University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

NHS
University Hospitals of Northamptonshire
NHS Group

Group Clinical Strategy

May 2022

Dedicated to excellence

Services provided by Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

Foreword

NHS
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Our two organisations – Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust – are committed to providing safe, compassionate and clinically-excellent care for local people in Northamptonshire. For our workforce, we strive to offer a supportive culture that empowers teams to learn, develop and innovate in partnership with the wider system.

We face, however, a range of challenges in delivering this commitment, from difficulties in recruiting some specialist staff, to a population growing and ageing above the national average. We recognise that in order to deliver our strategy and respond to the challenges we have, we need close collaboration between our two organisations. Working as a Group, we have far better opportunities to realise benefits for our patients and staff than we could as separate hospital Trusts. By integrating our clinical services to share staff, skills and resources we are well placed to respond to ever increasing service demand. We believe that collaboration, between us and our other local healthcare partners will be an opportunity to improve the quality of our services and reduce variation across our hospitals, whilst finding sustainable ways to manage and tackle staffing shortages. This will mean we can provide local people with the rapid access to the high quality, specialist care that they require, and that our staff are proud to deliver.

This document develops the clinical ambition agreed in November 2021, and builds on our existing collaborations to establish clinical centres of excellence for Northamptonshire, protecting elective capacity so our patients do not experience cancelled operations and longer waiting times, and progresses us towards becoming a hub for research, education and innovation. All our clinical services across the two organisations will work together to share expertise and best practice. They will continue the journey towards single team working, for many of our services across both hospital sites. We will of course continue to deliver local services such as the Emergency Departments and consultant-led maternity services on both hospital sites. Where clinically appropriate, some of our services will be delivered in community settings away from the main hospitals, taking care closer to home and integrating with relevant community and primary care services. For some highly specialist care, where it delivers proven better outcomes for patients, such as heart attacks and specialist cancer surgery, we propose delivering these services on just one of our hospital sites but with equitable access for all patients in the county.

Our strategy has been finalised following engagement with a wide range of staff, patients, health and care partners and our local communities, gathering feedback on our November clinical ambition proposals to strengthen our plans. We look forward to the future as we develop excellent hospital services for the people of Northamptonshire.

Mr Matthew Metcalfe, Medical Director, Northampton General Hospital NHS Trust
Dr Rabia Imtiaz, Acting Medical Director, Kettering General Hospital NHS Foundation Trust

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University Hospitals of Northamptonshire NHS Group

Our Group

Our Group is made up of two hospital Trusts in Kettering and Northampton. We provide acute services principally for the population of Northamptonshire, and some specialist services for a wider population. We are part of the Northamptonshire Integrated Care System (ICS) where we collaborate with health and care partners to prevent ill-health and deliver more integrated services for patients.

We are already successfully collaborating across our hospital sites in many clinical areas and are proud of our successes in how this has improved clinical quality and patient care. We have also recently become an academic university hospital group and want to build our academic and research reputation, whilst taking the opportunity to re-build our hospitals to support the delivery of high-quality services as part of the National Hospital Programme.

Engagement

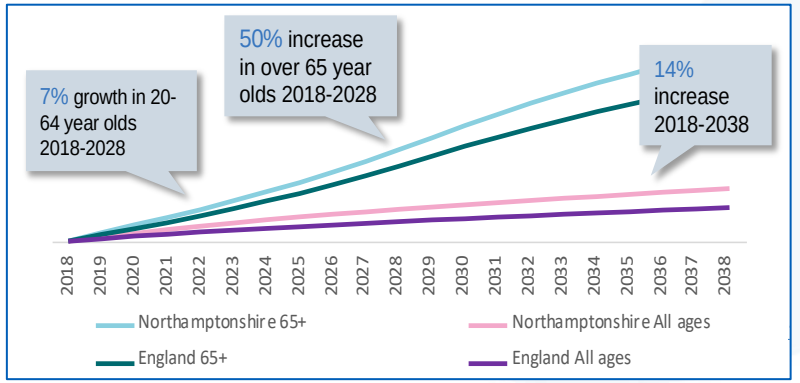
We have engaged extensively in developing this strategy with clinicians, patients, the public and partners. We have incorporated this feedback into the strategy including key themes of access, engagement, clinical quality, estates, digital and prevention

Our case for change

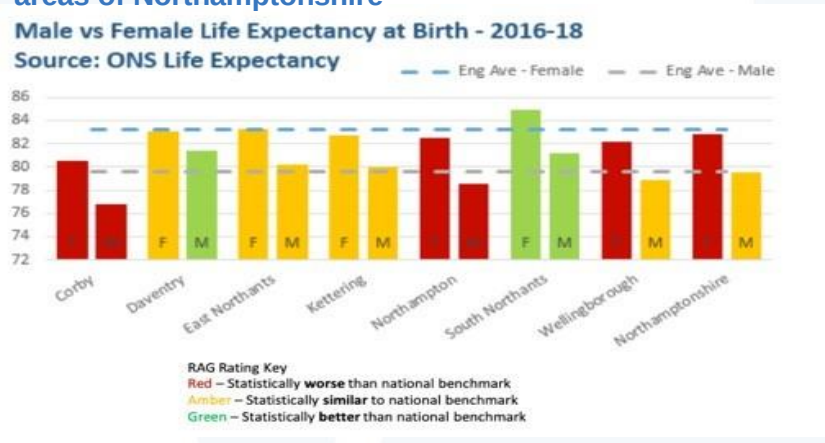
Our local population is older than, and growing faster than, the national average so the demand for good quality care and support will increase over the coming years. Some of our local populations have significantly poorer health outcomes and life expectancy than the national average, and many of these people do not get the access to the care they need in a timely way. In some instances, and with some conditions, people are being admitted to hospital when, with the right services, these patients could be managed in their homes and communities without the need for a hospital stay. Some patients are also staying longer in hospital than is medically necessary. It is essential that in all clinical specialties we work well with our health and care partners and our local communities, to address these issues and tackle health inequalities, ensuring everyone has the same level of access to facilities and are supported to live well. Where patients do require hospital care then the pathways and communication between system partners should be seamless and transparent for those patients.

Our local area

Our population is growing and ageing faster than the national average



Life expectancy is lower than the national average in most areas of Northamptonshire



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Our case for change (continued)

University Hospitals of Northamptonshire NHS Group

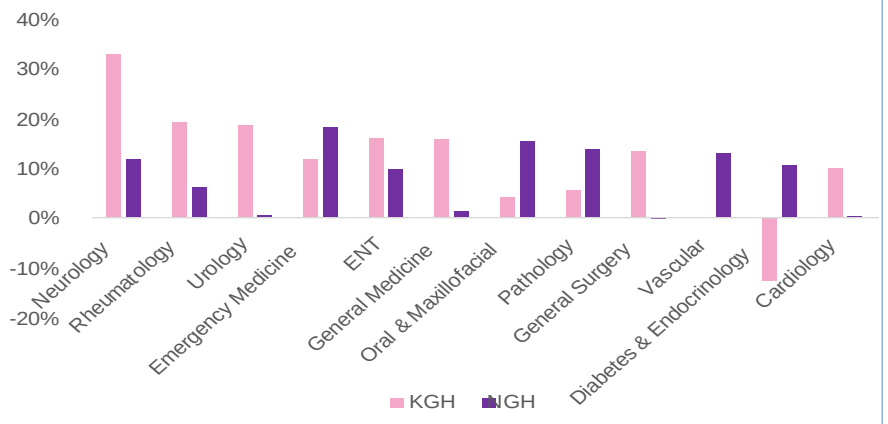
Our case for change

We have more to do across our Group to consistently deliver clinical best practice and meet national quality guidelines, with some of our services “requiring improvement” or in lower quartile performance when compared to national benchmarks. There is also inequity in access to services and quality between our two hospitals, with patients in some areas for example able to easily access advanced epilepsy or sleep study services, and others don't have the same ease of access purely due to where they live.

In line with other NHS Trusts, we find it difficult to retain and recruit clinical staff to some specialties and there is a national shortage of staff in some areas. Workforce shortages drive a reliance on bank/agency staff which impacts on the quality and cost of our services. Some of our services are fragile, with few consultants and low volumes in some specialties, which leads to unsustainable service delivery for our patients.

Our organisations are struggling to attract and retain clinical staff with significant vacancy rates

Vacancy Rates by specialty for March 2021
KGH & NGH Human Resources (Mar 2021)



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We know that we need to change the way we deliver services to improve quality and efficiency. Our financial position, and that of the wider NHS, is under pressure but we know we also need to invest in transformation of services to meet the needs of the future. We also need to tackle pressures on elective waiting lists across the local area, driven by the COVID pandemic.

Both our organisations are rated by the CQC as ‘requires improvement’

CQC Ratings
KGH 2020, NGH 2019

	KGH	NGH
Overall	**Requires Improvement**	**Requires Improvement**
Safe	Requires Improvement	Requires Improvement
Effective	Requires Improvement	Good
Caring	Good	Good
Responsive	Requires Improvement	Good
Well-led	Good	Requires Improvement

As a significant producer of greenhouse gases and consumer of single use plastic items, one of the significant ways we can contribute to the health of future generations is to deliver our clinical services in ways which cause less harm to the environment, for example by reducing the use of older anaesthetic gases, single use plastic devices and using energy efficient equipment. Increasing the use of digital records and appointments will also reduce reliance on paper and travel to and from hospitals, whilst also improving continuity of care and convenience for patients and their families.

