

Vision

In the next five years, we will become a successful, patient centred, Foundation Trust that is internationally recognised for placing quality, safety and innovation at the centre of service provision. We will build on our strengths in specialised services, research and teaching; offer faster access to high quality care, develop our staff and improve patient experience.

We call this...

... *Caring at its best*

November 2012



Introduction

This 'strategic direction' outlines our thinking about the future shape of our clinical services. The proposals within this document reflect the ambitions of our staff to provide quality acute care and contribute to the wider healthcare system for the people of Leicester, Leicestershire and Rutland (LLR). Our overriding aim is to deliver high quality, safe, compassionate and affordable care.

It is important to understand that we are still developing the strategy; it will be finalised when the thoughts, aspirations, plans and ideas within this document have been tested, challenged and costed. We are not however going to spend months agonising over the fine details... most of us know what we need to do, we just need to be able to get on and do it.

Martin Hindle, Chairman

John Adler, Chief Executive

Dr Kevin Harris, Medical Director

Suzanne Hinchliffe, Chief Nurse



Our hospitals in five years time

Improving quality and safety will be the thread that runs through our purpose, vision and strategy. This has a significant impact on the way we will take the organisation forward.

Leicester General Hospital will be the centre of our non-emergency 'elective' care work, incorporating much of our outpatient activity, as well as the 'Diabetes Centre of Excellence', the 'Nutrition Diet & Lifestyle Biomedical Research Institute', community maternity services and a rehabilitation facility for city patients. Day-case treatment will be the norm, delivered from a dedicated day-case unit and the infrastructure and environment will be developed to make the patient journey as simple as possible, from parking to treatment and ultimately discharge.



Leicester Royal Infirmary will host the remodelled Emergency Department with more specialist clinicians available at the front door. We will look at the affordability of a physical Leicester Children's Hospital, whilst integrated services for the growing frail older population will be enhanced and become the national model for others to follow. The 'Leicester Cancer Centre' will continue to develop and cement its links with Cancer Research UK as a significant research and development led service.



Glenfield Hospital will build on its reputation for cardiac and respiratory services and research, becoming home to the 'Leicester Heart Centre' and the 'Leicester Respiratory Centre'. To further strengthen this portfolio, renal and transplant inpatient services will move here by 2017.



Overall, Leicester's Hospitals will become smaller, more specialised and more able to support the drive to deliver non urgent care in the community. As a result of centralising and specialising services we will improve quality, safety and the hospital experience for our patients, from the time they park their car to the moment they leave. We will be in the top 10% of trusts for our low mortality rates, for low waiting times and for patients rating the care they receive as excellent. In common with the rest of the NHS, we face a significant financial challenge over the next few years. We will develop a Transformation Programme that releases £100m over the next three years. This will be done in partnership with other local health organisations and social care through the Better Care Together programme which aims to drive quality up and cost down.

We will save money by no longer supporting an old, expensive and under used estate and we will become more productive.

This will enable us to make a cash surplus as a viable Foundation Trust at the end of each year. We will use it to fund improvements to our existing services and the creation of new, innovative services supported by research and development.

Our purpose

We are here to provide **Caring at its best** to our patients and their carers
Caring at its best means at all times, we behave in line with our values...



We treat people how we would like to be treated

- We listen to our patients and to our colleagues, we always treat them with dignity and we respect their views and opinions
- We are always polite, honest and friendly
- We are here to help and we make sure that our patients and colleagues feel valued.



We do what we say we are going to do

- When we talk to patients and their relatives we are clear about what is happening
- When we talk to colleagues we are clear about what is expected
- We make the time to care
- If we cannot do something we will explain why.



We focus on what matters most

- We talk to patients, the public and colleagues about what matters most to them and we do not assume that we know best
- We do not put off making difficult decisions if they are the right decisions
- We use money and resources responsibly.



We are one team and we are best when we work together

- We are professional at all times
- We set common goals and we take responsibility for our part in achieving them
- We give clear feedback and make sure that we communicate with one another effectively.



