICS strategy. • We have committed to working as part of collaborative networked clinical services in the future. • All aims for Urgent and Emergency Care are included in our priorities locally. • Our workforce plans continue to support the overarching aim to support a healthy, happy and productive workforce.

Alignment to L&SC PCB Clinical Strategy

Our Clinical Strategy is aligned to the L&SC PCB Clinical Strategy, with clear links between clinical vision and priorities of the PCB work programme and our strategy.

We will continue to work within the wider PCB framework as plans develop.

Lancashire and South Cumbria Provider Collaborative Vision



Priority Services of PCB Clinical Business Plan /Work programme:	ELHT Clinical Strategy:
System Wide Opportunities / Priority Services – Cardiovascular /Cardiac Services / T&O / MSK/ Respiratory/ Frailty	Our Clinical Strategy notes our 'offer' to the system of local provision and our commitment to work within networks and the wider system. Specifically, our MFOP strategy supports Frailty pathway redesign, our development in cardiovascular diagnostics will support local provision and the wider network. Our expanded HASU and Cardiac Unit supports wider networked services. We have committed to supporting all priority areas of the PCB business plan.
Priority Services-Surgical Specialities – ENT/ General Surgery/Urology	Our Strategy notes our intention to expand general surgery/HPB provision locally. Our UIU will support Urology provision.
Transformation Programmes : Stroke / Vascular/ IR/ Ophthalmology/ Clinical Haematology/ Head & Neck / Robotic Surgery	As part of networked provision, we have identified our ability to provide an acute stroke and recovery unit (formally HASU), vascular arterial surgery through our Hybrid Theatre which is part of the Vascular Network plan. We aspire to become a Head and Neck Centre and a Centre of excellence for Robotic surgery.
Mental Health Integration	We have worked productively with our local Mental Health Trust in support of managing patients in crisis within our ED. Our children's mental health plans are part of the wider Children's & Young People's L&SC plans.
Development of Elective Hubs	Our Burnley elective and diagnostic hub is now well developed and we will continue with diagnostic expansion to support elective care recovery and separate elective from emergency flow.
Elective Care Recovery	This is a key priority of our Clinical Strategy, with clear plans to meet planning priorities guidance.
Urgent & Emergency Care Improvement	Our strategy is aligned to key PCB/Place based plans including SDEC, virtual ward development, anticipatory care, and collaborative models for out of hospital care. Our plans for Ageing Well programme are well defined in support of PCB /ICB aims.
Diagnostics Programme	We have identified key developments to improve diagnostics within Pennine Lancashire – specifically our Radiology unit at BGH, aseptic provision, specialist endoscopy/ERCP, cardio-respiratory diagnostic hub. These developments will provide key diagnostic capability within the ICS going forward.
Critical Care Improvement	We have identified our capability and aspiration to provide L2 Paediatric HDU, as part of the wider paediatric critical care network.
Health Inequalities	Population health and health equity and access is a key component to our strategy. Our strategy is supported with detailed delivery plans to support tackling health inequalities locally and supporting the PCB in addressing wider system disparities.