Our proposals for transformation

University Hospitals of Northamptonshire NHS Group

Our proposals for transformation

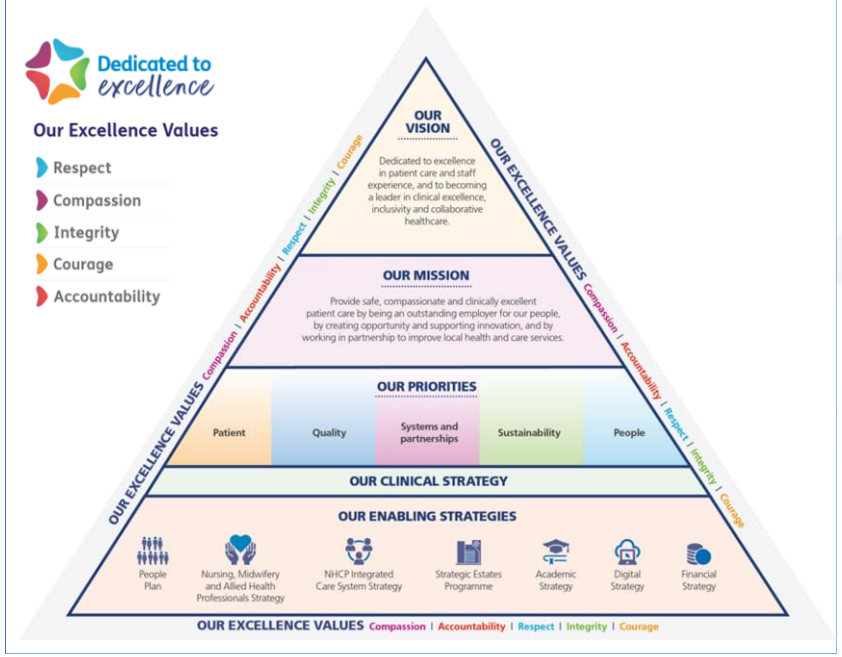
In 2021, we developed an overall Group strategy which has guided the development of '*Our clinical ambitions' ,* which we consulted widely on to develop this final *Group Clinical Strategy*. Developing this document involved over 600 of our staff in face to face discussion, meetings with our key stakeholders, and four widely publicised public sessions. Our staff, partners and public have been involved in individual discussions, surveys and in open meetings throughout the winter of 2021/22. Our proposals for transforming care set out in detail the feedback we have received on *Our Clinical Ambition* on what we need to do to tackle the challenges we have set out in the 'case for change', and to provide outstanding care for our patients. In all cases this involves improved collaboration across the two hospitals and with our community partners to strengthen services, improve care for patients and improve opportunities for staff. We recognise that we can only deliver this strategy by working closely with patients, carers and our local partners.

We recognise that we are on a journey to excellence. This document sets out our initial priority areas to strengthen and improve, and the key areas where our local population will require care and treatment over the coming years.

Clinical collaboration across the Group and the system however will continue wider than just these areas, and we will engage with partners and wider stakeholders to continually develop and improve services for patients and our staff in all areas.

Our Group strategy

Our group *dedicated to excellence strategy* sets out our values, vision, mission and group priorities – this identified a group clinical strategy as a key strategic initiative



What the Group vision means for the clinical strategy

- The Group will be **known for safe, compassionate and clinically excellent care**: working in partnership as a **system leader** of integrated acute care and a **hub for innovation and research.**
- Integrated services will deliver **consistently exemplar outcomes** for our patients across Northamptonshire, providing timely, seamless care, **minimising disruption to our patients' lives**. Patients will only come in when they need specialist acute services.
- Our staff across the Group will work collaboratively together, and with system partners, to deliver **cutting edge treatments** and produce **high quality research** - enabling the Group to become an outstanding employer able attract and retain leading experts.
- Patients and staff across the county are **proud of their local NHS.**

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Our proposals for transformation (continued)

We have identified four core ambitions where we will initially focus. For these four areas we have developed a more detailed clinical strategy to address the specific challenges each area poses, to transform and improve care for patients and provide attractive places for staff to come and work.

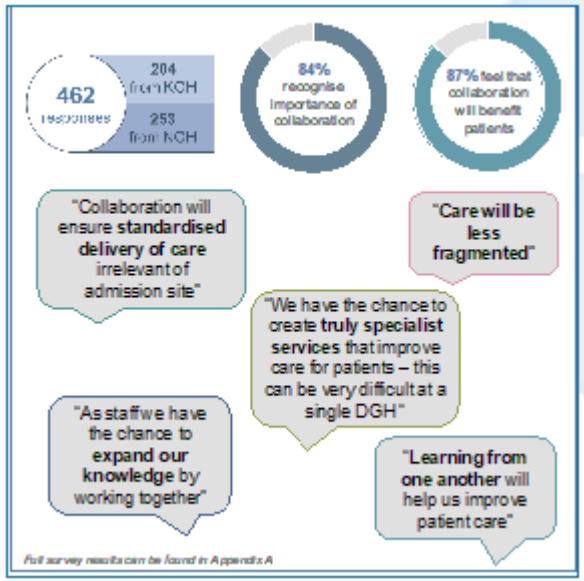
The four core ambitions are:

1. Work with our partners to **prevent ill-health and reduce hospitalisation**, changing the way care is provided along the care pathway
2. Develop **two centres of excellence** in the county, building on our established strengths in each hospital, with cardiology being led by Kettering General Hospital and cancer led by Northampton General Hospital, with consistent access to these services by all patients in the county.
3. **Protect elective beds** to reduce cancelled operations, reduce long waiting times and increase efficiency.
4. **Build on our University Hospital status**, to become a hub for innovation and research, attracting high calibre talent and growing the number of clinical trials our patients can access.

To deliver our ambitions, we will also explore options for the specialties that are currently **unsustainable and fragile** at one or both of our hospitals, to develop more robust services that we can reliably offer patients.

We know we cannot make all of these changes as individual hospitals and will work together and with our system partners to agree and implement our strategy. This will be the beginning of our journey to clinical excellence.

Staff survey results (2021) demonstrate support for collaboration



Our clinical strategy

Our Group vision

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

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

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

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

To deliver our ambitions, we will work together more collaboratively, starting with our most fragile services

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We are working with health and care partners to change the way care is delivered along the care pathway

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Transformation of services across Northamptonshire

Our clinical services are delivered as part of a much bigger picture across Northamptonshire.

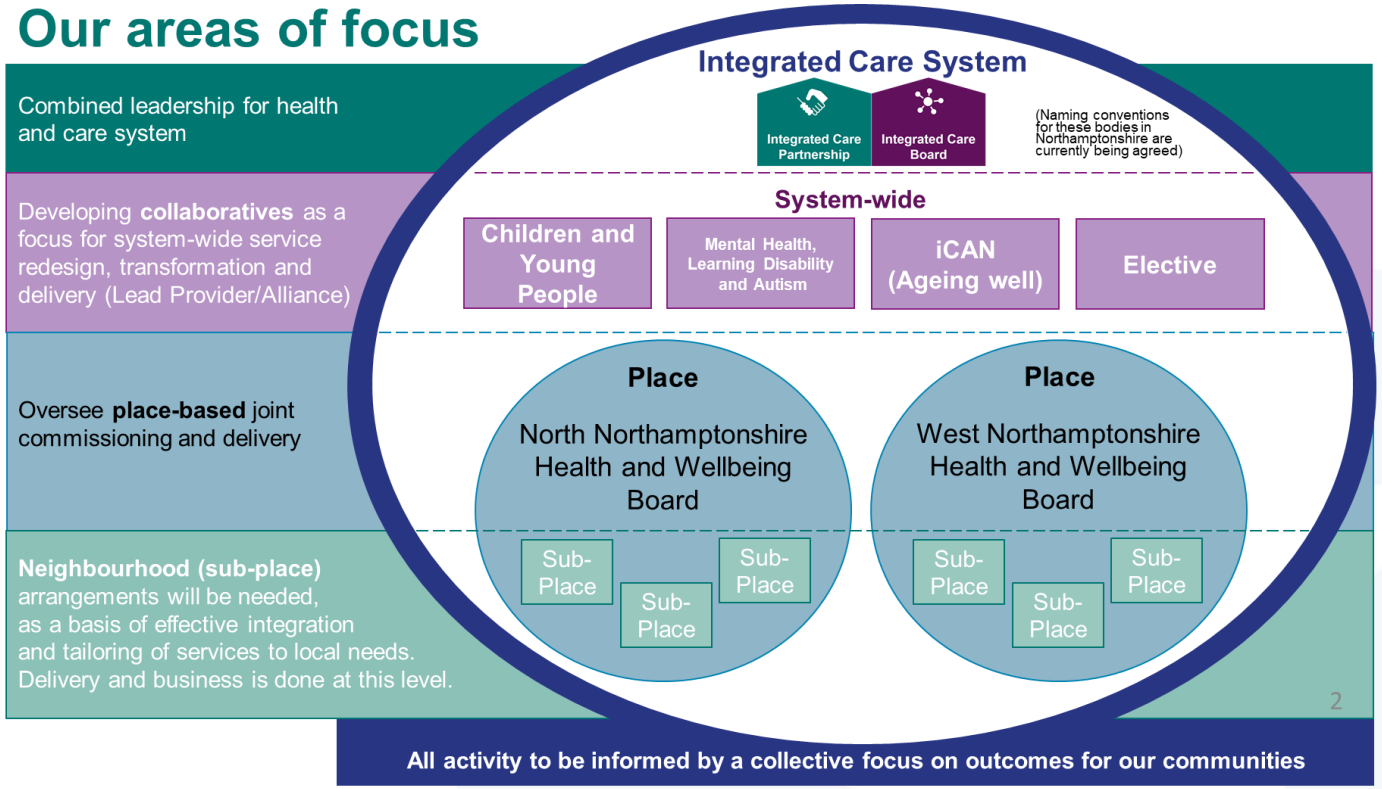
Health and care partners are transforming the way services are delivered in a newly formed Integrated Care System (ICS) called Northamptonshire Health and Care Partnership.

The ICS four priorities are being developed through collaboratives for:

1. Children and young people
2. Mental health
3. Integrated Care Across Northamptonshire (iCAN, ageing well), and
4. Elective care

We will come together at system (ICS) level with local organisations and providers to join up and redesign services to improve outcomes.

There are two 'Places' within the ICS, based on the geography of the two Unitary Authorities. It is at this level that we will deliver integrated care locally by connecting the hospitals with primary care, other health and care services and the voluntary sector. The aim is to deliver more care out of hospital.



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Our system ambitions will be delivered through collaborative working

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Collaboratives are the preferred delivery approach to realise our ambition for outcomes-based services to meet the health and care needs of our population

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Elective collaborative

We will work collaboratively with system partners to develop integrated pathways that support the transformation and delivery of more out of hospital care. Patients will access the right clinician in the right place, for example, in community integrated diagnostic hubs, transformed outpatient services supported by a systemwide patient waiting list to support equitable access.