We are passionate and creative in our work

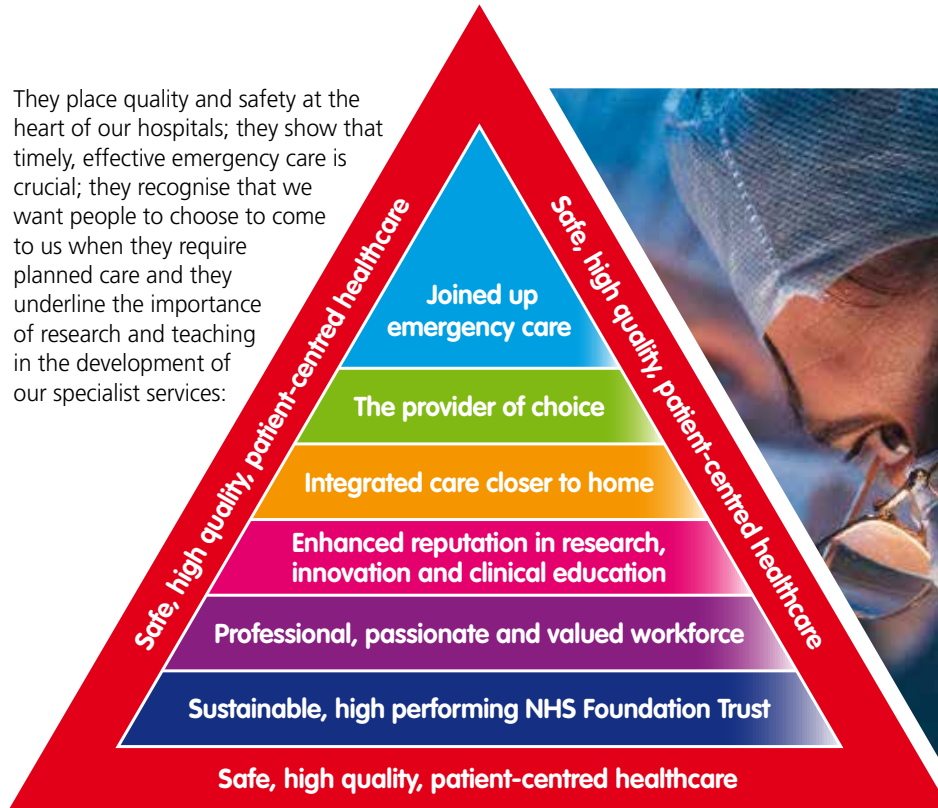
- We encourage and value other people's ideas
- We seek inventive solutions to problems
- We recognise people's achievements and celebrate success.



Our strategic objectives

Underpinning our [vision](#), [purpose](#) and [values](#) are our strategic objectives. By delivering these we will fulfil our purpose to provide 'Caring at its best'.

They place quality and safety at the heart of our hospitals; they show that timely, effective emergency care is crucial; they recognise that we want people to choose to come to us when they require planned care and they underline the importance of research and teaching in the development of our specialist services:



Caring at its best

Our strategic objectives in more detail:

Over the last 12 months the divisions and clinical business units have been working on their service strategies. This work means that we can now begin to show how these objectives will be converted into reality by delivering the key developments described overleaf.

Provide safe, high quality, patient-centred healthcare

Quality is both cultural and operational; it has to be ingrained as well as applied. We will focus relentlessly on specific quality themes to create a Trust where pressure ulcers, infections and patient falls are rare.

Cancellations, delays and readmissions will be negligible and mortality will be amongst the lowest in the country. In honouring our values and behaviours we will improve the patient experience to make 'Caring at its best' a daily reality, for every patient in every part of the Trust.

Overall, we will save more lives, reduce avoidable harm and improve patient experience.

Key developments will be...

Improving patient experience

More patients and relatives will recommend our hospitals to their family and friends, putting us in the top 20% of trusts within the region.

We will:

- Develop a 'Caring at its best' training package for all ward staff, supported by clear and deliverable care standards which will be rolled out to the whole Trust by March 2013.

- Establish a 'Caring at its best Support Team' to help wards and other clinical areas that have received consistently below average patient feedback to turn their results around quickly and sustainably;
- Create a 'You said, we did' patient feedback board at the entrance to every ward under the ownership of a named ward patient experience leader;
- Improve signage, reception areas and the 'welcome' at all entry points to our hospitals to help create the best first impression for our patients and their carers.

