

<u>HEALTH AND COMMUNITY INVOLVEMENT SCRUTINY COMMISSION : 28</u> <u>MAY 2013</u>

REPORT FROM UNIVERISTY HOSPITALS OF LEICESTER NHS TRUST

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST – STRATEGIC DIRECTION

Purpose of the Report

 The purpose of the report and accompanying document, Appendix 1, is to brief the Health and Community Involvement Scrutiny Commission on the new Strategic Direction for University Hospitals of Leicester NHS Trust, (UHL). The Chief Executive of UHL will be attending the meeting of the Committee on Tuesday, 28 May to further discuss the Strategic Direction of UHL with members.

Background

- 2. Members will be aware that the NHS has changed significantly over the last few years, nationally and locally. As well as new structures and a new commissioning landscape there are new leaders in place in almost all local NHS organisations.
- 3. Against this backdrop and cognisant of local stakeholder opinion, Leicester's Hospitals needed to set out more precisely the aims and aspirations of the Trust, the Strategic Direction was developed during autumn 2012.
- 4. The Strategic Direction has been shared with, and informed by, discussions between: staff, LINks, MPs and NHS partners. However, it is important to recognise that this is not 'the Trust Strategy', (which will require more detailed work) rather; it sets out the direction of travel and key themes for the hospitals for the next 5 years.

Strategic Direction Overview

- 5. Providing 'Safe, high quality, patient-centred healthcare' is at the heart of the SD. 'Our Quality Commitment' expressly states that during the lifetime of this strategy we will save more lives, reduce avoidable harm and improve patient experience.
- 6. 'Joined up' emergency care and making as much care as possible 'planned' will be key to the Trust achieving this commitment. Currently the growth in emergency admissions is unsustainable. Working with partners in primary care we have to create alternatives for people who need urgent and emergency care. This will require the Trust and partners to better manage patients outside hospital to reduce the need for emergency interventions.

- 7. At the same time as the drive to reduce the current pressure on emergency care the Trust recognises that there are significant improvements which must be made to improve quality and safety for those patients who do attend the Emergency Department, (ED). The ED was designed to care for 115,000 patients a year. The current attendance is in excess of 150,000. The ED is too small. The Trust is therefore working on a scheme to enlarge the ED. This would be enabled by the relocation of some outpatient clinics from the Royal Infirmary to the General Hospital.
- 8. As regards the future of each of the three hospitals; the General will become the centre for much of the non-emergency, elective care, specialising in outpatient and day case work. The Royal, will focus on emergency care and the Glenfield, on specialist care in the disciplines of, for example cardiac and respiratory services.
- 9. As we start to deliver the aspirations described in the SD, we expect to see improvements in mortality, reduced harm and better patient experience. We also expect that the service moves and the work with partners on revised care pathways will result in more efficient services, better use of our estate, fewer cancellations, and ultimately a surplus at the end of each year which we can use to invest in better services for local people.

Recommendations

10. The Strategic Direction explicitly states that it is likely that the content and emphasis will change over time as a result of both feedback from the public, partners and stakeholders and as the Trust (and other NHS and social care organisations) further develop their strategies.
Members are invited to comment on the document as part of its continuing development.

Officers to Contact

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