Mental health, learning disability and autism

The Mental Health, Learning Disability and Autism Collaborative ('MHLDA') goal is to reduce health inequality, improve social impacts and enable this population to embrace their chosen life in the community, as an equal contributor to our county.

Across the Group, we will work with partners to support the development of integrated seamless pathways so that people who attend acute hospitals and emergency departments with mental health, learning disability or autism are treated rapidly and receive the aftercare required. In partnership with our mental health colleagues, we will also improve mental health support for inpatients with physical health conditions.

Children and young people

We will develop our out of hospital integrated children's service to support our children, young people and their families to provide the best quality service that wsill be integrated, holistic, offer choice and enable shared decision-making.

iCAN

The focus will be on improving outcomes for older people in Northamptonshire, through creating alternatives to an Emergency Department in the community, and by reducing admissions and length of stay in hospital. We will do this by working with local communities to help people remain well for longer and provide better self-care support.

In the Group, we will develop our frailty units to provide seamless pathways with community hubs to provide frailty assessment units, prevent hospital admissions and facilitate discharges.

Our Group clinical strategy includes engaging our clinicians in the development and implementation of these redesigned services

We aim to establish a cancer Centre of Excellence for Northamptonshire

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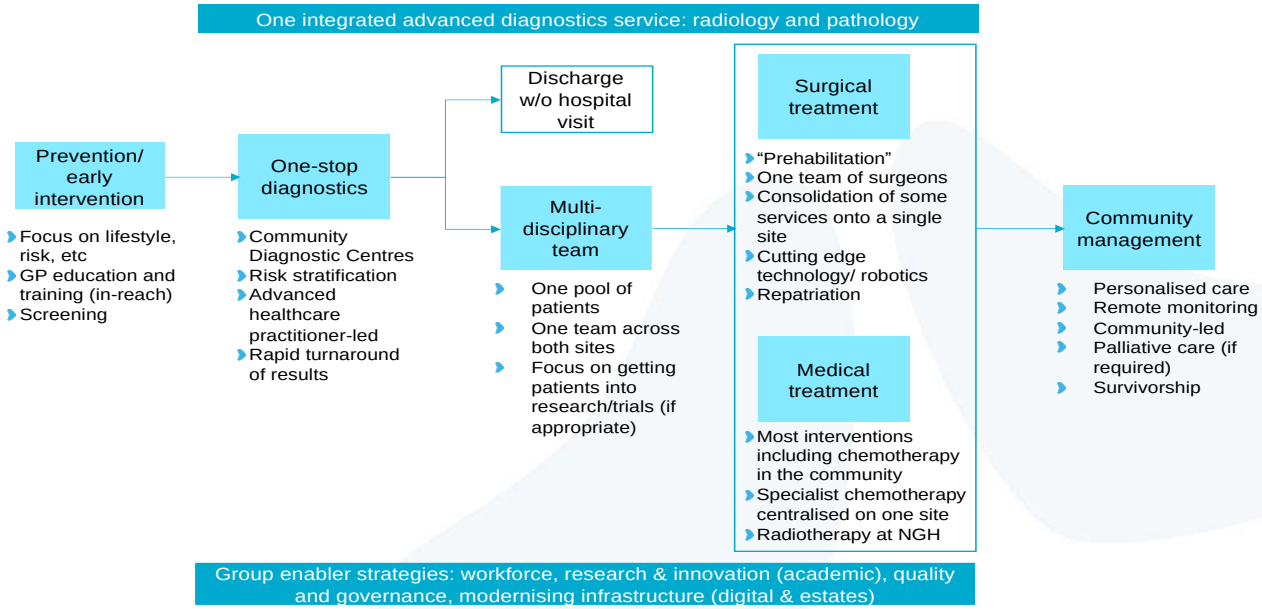
Our cancer Centre of Excellence

The cancer UHN Centre of Excellence will be an **integrated service** that the Group is known for nationally, owing to **excellent outcomes and patient experience, complexity of caseload and extensive research output**.

The Centre of Excellence will **attract and retain leading experts**, offering **outstanding career and development opportunities** and providing a sustainable service that supports growth and innovation.

The Group will collaborate with system partners to explore new ways of working to increase the **accessibility and early diagnosis of cancer care**

Our proposed acute cancer pathway



As a Cancer Centre of Excellence, we commit to…

- ✓ A single cancer team driving the integration of pathways across the acute hospitals and in the community
- ✓ Equal access to excellent screening programmes across Northamptonshire
- ✓ Being in the top 10% nationally for a number of patient experience and outcome metrics, including cancer patient experience survey results
- ✓ Ensuring every cancer patient has the opportunity to participate in a clinical trial where available and clinically appropriate
- ✓ Offering more Northamptonshire patients the chance to be seen and treated by our team if that is what they choose [repatriating some of the activity that is currently sent out of area]
- ✓ Delivery of constitutional standards: 28 day diagnostic standard, maximum 62 day wait to first treatment from urgent GP referral, maximum one-month wait from decision to treat to treatment.

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We aim to establish a cardiology Centre of Excellence for Northamptonshire

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Our cardiology Centre of Excellence

The cardiology Centre of Excellence will be an integrated service across the Group which will be known nationally for **exemplary outcomes, excellent patient and staff experience**, and **complexity of caseload.**

The cardiology service will be known for its **extensive research capability, scholarship and academia, attracting and retaining leading experts** in the field.

The cardiology service will work **closely and integrate with colleagues in the community** to improve cardiovascular health and disease prevention for our local population.

As a Cardiology Centre of Excellence, we will commit to…

- ✓ Delivering national quality standards for PCI and pacing as set out by Getting it Right First Time (GIRFT) BCIS (British Cardiovascular Intervention Society) and the National Institute for Cardiovascular Outcomes Research (NICOR)
- ✓ No duplication of complex procedures across sites, to improve quality and performance
- ✓ Focus on prevention in schools and with families of cardiac patients
- ✓ Work with GPs to treat patients in the community
- ✓ Virtual ward and remote monitoring to bring care closer to home
- ✓ Single cross site studies which will allow for greater population recruitment
- ✓ Offering more Northamptonshire patients the chance to be seen and treated by our team if that is what they choose
- ✓ Work in partnership with neighbouring Trusts to improve access to specialist cardiac services to all our PPCI catchment area

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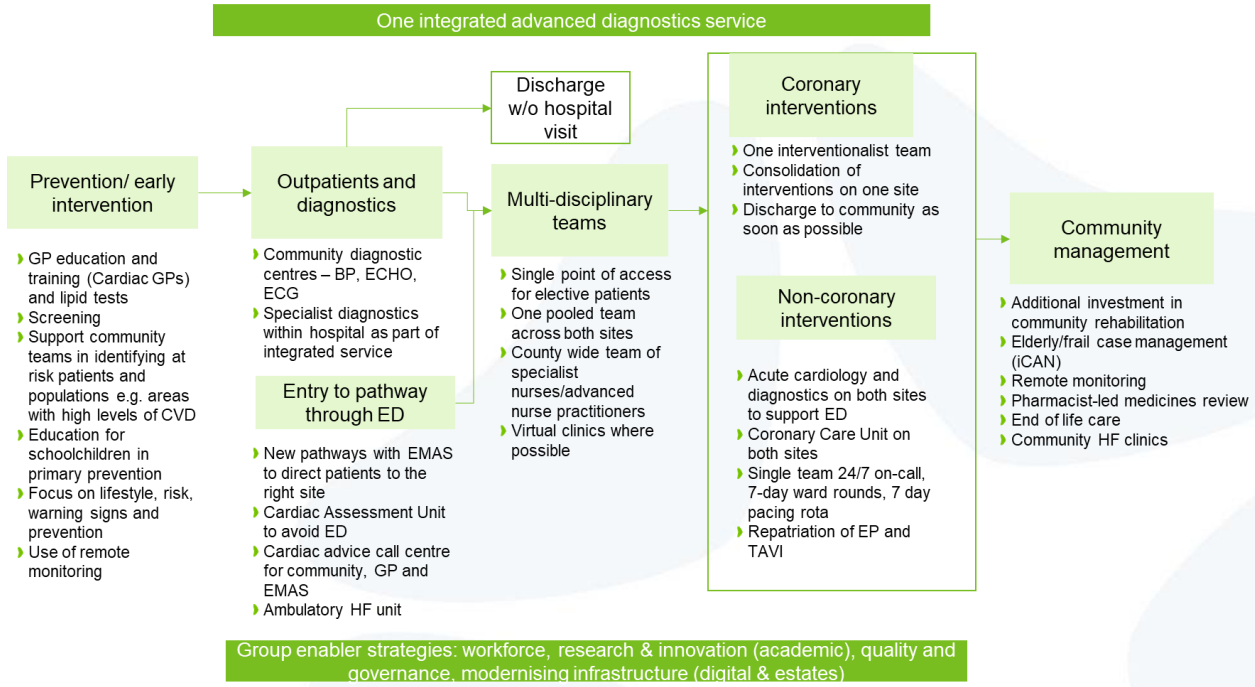
Our proposed cardiology pathway



We will ensure elective patients consistently get timely, equitable access to high quality care and experience

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Our elective care strategy

In partnership with the Independent Sector, the Group will work collaboratively to provide **dedicated elective capacity** protected from the pressures of emergency services, committing to providing **timely and equitable access to care, minimising infection rates** and **reducing length of stay** in hospital.

Elective care across the Group will offer exemplar **standardised best practice patient pathways** in line with national recommendations which minimise **unwarranted clinical variation,** and maximise **day surgery** and **one stop pathways.**

The Group is committed to delivering more care on a **day surgery** pathway at dedicated facilities developed in partnership with the Independent Sector and in Community Diagnostic Centres, with more assessment, diagnosis and treatment being offered in a **one-stop** pathway, **in the community or virtually** to minimise disruption to patient's lives.

The elective care team will work as one across the Group, providing a positive and fulfilling working environment that **attracts and retains a range of multi-disciplinary staff**, offering **outstanding careers and development opportunities.**

The Group will collaborate with system partners to set up an **Elective Care Collaborative**, providing seamless pathways for patients, working to keep patients well in their homes and providing advice and care as close to their homes as possible.