Reducing avoidable harm

In-hospital falls

Each year around 282,000 patient falls are reported nationally in hospitals. The majority of patients who fall are aged over 75 years and have multiple long term and acute illnesses. Although all falls cannot be prevented without unacceptable restrictions to patients' independence, dignity and privacy, falls can be reduced by 20-30%

by close attention to assessment and interventions. We will deliver year on year reductions in the numbers of falls by:

- Continuing to assess every inpatient for their risk of falling;
- Every patient at high risk of falling will have personal falls prevention plan;
- All nursing staff will complete falls training;
- Ensuring all falls are reviewed and learning outcomes are identified and acted upon.

Pressure ulcers (bed sores)

We have made significant progress in reducing grade 3 and 4 (the most serious) avoidable hospital acquired pressure ulcers but the focus now needs to be on elimination as opposed to reduction.

- We will ensure that no patient leaves our hospital with a pressure ulcer (or for existing ulcers there is no deterioration);
- We will target training interventions on skin care and pressure ulcer prevention to ensure consistency and best practice.





Catheter acquired urinary tract infections

Elimination of catheter acquired urinary tract infections. We will achieve this by:

- Introducing a training programme for all nursing/medical staff;
- Undertaking monthly 'safety thermometer' audits and using this information to inform our improvement plans;
- Increase surveillance across the Trust.

Hospital acquired venous thrombo-embolism (VTE)

To be in the top 25% of hospitals nationally.

We will achieve this by:

- Ensuring all patients are risk assessed on admission;
- Undertaking reviews of all hospital acquired thrombosis and ensuring that learning outcomes are identified and acted upon;
- In collaboration with primary care, increase patient education and management plans to prevent post discharge thrombosis.

Preventing infections

We have consistently delivered on reduction

targets for MRSA and Clostridium Difficile (CDiff). To build on this work and maintain our performance in the top 20% of hospitals, we will:

- Embark on a trust wide surgical site infection surveillance programme;
- Be at the forefront nationally of research in 'multi-drug resistant' (MDR) organisms;
- Expand our monitoring and target reductions of infections.

Lower mortality

Our crude mortality rate is low and our aim is for our risk adjusted mortality rate to be amongst the best hospitals for both HSMR (in-hospital) and SHMI (in-hospital and within 30 days of discharge). Specifically we will aim for an HSMR and SHMI below 100.

To achieve this we are going to:

Give relentless attention to implementation of the 5 Critical Safety Actions:

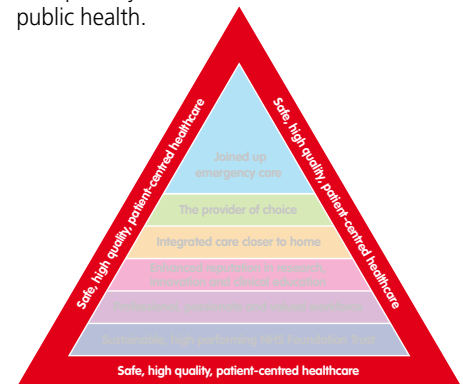
1. Improving clinical handover
2. Early Warnings Scores (EWS) triggers and actions



3. Implement and embed mortality and morbidity standards
4. Acting upon results
5. Senior clinical review, ward rounds and notation

Clinical pathways:

Review and agree clinical pathways of patient groups with known high mortality rates (pneumonia, Chronic Obstructive Pulmonary Disease (COPD) heart failure) in collaboration with primary care and public health.



Develop joined up emergency care that consistently meets patient expectations

Many of our patients begin their journey in the Emergency Department; we have to improve the models of care and the environment to deliver a better patient experience and better quality outcomes.



Key developments will be...

The new emergency care model

By 2013 we will have created the new emergency care model supported by a new 'Emergency Floor' at the Royal. By bringing clinical decision makers closer to the front door of the hospital and supporting them with rapid access to tests and diagnostic imaging we will transform the speed, quality and experience of our emergency process.



Better services for frail older people

The national population aged 75+ is increasing dramatically. We have to respond. In 2011/12 we established the Emergency Frailty Unit (EFU), this has enabled the timely transfer of older patients to the most appropriate care pathway, either in the acute setting or community.

Our plan for improving services further includes:

- Expanding the coverage of the Frail Older Peoples Advice and Liaison Service (FOPAL) through the development of dedicated nurse practitioners and physician assistants by April 2013;
- The development of an Acute Frailty Unit staffed seven days a week by geriatricians and their team by July 2013;
- Supporting the Clinical Commissioning Groups, (CCGs) in developing enhanced support for older people in the community setting and in community hospitals.