How our Strategy fits into the wider system: *Place Based Partnership Alignment*

Healthier Pennine Lancashire Partnership	Alignment in ELHT 5-year Clinical Strategy
<p>The vision of the partnership is Better health and wellbeing People will:</p> <ul style="list-style-type: none"> • have longer, healthier lives; • be more active in managing their own health and wellbeing, maintaining their independence for longer; • be supported to keep well both physically and mentally, with mental health and physical health being equally important; • be central to decision making <p>Better care for all People will have:</p> <ul style="list-style-type: none"> • consistent, high quality services across Pennine Lancashire • joined up services and support which are easier to navigate and access; • services and support responsive to local need; • equal access to the most effective support, with reduced waiting times. <p>This vision will be achieved through</p> <ul style="list-style-type: none"> - Integrated services - Population Health management - moving towards a preventative, proactive and holistic approach to the health and wellbeing of our residents - Improving the quality of services - Maximising the use of collective resources - Valuing and developing the workforce 	<ul style="list-style-type: none"> • As an anchor institution with a focus on population health we will support the wider partnership in delivering their overarching goals to achieve better health and wellbeing and better care for all. • With a focus on integration of services and pathways, looking ‘end to end’ and how we can support that process – both in providing high quality healthcare and in how we can work with partners to develop seamless services – we will support the overall vision of the Partnership but also support the key objectives of integrated services, maximising quality of care and maximising the use of collective resources. • Our work to date has already supplemented the Partnership working, with development of shared workforce roles, shared pathways, virtual wards, 2 hour response, and supporting healthy starts and Ageing Well initiatives. We will continue to further embed such developments that have fallen out of a robust relationship with all agencies through the partnership. • Specific examples of alignment of our strategy to the Partnership include the development and further expansion of interface medicine, co-produced emergency pathways and improvements to emergency care in paediatrics, adult medical and surgical care. Developing a single point of access for intermediate services and a ‘no wrong door’ approach. Developing an integrated collaborative care community hub, integrated IHSS Service and enhanced support in Care Homes (telehealth, joint working).

Engagement and Consultation



This strategy has been developed in an open and inclusive way, by clinical teams across all the Divisions within the Trust, as well as all our enabling support services. It has also been reviewed and further developed by our Executive and Trust Board members.

Engagement has taken place through key meetings (including Senior Leadership Group, Trust Board, Divisional Management Boards and Transformation Boards), workshops and Directorate team meetings and via other communication methods - so that all our staff have had the opportunity to feed into our vision and plans for the next five years.

The strategy has also been shared and reviewed at key delivery boards with partners and our public and patient participation panel, to 'check and challenge' ourselves that our strategy delivers real improvement for our patients and that our offer and our 'part' of the joint Pennine partnership strategy is agreed.

Our plans are aligned to those of the wider Lancashire and South Cumbria Integrated Care System, as well as local plans within our local Place based partnerships within Pennine Lancashire. We recognise however that as structures at Place and system level change, so must our response. This document is therefore a 'live' document that we will continually adapt as our partners across the system update their plans, so that we remain aligned and integrated in our planning and delivery of clinical services going forward. Our aspiration is that at an appropriate time our aligned strategies become one strategy across Place and system level.

As we move to implementation we will build on our existing programmes of work through joint delivery groups to create plans that fully support the ambitions of this strategy. We will reach out colleagues and partners across the whole system as we develop our delivery plans. We will continue to improve and adapt, and thus continually ***improve safe, personal and effective care together.***

Glossary of Terms

ACP -Advanced Clinical Practitioner
AMU - Acute Medical Unit
CAST – Care Home Allocation Service Team
CT - computerized tomography scan
CCU – Coronary Care Unit
CNST – Clinical Negligence Scheme for Trusts
CVW – Covid Virtual Ward
ED - Emergency Department
EPR – Electronic Patient Record
ERCP - Endoscopic Retrograde Cholangio-Pancreatography
ELCAS - East Lancashire Child & Adolescent Service (Child mental health)
EPMA – electronic Prescribing & Medicines Administration
HDU – High Dependency Unit
ICAT – Intermediate Care Allocation Team
ICS – Integrated Care System
IHSS – Intensive Home Support Service
LA – Local Authority
L&SC – Lancashire & South Cumbria (the current integrated care system footprint)
MRI - Magnetic resonance imaging (MRI) detailed scan of the organs and tissues in your body.
PLACE /Place-based partnerships are collaborative arrangements that have been formed across the country by the organisations responsible for arranging and delivering health and care services in a locality or community.
SAECU – Surgical Ambulatory and Emergency Care Unit
SDEC – same day emergency care
SEND – Special educational needs and disability
SPOA – Single point of Access to a service