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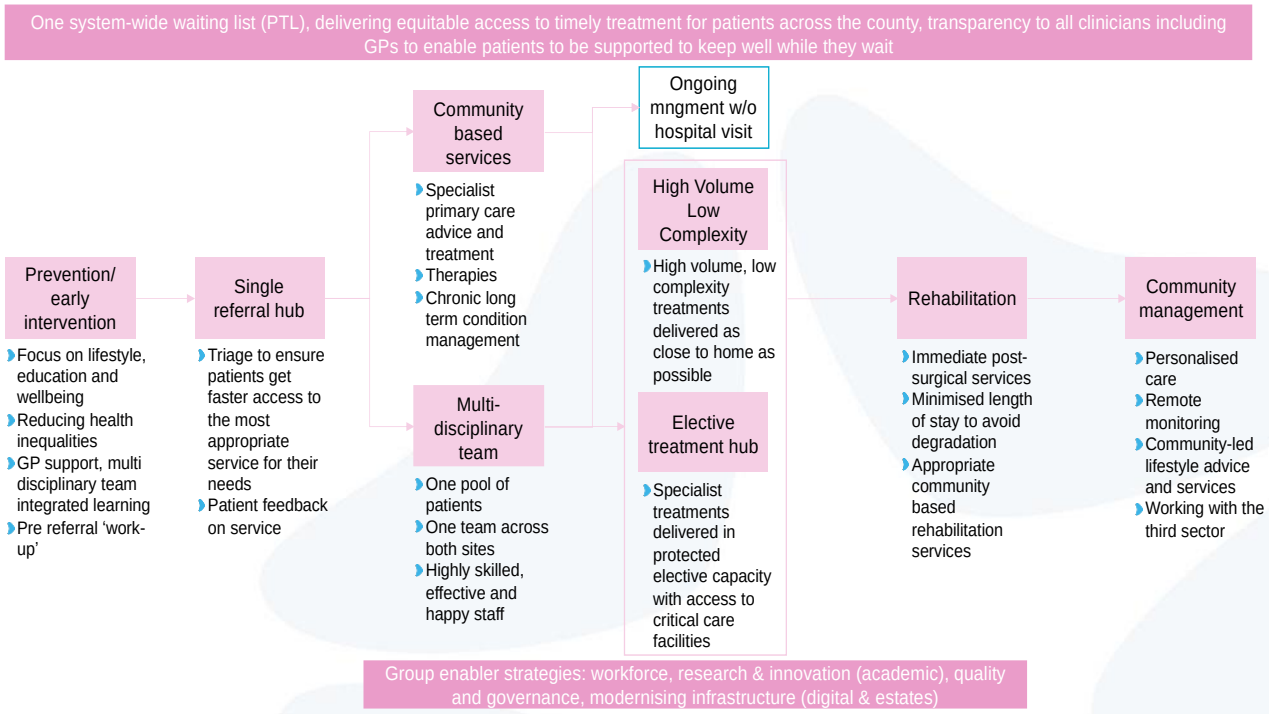
Our proposed elective care pathway



As a lead provider for the elective care collaborative in Northamptonshire, we commit to…

- ✓ Single point of access across the ICS to elective care
- ✓ Working to deliver top decile performance in GIRFT and model health benchmarked analysis
- ✓ Eliminating any differences in equitable access to care related to health inequalities
- ✓ Delivery of constitutional standards: zero patients waiting over 52 weeks, 92% of patients waiting less than 18 weeks for treatment and all patients waiting less than 6 weeks for a diagnosis
- ✓ Delivering the same service and experience in the county regardless of provider

We will deliver emergency and integrated care as part of an emergency pathway, with partners

University Hospitals of Northamptonshire NHS Group

Our strategy for emergency and integrated care services

Emergency and integrated care services will provide an integrated service that the Northamptonshire system will be known for nationally for delivering the **best outcomes for patients, organisations and our staff – putting patients at the centre of all we do.**

As we develop further models of integrated care across Northamptonshire with our system partners, we will **support people to choose well**, ensuring no one is in hospital without a need to be there, **ensure people can stay well**, and **ensure people can live well**, by staying at home if that is right for them.

Our emergency departments will be the **departments of choice** for staff across the East Midlands. We will embed **continuous development and learning** for staff, with **a diversity of skilled roles** all working together in a **single team**. Our vacancy rates will be low and we will excel in our staff and GMC surveys.

As an emergency and integrated care service, we commit to…

- ✓ Develop pathways in partnership with the GP out of hours service, community teams and NHS 111 to direct patients who need emergency care to the right team, first time
- ✓ Work in partnership with our Northamptonshire Health and Care Partnership colleagues to provide seamless care for our most frail patients
- ✓ Supporting the expansion of Urgent Treatment Centres for minor injuries and illnesses,
- ✓ No avoidable harm in emergency care, and no site specific variation in emergency care.
- ✓ Outstanding CQC rating at both departments
- ✓ No patients waiting over 12 hours in our emergency departments
- ✓ Embed the Home First principles and Discharge to Assess within the county
- ✓ Supporting people to access the right care in the right place, first time
- ✓ A single model for frailty across the county

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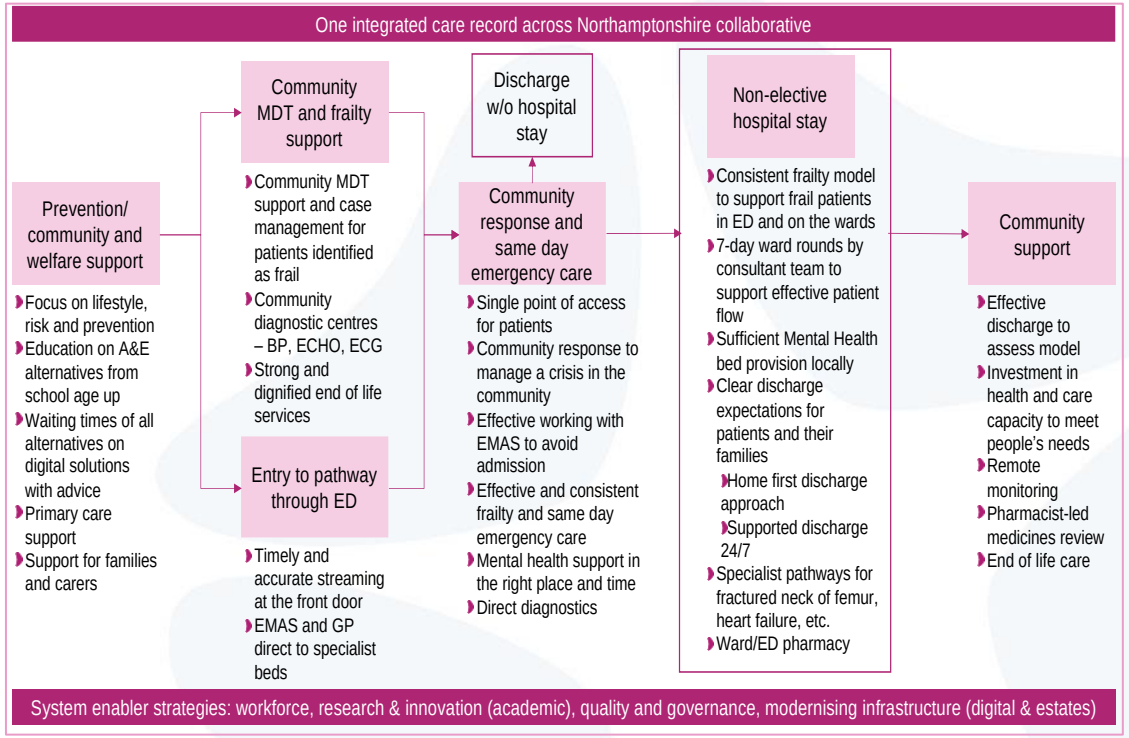
Our proposed emergency pathway



Implementing our proposals will address the issues in our case for change

Case for change	*How our plans will address the case for change*
1. Meeting the needs of a growing and aging population	✓ Working closely with system partners to deliver seamless care particularly for patients with complex conditions ✓ Closer collaboration for frailty and older people's services
2. Strengthening fragile services	✓ Clinical integration will allow best practice to be shared across the Group ✓ Moving to single teams and/or single site working will allow us to use our staff and equipment as efficiently and effectively as possible ✓ Collaboration will combine the depth and breadth of our collective expertise allowing us to increase specialist service provision
3. Retaining and recruiting talent	✓ Establish the Group as an attractive place to work offering a broad career portfolio to our staff with increased clinical research opportunities and complex service provision ✓ Integrated teams will increase rota resilience and reduce workloads, reducing reliance on temporary staffing and improving staff wellbeing ✓ By working together, we will have the scale to explore and pilot new roles and workforce models
4. Implementing clinical best practice	✓ Develop Centres of Excellence across all our services over time, building on the excellence that already exists, developing our services to become nationally known for excellent outcomes and patient experience. ✓ Increased provision of ringfenced beds on both sites and, in the longer term, aim to establish a dedicated elective unit(s) separate from emergency care
5. Reducing avoidable admissions and length of stay	✓ Working closely with our health and care partners through iCAN, which is focused on improving outcomes for older people in Northamptonshire, will reduce admissions and length of stay in hospital.
6. Reducing elective waiting lists	✓ Improving the quality of our services and increasing provision of specialist care will reduce patients being transferred out of area with corresponding length waiting times ✓ The Group will work to establish community diagnostic hubs which will reduce waiting times for diagnostics ✓ We will work collaboratively to protect our elective capacity, providing timely care, minimising infection rates and reducing length of stay in hospital
7. Improving our financial position	✓ Reducing vacancy rates and staff to reduce expenditure on expensive agency staff ✓ Consolidation and single- team working will allow us to use our resources efficiently ✓ Implementing clinical best practice will reduce duplication and avoid waste

There are several enablers that will need to be in place to deliver this clinical strategy

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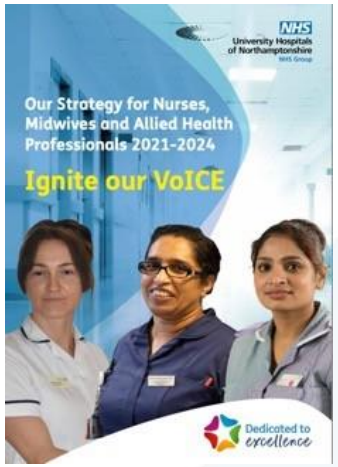
Enablers

We know there are several enablers that will be critical to delivery of the clinical strategy. Our clinical strategy will be supported by our Group enabler strategies:

- We have a robust digital plan in place that we will accelerate where possible.
- We have plans in place to recruit and retain a high quality and motivated workforce. Staff also highlight culture and communication as important if we are to achieve collaboration at pace.
- We will be supported by our academic strategy.
- We will have new estate at Kettering and Northampton from which to deliver our services.