Making as much care as possible 'planned'

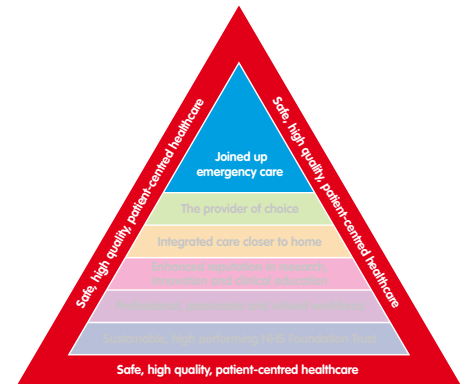
The current growth in emergency admissions is not sustainable. Increasing numbers of patients requiring urgent medical assessment and review pose a daily challenge for the Emergency Department.

Working with our primary care partners we will make sure that health care and specialist advice and clinics are in place to better manage long term conditions and chronic diseases like diabetes and COPD so that together we can intervene before an emergency admission to hospital becomes necessary.

More critical and intensive care beds

Our current critical care service is based on three sites. The plan is to provide an integrated critical care service across two acute sites and at the same time increase the number of critical care beds. The revised mix of emergency acute services between

the Royal Infirmary and Glenfield Hospital will enable us to implement these changes in a phased approach over the five years of this strategy.



Consolidate our status as the provider of choice

Which means that patients and GPs will want to use us ... not just because we are local, but because we are consistently the best option.

This means that we are going to fundamentally change some of the ways we work. We will make sure that we take the 'hassle out of hospital' for patients, reducing cancellations and making sure that every hospital visit is delivered to the highest quality, safely and without delay.

Key developments will be...

A dedicated day-case unit

Too often routine planned care is affected by sudden peaks in emergency cases, resulting in patients being delayed or cancelled. To tackle this we will fully separate emergency and planned care and create a dedicated day-case unit at the General hospital.

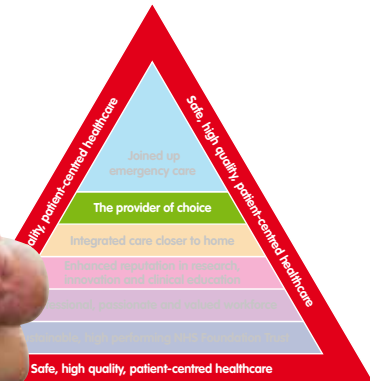
Improved maternity and gynaecology service

The main challenge facing maternity services over the next five years is the continued increase in birth rates. We are investing £2.9m over the next two years in expanding our maternity units at the General hospital and the Royal Infirmary to create more delivery rooms, extra high dependency space, and dedicated assessment centres.



Diabetes and chronic disease:

The General hospital will be the home of the Diabetes Centre of Excellence and the regional outpatient dialysis hub for the treatment of patients with chronic kidney disease.



Work with partners to offer integrated care closer to home

Our Hospitals are crucial to the future success and sustainability of the local NHS. Our strategic direction must therefore take account of the needs and aspirations of local commissioners (GPs).

When we say that our hospitals will become smaller and more specialised it is in recognition of the fact that our patients, stakeholders and their GPs want to see more care available in the community that has traditionally been provided in hospitals. Bringing our care services 'closer to home' is therefore a key component of our strategy.

New models of care for diabetes patients

Diabetes patients can be cared for by diabetic nurse specialists in local GP centres or community hubs.

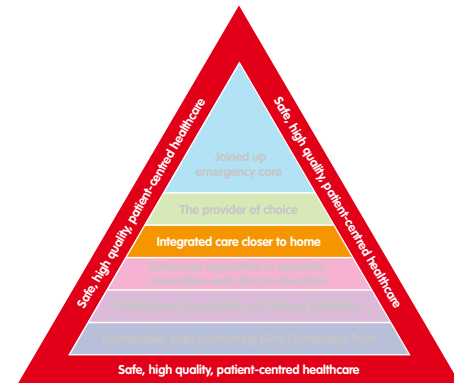
Key developments will be...

Community dermatology appointments

The movement of some dermatology appointments from hospital to a community setting.

Glaucoma testing on the high street

The establishment of a new service model to enable optometrists to carry out glaucoma testing on the high street, rather than in hospital.