Our enablers will be underpinned by a programme of transformation and quality improvement



Top three priority enablers as voted for by clinicians (workshops 2021)

Enablers	Diagnostics	Cancer	Women & Children's	Elective	Emergency
Capital investment in the right facilities	3		3	2	
Digital	1	2	2	1	1
Organisational Development and communications	2	3	2	2	2
Integrated workforce		1	1	1	2
Support structures			3		3
Reporting					

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Engagement next steps

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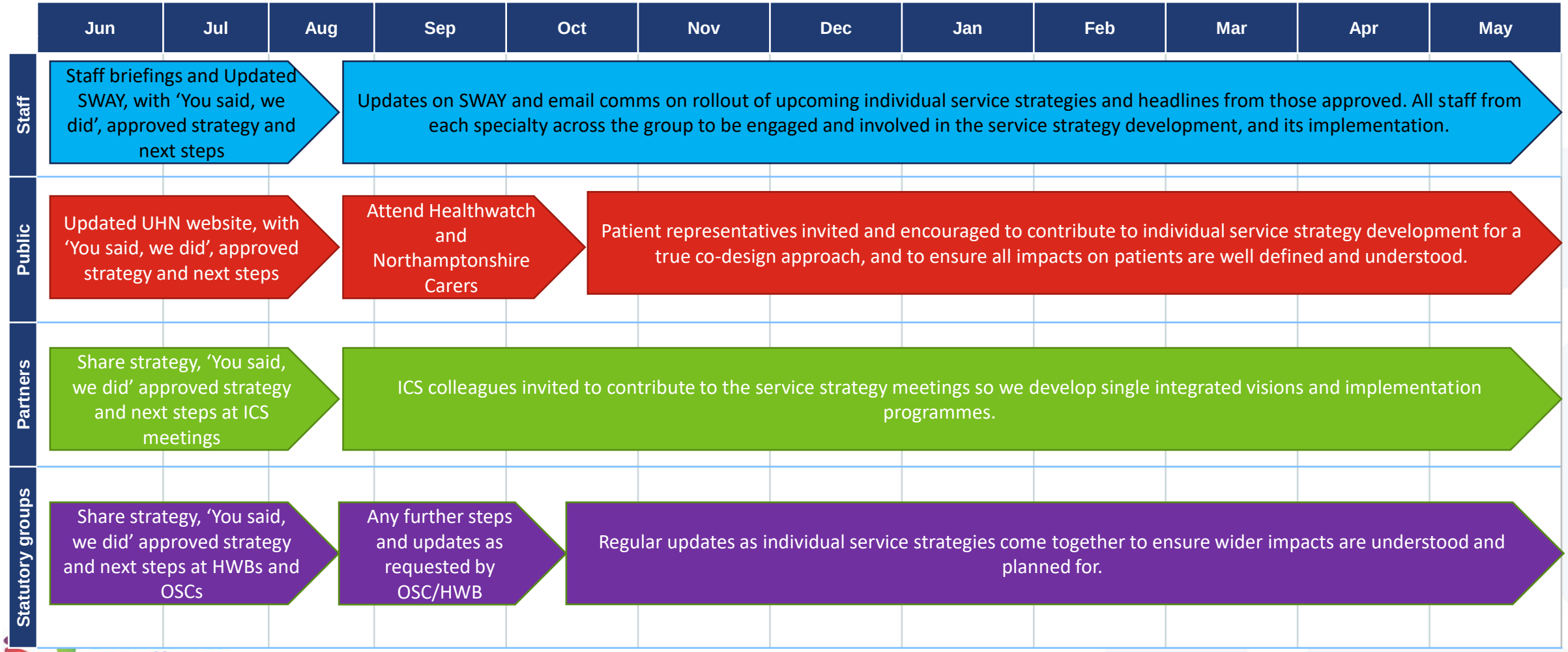
As we move forward in further developing the detail around the priority ambitions we have set out in this document, and in working with wider specialties in developing their future operating models, we remain committed to continuing the strong engagement and co-design that has been at the centre of the development of this document and our journey so far.



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Engagement in developing our strategy

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Our clinical strategy was developed with staff, patients and senior clinicians

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Development → Listening → Learning

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

All-staff survey

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 with:

- ✓ **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 a 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. These have continued on a monthly basis to oversee the development of this document and to listen to all the feedback from the wide engagement, considering what else needed to be added and strengthen in our plans. Moving forward this senate will oversee implementation of the new ways of working.
- East and West Midlands Clinical Senate brought a wider breadth of clinical engagement and views.

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We engaged extensively through several different channels

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Development | Listening | Learning

- We have spoken to:

600+ internal staff:
- 114 consultants
- 102 nurses
- 84 clinical support
- 300 other

ICS Partners, including:
- Northants CCG
- NHFT
- NNLA
- 360 Care Partnership

Distribution:
- 232 senior roles
- 52 middle grade/management
- 62 junior
- 77 other

Members of the public
- Website
- Survey
- Social media
- Public sessions

A number of groups, including:
- Primary care
- Governors

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Feedback on the Clinical Ambition has shaped this Group clinical strategy

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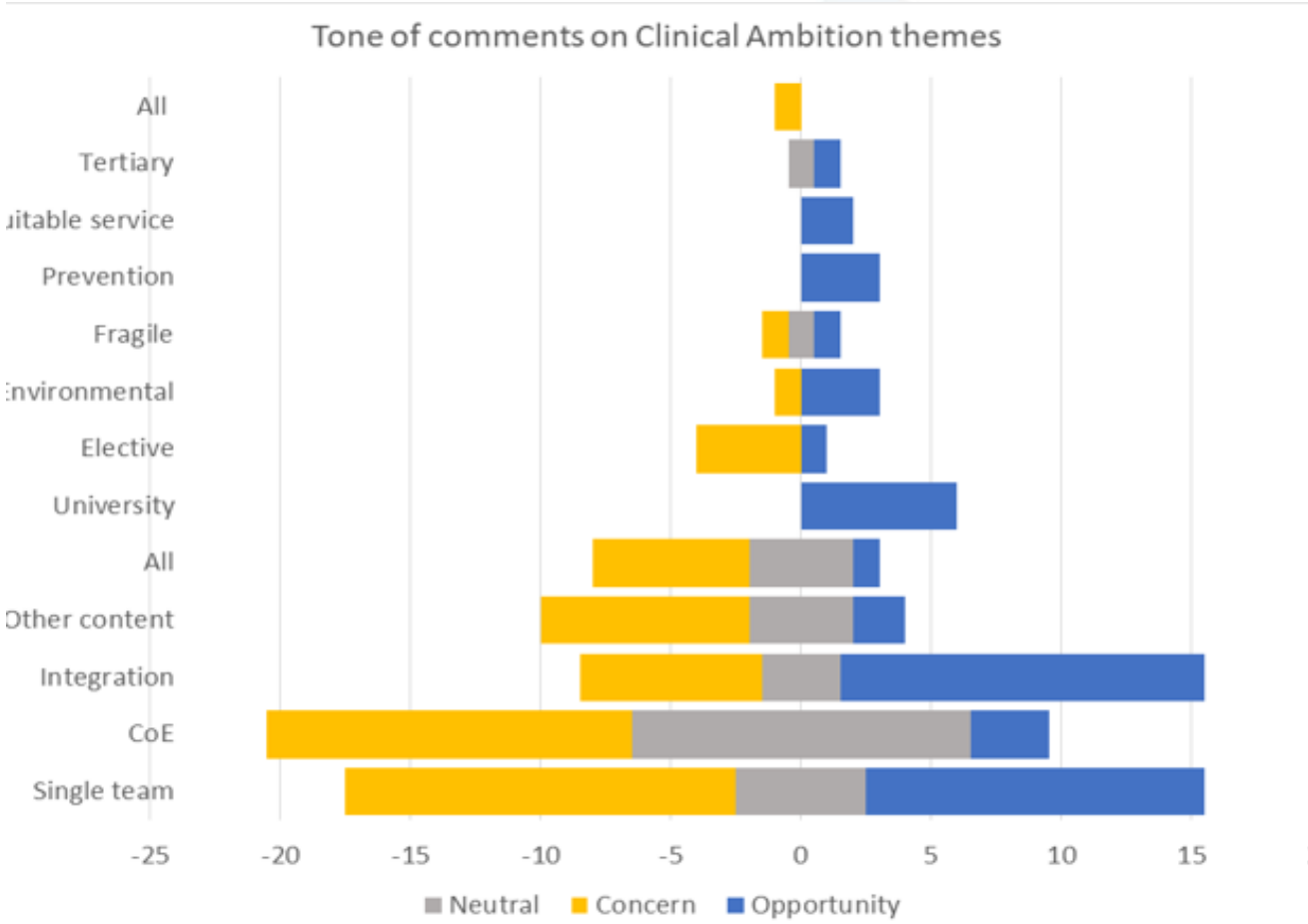
Development | Listening | Learning

- Feedback on the Clinical Ambition has shaped the Group Clinical Strategy.
- The conversation centred on how the two hospitals will work together as single teams, including how Centres of Excellence will provide better care for patients while maintaining excellent services on each site and avoiding unnecessary travel for patients.
- The case for change for integrating teams is strongest for specialties facing difficulties in recruitment, and patients will benefit in other specialties where there are opportunities to sub-specialise and bring services into the county which are not feasible with smaller teams.
- The clinical ambition reflects this feedback with an emphasis on centralisation of services only where this brings better outcomes for patients, with the emphasis on keeping services such as outpatient appointments either local or virtual wherever possible to reduce travel time for patients.



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Feedback on the clinical ambition has informed the strategy

University Hospitals of Northamptonshire NHS Group

Development → Listening → Learning

The issues raised most frequently during engagement are shown below. A full list is in the separate 'Clinical strategy engagement' report

You said…	Our response…
Will patients and staff have to travel further to access services at the Centres of Excellence?	We plan to keep the majority of routine appointments and treatments close to home. If we co-locate specialist services at the Centres of Excellence, patients will have greater access to services which were previously only available outside Northamptonshire e.g. robotic surgery. Where there is additional travel we will consider different options to ensure that staff and patients are not adversely impacted and can equitably access the services they need.
What will happen to services not at the hub of the Centre of Excellence?	The Centres of Excellence are a Group approach to benefit all patients and staff in the county. Cardiology and cancer services will have focussed development to meet the needs of the population that may be site specific if specialist care, but in general services will be delivered from both sites as part of the same Centre of Excellence.
Won't recruiting and retaining staff on the spoke sites be more challenging?	All staff will benefit from the CoEs if they choose, they can rotate between sites to update skills. Investment in the CoEs will provide new local development opportunities e.g. electrophysiology in cardiology to attract more staff into the county.
The buildings on both sites don't always reflect a CoE	The KGH HIP programme and site development plan for NGH will include development of Centres of Excellence
How will governance work for single teams but in two Trusts?	The strategy describes how Group Clinical Leadership will work including a site taking the lead responsibility for developing and implementing collaborative working and improved care for patients
There is a high dependency on IT for shared records and systems to deliver the strategy	The Group digital strategy describes how electronic records are being expanded on a Group-wide basis to ensure patients can be cared for between the sites, and with GPs and the community
Does past competition between care providers pose challenges to delivering truly collaborative working?	Healthcare staff want what is best for patients including joining up care between providers. Teams implementing the strategy will be supported where required by Organisational Development expertise
We need to look after the mental as well as physical health needs of our patients	The strategy now refers to how we will work jointly with colleagues in mental health, aligning the Group clinical strategy with the system mental health strategy
There is a lack of focus on delivering environmentally sustainable clinical services	There is a new section in the strategy focused on improving the environment for our local residents and the wider population

University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

NHS
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Our Group

Dedicated to excellence

Our Group is made up of two hospital Trusts in Kettering and Northampton

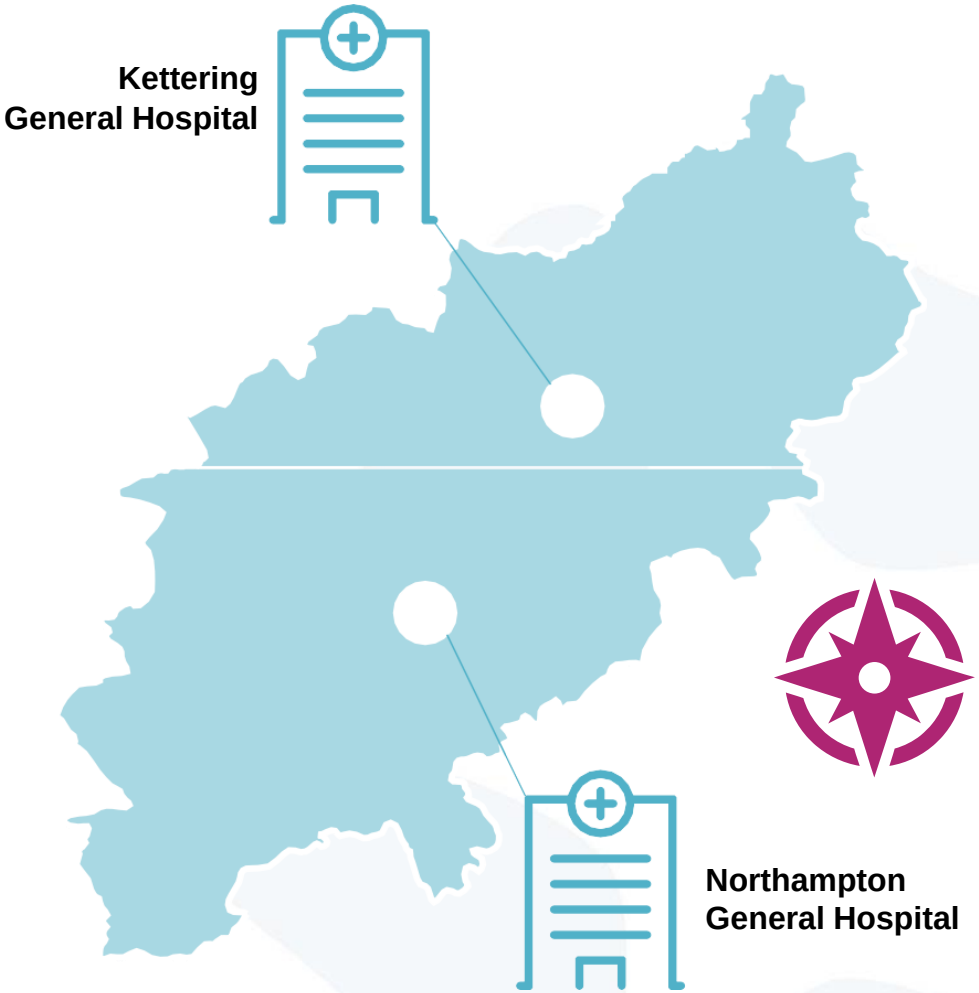
University Hospitals of Northamptonshire NHS Group

Our group is made up of Kettering General Hospital (KGH) NHS Foundation Trust and Northampton General Hospital (NGH) NHS Trust, and was formed in 2020.

We deliver acute services from two main sites: Kettering General Hospital and Northampton General Hospital. We also provide care at a number of satellite locations including in Corby, Wellingborough, Irthlingborough, Daventry and GP facilities.

Both our hospitals are acute hospitals providing 24-hour emergency care. We offer a full range of district general hospital care as well as some specialist services: KGH provides emergency cardiac care for the county and NGH provides stroke and some specialist cancer and care for the county. In total we have approximately 1,400 beds with over 600 at KGH and nearly 800 at NGH.

We serve a population of approximately 900,000 people across the county and employ over 9,000 staff, making us one of the largest employers in Northamptonshire.



Dedicated to excellence

We are part of the Northamptonshire Integrated Care System (ICS) where we collaborate with partners

University Hospitals of Northamptonshire NHS Group

Integrating care is a strategic priority at both a regional and national level given the recognised benefits to quality of care and patient experience.

NHS Long Term Plan and move to ICSs

The NHS Long Term Plan (LTP) sets out how integration of care across organisational boundaries is critical to overcoming the challenges health and care systems are facing.

With the move to ICSs, system partners will be required to work together to deliver 'triple integration' of primary and specialist care, physical and mental health services and health with social care. There will be increased support for integration between trusts to embed cultures of compassion, inclusion and collaboration across the NHS.

The *Integration and Innovation* white paper released in February 2021 accelerates the shift to ICSs by setting out the government's legislative proposals. These proposals intend to remove the barriers to integration including transactional bureaucracy, and ensure systems are more accountable and responsive to their populations.

Northamptonshire Health and Care Partnership

The Northamptonshire Health and Care Partnership (NHCP) is

clear that working together and differently will help 'empower people to choose well, stay well and live well' .

As we move to establish our ICS NHS Body and ICS Health and Care Partnership in July 2022, system partners continue to develop plans for greater collaboration and integration across Northamptonshire in line with the White Paper: *Integration and Innovation; working together to improve health and social care for all*.

As part of our leadership within the ICS system, we will ensure we:

- Have a purpose and ambition that is closely aligned to the purpose and ambition of the ICS
- Enable clinical collaboration both across the Group and with services locally, integrating services at place level
- Are a strong leader in the system, providing collective leadership in all discussions and decisions regarding local clinical collaboration across the ICS
- Build relationships with wider providers across and outside our own ICS
- In line with the national and regional strategic direction, we recognise the importance of collaboration both within the group and with the wider system in order to deliver outstanding patient care.

There is an opportunity for our Group to be a key system leader, leading and delivering integrated services in the ICS, taking an active role to work with our system partners in both preventative and proactive care.

Dedicated to excellence

Our two Trusts are already collaborating in many clinical areas and are proud of our recent successes

University Hospitals of Northamptonshire NHS Group

We are already implementing Group-enabling strategies, and many of our clinical teams are already collaborating - but given the fragility of some of our services and the scale of the challenges we face - we know we need to go further, faster.

Many of our clinical teams are already collaborating, which we know is delivering benefits for our patients and our staff

Specialties which already collaborate include:

- Cancer
- Maternity & neonates
- Pathology
- Imaging
- Cardiology
- Head & neck
- Stroke
- Renal
- Nuclear medicine

Collaboration in head and neck services and cardiology has dramatically improved the patient experience

Patients on a ward at KGH on a Friday, transferred via ambulance to NGH and back on a Monday. No sharing of care records and disjointed care.

→

Single team working across both sites delivering seamless care and equitable access for patients.

Dedicated to excellence

Collaboration in cardiology has allowed the establishment of a heart attack centre for the county

Patients can access:

- 24/7 cardiac outreach nurse service
- 7 day a week PCI service for patients with minor heart attacks
- 7 day a week Consultant led service
- Specialist service for complex pacing devices and cardiac imaging

As a result, patients no longer have to travel to other specialist centres for life-saving treatment. This service means that patients have a reduced length of stay in hospital and improved rates of recovery from a heart attack.