Enhance our reputation in research, innovation and clinical education

We will back those clinical services where we currently excel and we will build them to be even better. Education, research and development is key to our strategy.

Being a high quality training organisation is important for us to maintain quality and safe patient care. It also helps in maintaining the motivation and enthusiasm of staff and in attracting new high quality staff to work in our organisation. In collaboration with our academic partners, we undertake a wide portfolio of patient-centred research which includes almost every aspect of specialist medicine and surgery. Research and innovation brings both funding and clinical talent to Leicester; meaning that local people have access to new and better treatments and procedures before the rest of the country.

We recognise that our clinical services rely on other things too. So, we have the same high ambitions for creating high quality support services, for example, finance, IT and facilities management.

Key developments will be...

The Leicester Heart Centre and the Cardiovascular Biomedical Research Unit

Based at Glenfield Hospital, it will continue to develop specialist cardiology services, underpinned by research and development. The emphasis will shift to a more complex spectrum of interventions and device insertion. This will incorporate the development of the valve services in both our adult and congenital cardiac patients to respond to the needs of an increasing older population.

The Leicester Respiratory Institute and the Respiratory Biomedical Research Unit

Again based at Glenfield Hospital it will continue to work on respiratory illnesses like COPD and asthma harnessing the knowledge and innovation created from the Respiratory Biomedical Research Unit.

The Diabetes Centre of Excellence and the Nutrition diet and lifestyle Biomedical Research Unit

The Nutrition, Diet and Lifestyle BRU will be sited within the Diabetes Centre of Excellence at the General hospital and at facilities at Loughborough University. The focus of the research will be on the application of sports and exercise science to the prevention and treatment of chronic disease.

The 'Hope' Clinical Trials Unit

The new 'Hope Against Cancer' Clinical Trials Unit, partly funded by The Hope Foundation, is critical to the renewal of our Experimental Cancer Medicine Centre, (ECMC) status by Cancer Research UK (CRUK).

The development of the unit and the opportunity to increase our trials portfolio is fundamental to our application to be a prestigious CRUK Cancer Centre and supports our ECMC grant renewal process.





National Centre for Sport & Exercise Medicine

Leicester has a strong sporting tradition with Loughborough University, a major centre of sporting excellence in the UK, in its catchment area. As part of the 2012 Olympic legacy programme a commitment of £30m has been made to National Centres for Sport & Exercise Medicine, one of which will be based at Loughborough with direct involvement from our Hospitals. This will facilitate research and education along with our East Midlands partners and deliver an exercise medicine service to athletes and those people with long term conditions.

Pathology

'Empath' is a joint venture between ourselves and Nottingham University Hospitals NHS Trust (NUH). Its vision is to become the pre-eminent provider of pathology services in the UK, supported by the academic ambition to be a world class centre in translational research. The completion date for a fully operational hub is October 2013.

Better buildings, better services and better parking

We will work with other NHS organisations locally and with a private sector partner to improve the environment of our hospitals. Funded through a combination of private sector investment and NHS capital we intend to create:

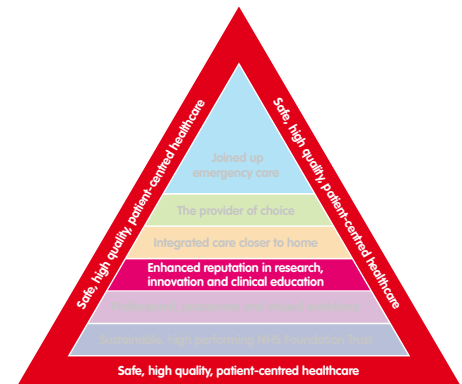
- a dedicated day surgery centre, outpatient and pre-assessment hub at the General hospital;
- rehabilitation wards at the General hospital;
- expanded and improved maternity services;
- a stand-alone children's hospital at the Royal Infirmary;
- a new car park at the Royal Infirmary;
- a renal and transplant centre at Glenfield Hospital.

Information Technology (IT) transformation

Good IT is key to the quality, safety and



viability of our services. A joined up electronic patient record is just one component of our drive to support quality and safety with excellent IT. The procurement of a Managed Business Partner to deliver IT will be a key enabler for our Clinical Strategy. The contract for this business partner is expected to be awarded in October 2012 and work will start immediately on upgrading and consolidating our currently numerous and old fashioned IT systems.