Respondents to the all-staff survey (2021) spoke with pride about current clinical collaboration

'We already work together to share care of our patients, a **group clinical strategy** will ensure we are even more joined up and able to deliver even better care'

'The collaboration we're doing on **head & neck services** is something to be proud of. The drive for our Head & Neck clinical lead to develop an integrated service is something we need to replicate'

'Our county wide **stroke service** I feel has been hugely successful – this should be mirrored in other departments'

Full survey results can be found in Appendix A

We have recently become an academic university hospital and want to build our academic and research reputation

University Hospitals of Northamptonshire NHS Group

Our ambition to achieve international recognition as an academic centre that promotes and delivers better health service, provision and health outcomes to our patients

The Academic Strategy sets out how we will:

- Attract, retain and develop the country's top talent. Putting our staff and patients at the heart of its development by improving the training and development we offer
- Enable us to work more effectively with our health and care partners to collectively improve access, quality and consistency across local patient pathways and services
- Establish robust estates and digital infrastructure to support innovative clinical education and research
- Foster a culture of inclusivity and learning, with strong leadership championing the strategy
- Increase the number of patients included in clinical trials and success of funding from research networks, grant giving bodies and commercial sources

Dedicated to excellence

Our vision for the Academic Strategy is to **improve patient care through excellence in education and research.** We will achieve our vision by delivering the following eight objectives:

- Partnering with University of Leicester to become a University Teaching Hospital Group
- Foster a culture of learning, research and innovation with strong leadership championing the strategy
- Provide a multi-professional clinical academic programme and improved training and development offer for staff
- Increase opportunities and resources for innovation and research to be incorporated at the core of our work and clinical practice
- Increase the number of research posts in the Group including Associate Professorships, research clinicians and nurses
- Build academic, research and digital infrastructure to support and grow innovative clinical education and an increased research portfolio
- Increase success of research funding from research networks, grant giving bodies and commercial sources, and support sponsorship of those wanting to undertake their own research where this supports the clinical strategy
- Develop closer alignment with all our University partners
- Develop and promote the academic brand

We also have an opportunity to re-build our hospitals to support the delivery of high-quality services

University Hospitals of Northamptonshire NHS Group

Our current estate

Both hospitals have an aging estate that does not provide the experience we would like for our patients or for our staff. Our clinical services are not able to always be co-located next to each other meaning staff and patients sometimes have to travel across our hospital sites. In some cases patients are cared for in cramped environments with limited natural light or privacy and dignity. For our staff, they often have to work in less efficient ways to treat patients effectively and keep patients safe.

Our Estates Strategy

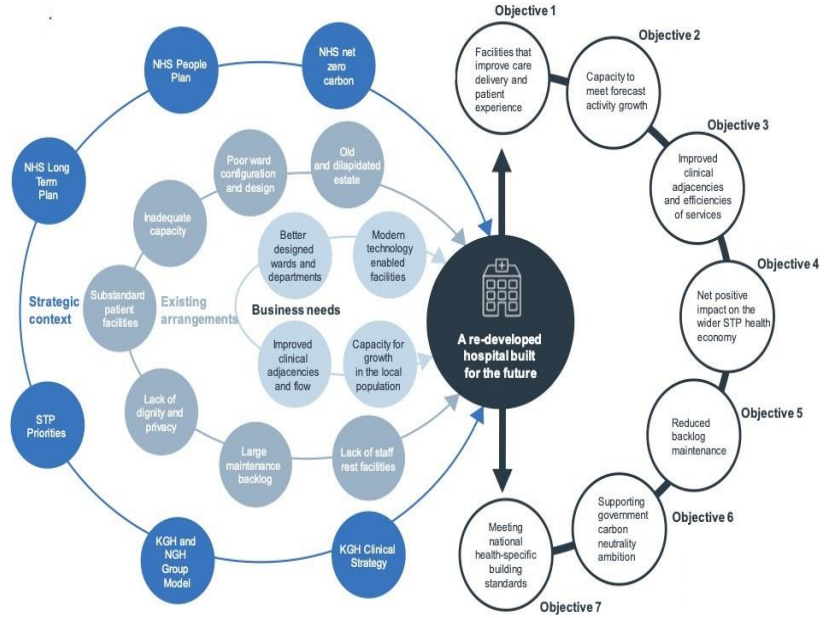
We will need to find ways to improve the current estate we have, and a Group Estate Strategy will follow to deliver the Group clinical strategy:

- **Kettering Hospital** submitted a Strategic Outline Case in January 2021 for a large re-build of the hospital incorporating a new ED and new wards, theatres, critical care and day services. This scheme is part of the national New Hospitals Programme and is on track to deliver by 2030.

- **Northampton General Hospital will** open a new state-of-the-art critical care unit by summer 2022 following earlier developments of a designated children's emergency department and new main entrance in 2021. We are preparing a full site development plan which will be informed by the clinical strategy and which will set the blueprint for future bids for funding on the site.

Dedicated to excellence

Our plans for KGH



Our new main entrance at Northampton Hospital

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Our case for change

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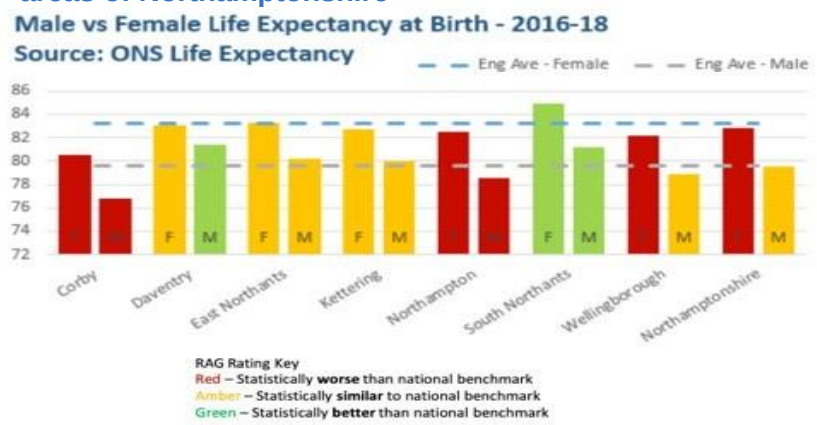
Services provided by Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

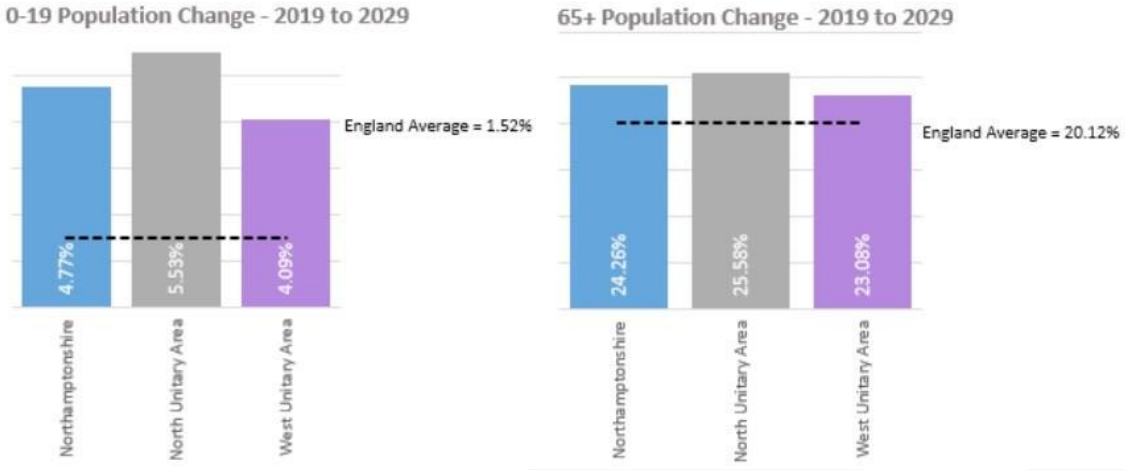
Our local population is older than the national average with poor outcomes in some areas

University Hospitals of Northamptonshire NHS Group

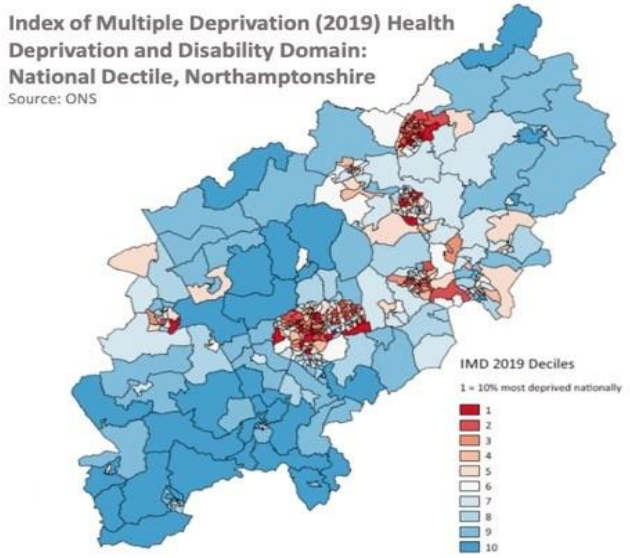
Life expectancy is lower than the national average in most areas of Northamptonshire



The old and young population are increasing faster than the national average



There are some areas of deprivation in Northamptonshire



There are poor outcomes in some areas. Across Northamptonshire, 90% of adult disease can be attributed to just 10 risk factors

Health & Wellbeing in Northamptonshire *JSNA Feb 2020*	
59 deaths from COPD per 100,000	Worse than England avg.
10% - adults with long-term mental health problems	Worse than England avg.
68% adults overweight or obese	Worse than England avg.
46 deaths from cardiovascular disease considered preventable per 100,000	Similar to England avg.
80 deaths from cancer considered preventable per 100,000	Similar to England avg.