Deliver services through a professional, passionate and valued workforce

More than 10,000 people work in our hospitals, making the Trust the second largest employer in Leicestershire and Rutland.

The professionalism, compassion, hard work and ingenuity of staff in all parts of the Trust is both the bedrock of our reputation and key to our future as a sustainable NHS Foundation Trust.

To support the strategic direction we will develop and implement a Trust Organisational Development Plan, which will support staff, reinforce our shared values and make the Trust a place where people are proud to work.

Key developments will be...

Training and Development

We will: work with a range of external organisations such as Learn Direct, Leicester College and East Midlands Leadership Academy to expand the variety of courses and opportunities on offer.

We will: continue with our Leadership Excellence Programme for all our ward and team leaders and the recently launched

programme designed specifically for medical leaders.

We will: ensure that all staff have, in conjunction with their managers, time to assess and agree their training and development needs to better fulfil their current job, to reach their full potential and to enhance their career progression.

Being a Good Employer

We are committed to supporting all members of staff by offering opportunities for flexible working arrangements that facilitate a healthy work-life balance. Nearly 50% of staff already work part-time or have a flexible working arrangement in place.

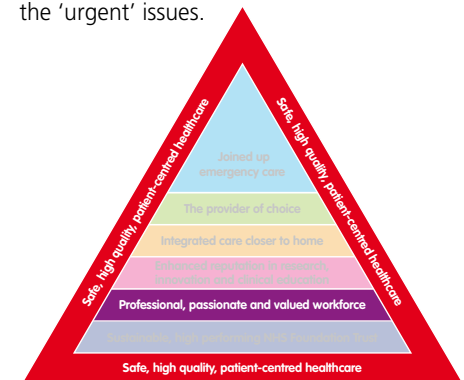
We will: continue to expand the range of employee benefits to include more salary sacrifice schemes that help staff purchase amongst other things, cheaper childcare vouchers, accommodation and car parking.



Encouraging innovation

Our senior leaders are too often tied up in day to day operational issues and occasionally crisis management. This means that they often lack the time and space to look at innovative and more efficient ways of delivering our services with their colleagues or with their staff.

We will work with our senior leaders to explore ways of freeing up more of their time to focus on the 'Important' as well as the 'urgent' issues.

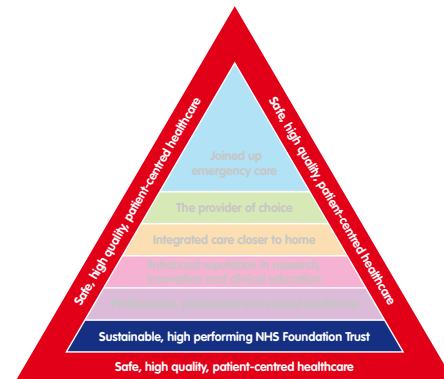


Be recognised as a sustainable, high performing NHS Foundation Trust

A Foundation Trust where local people and staff have a voice and a stake in the future.

Our aim is to become a NHS Foundation Trust by April 2014. FT status will give us more freedom to run the Trust in response to local people's aims and aspirations for their NHS. We currently have over 13,000 public members and 11,000 staff members. As a FT we will hold elections for members of the public and members of staff to join our Council of Governors. The Governors will work alongside our Trust Board to determine local priorities and hold the Board accountable for delivering them. In one sense the greatest benefit to becoming a FT is that it puts nurses, doctors, managers and local people around the same table to think about what is best for patients; we think that is a powerful partnership. A closer relationship with our local population will not only improve how we run our services; it will also encourage us to become a more active partner in the broader life of the region. Through our

membership and Governors we will gain a greater insight in to the role we play in local life and how we can positively contribute to the health, environment and circumstances of our community.



Summary

The picture we are painting is of a successful NHS Foundation Trust with quality and safety at its heart, delivering emergency care when it is needed most and planned care when people choose.

We will back those specialist services where we currently excel in both delivery and research and we will investigate new and improved services and clinical models for the future.

Clearly, our proposals will be shared with internal and external stakeholders. We will also continue to finesse some of the big themes in this strategic direction as more detailed planning takes place.

During this phase of our work towards a full strategy it is likely that some content will change as we factor in commissioner expectations, clinical sustainability and overall financial viability. Nevertheless, our core purpose to deliver Caring at its best as a successful, safe, quality driven NHS Foundation Trust, will remain constant.

Caring at its best