The local population is growing and aging and will need more care; we also need to address health inequalities

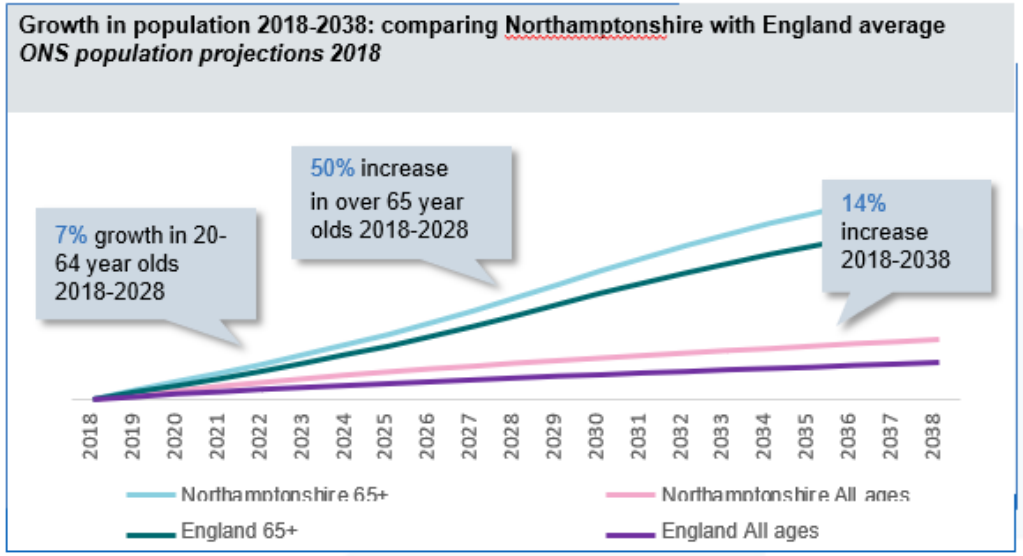
University Hospitals of Northamptonshire NHS Group

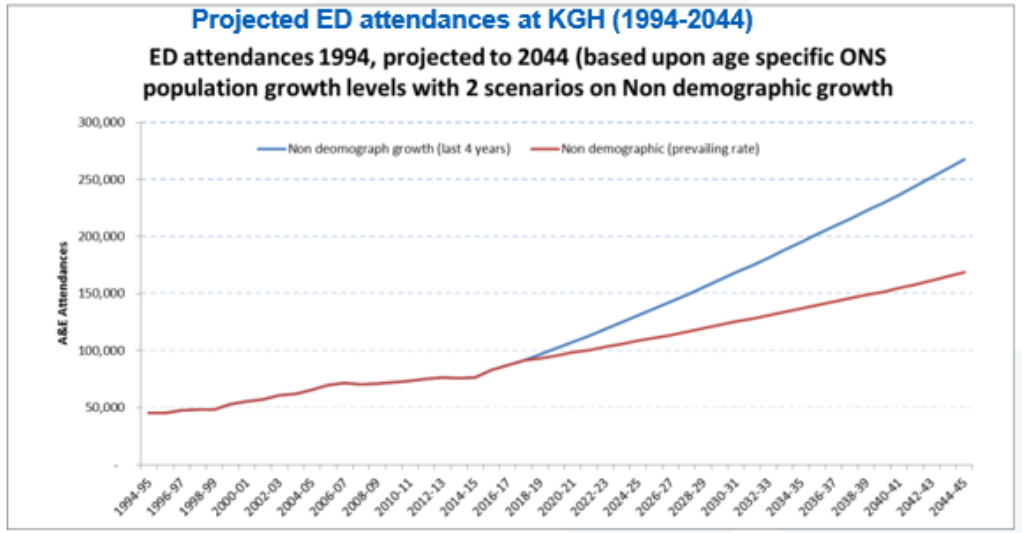
Our population is growing and ageing faster than the national average, increasing the demands on our clinical teams. The Northamptonshire population is projected to increase by 14% between 2018 and 2038. This includes a 50% increase in people aged over 65 (and we already have the highest percentage of over 65s in the country). An ageing population will increase the proportion of our patients with frailty and complex comorbidities.

In North Northamptonshire, a government-backed plan could also see 33,000 new homes built, primarily likely to be for young families, increasing demand for maternity and paediatric services.

The Northamptonshire Health Care Partnership (NHCP) has identified the growing population and increasing disease prevalence linked to unhealthy lifestyles as key drivers for change across the system.

We will work with our system partners to ensure our healthcare services are ready to meet the future needs of our population.





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People are being admitted to hospital when it could be avoided and are staying longer in hospital than they should

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Our 2018 CQC local system review found patient experience for people aged 65+ was varied and sometimes unsatisfactory.

Compared to our peers, in Northamptonshire we:

- admit almost 9% more people aged 65+ a day to hospital (8 out of 90 daily admissions)
- have 12% more stranded patients:113 out of 900 on average, one in three patients in acute beds and one in two in community beds no longer need to be there
- are twice as likely to admit patients from the community and three times as likely from care homes.

Someone who needs care for a variety of conditions could be receiving services from five or six different organisations with very little coordination between them, which is confusing, wastes resources, and leaves no one taking overall responsibility for the individual's care. It also puts them at higher risk of an emergency department attendance or admission when things go wrong.

This is not what people want. It does not achieve the best outcomes for them. It is not the quality of care our organisations want for our residents. And with rising demand for health and care services in Northamptonshire and the Group had an an underlying deficit of £87m in 2020/21 which directly impacts on our ability to invest in staff and resources to drive up outcomes, and in our ability to transform pathways for patients.

Indeed, if we do not act now, in four years financial demand will have increased so much that we will not be able to support our population.

Dedicated to excellence

We have more to do to implement clinical best practice as many of our services "require improvement"

University Hospitals of Northamptonshire NHS Group

Overall, we have been rated as "Requires Improvement" by the CQC and our clinical strategy underpins our efforts to improve this rating.

Specific areas that have been highlighted for improvement include urgent and emergency care, surgery and services for children and young people at KGH, maternity services at NGH, and medical care (including older peoples care) at both KGH and NGH.

Workforce challenges are one of the key issues raised by CQC.

The national cancer patient survey highlighted timeliness of diagnostic tests and access to clinical networks as issues.

Dedicated to excellence

Both our organisations are rated by the CQC as 'requires improvement'

CQC Ratings
KGH 2021 NGH 2019

	KGH	NGH
Overall	**Requires Improvement**	**Requires Improvement**
Safe	Requires Improvement	Requires Improvement
Effective	Requires Improvement	Good
Caring	Good	Good Good
Responsive	Requires Improvement	
Well-led	Good	Requires Improvement

We are below national median in our friends and family scores

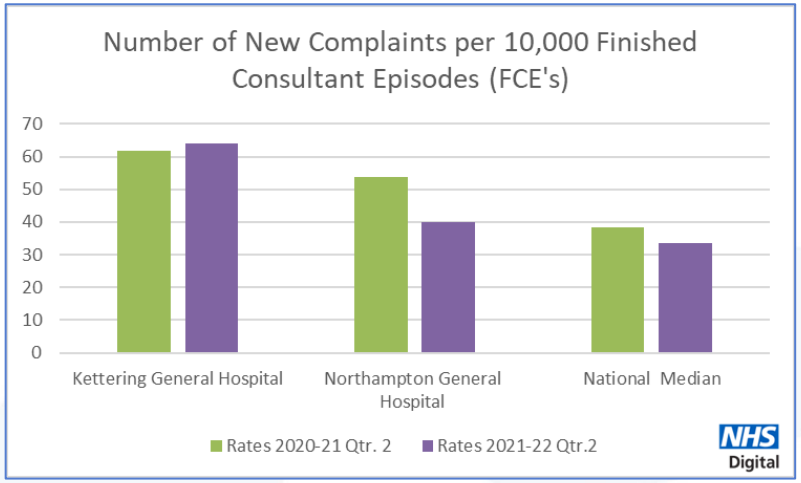
Friends & Family Test Scores
NHS England (For February 2022)

Friends & Family Test (FFT) Scores
KGH & NGH Inpatient Services are below the national median

For Feb 2022	KGH	NGH	National Median
A & E	77%	74%	77%
Inpatient	88%	92%	94%
Outpatients	92%	93%	93%

Sources: KGH & NGH Annual Patient Experience and Complaints Report 20120-21. Friends and Family Test Scores for the Month of February 2022, NHS England. NHS Digital Table 9c. East Midlands Cancer Alliance Patient Survey Question 61 in 2019 & 2020

Complaints remain high for NGH ED and at KGH for ophthalmology, urology and paediatrics



In 2020, Northampton General Hospital were the best in the East Midlands Cancer Alliance peers patient survey question "Overall how would you rate your care?", Kettering General Hospitals were rated lowest

We also need to follow the national direction of travel and national quality guidelines

University Hospitals of Northamptonshire NHS Group

We have identified a number of key national strategies and guidelines that have been considered in developing our clinical ambitions

Diagnostics: Recovery and Renewal 2020

- Split of emergency and elective
- Community diagnostic hubs to provide highly productive elective diagnostic centres
- Increase in advanced practitioner radiographer and assistant practitioner roles to address staff shortages.

Royal College of Physicians: Outpatients the Future

- Move to flexible, one-stop-shops, see-and-treat clinics and patient-initiated-follow-ups.
- Services should optimise the staff skill mix rather than always relying on consultant-led care

Royal College of Surgeons: Future of Surgery

- Increase in preventative surgery
- Increase in day-case surgery with focus on preoperative and follow up care undertaken using telemedicine and digital platforms.

GIRFT Recommendations

Including but not limited to:

- **GIRFT elective recovery programme:** standardised pathways at system level and establishing fast track surgical hubs while 85% of all elective surgery should be on a day surgery pathway**.**
- **GIRFT radiology 2020:** hot/ cold splits of activity, staff working at the top of their license, robust clinical pathways supported by clinical decision making tools.
- **GIRFT cardiology 2021;** introducing 7-day on-call, 7-day pacing services and extended access to diagnostics

NHS Long Term Plan recommendations

- **Cancer:** by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around 50% to 75% of cancer patients.
- **W&C:** Children's mental health services are expected to grow to deliver integrated mental and physical health care. Where possible care will be delivered closer to home for children and their families.
- **Elective:** supports separation of urgent from planned services. Sets the ambition for the NHS to avoid up to a third of outpatient appointments.
- **Emergency:** every acute hospital with a type 1 A&E department will move to a comprehensive model of Same Day Emergency Care 12 hrs a day, 7 days a week. Need for appropriate triage and location for urgent mental health services.
- **Diagnostics:** networks to improve access to more complex tests and enable rapid transfer of clinical images
- **Discharge to assess** for all patients all of the time.

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There is inequity in access and quality between our two hospitals

University Hospitals of Northamptonshire NHS Group

There is variation in the quality of access and quality between our hospitals. For some specialties there are significant differences in the time it takes for patients to receive treatment following a referral; for other specialties there is a variation in how long patients on average spend in hospital once they're admitted; and some specialist treatments are simply not accessible to some patients.

The pandemic nationally has exacerbated health inequalities in populations, with many patients with underlying or deteriorating health even less likely to access the care they need in the right way. We will implement tools to analyse how effective our services are at reaching those of greatest need, and make changes to ensure we eliminate health inequality of access to our services.

The Northamptonshire Health Care Partnership has set an ambition to ensure everyone has access to the best care wherever they live in the county. We are committed to delivering against this.

Our survey of staff identified reducing variation in quality variation across our hospitals as a top priority.

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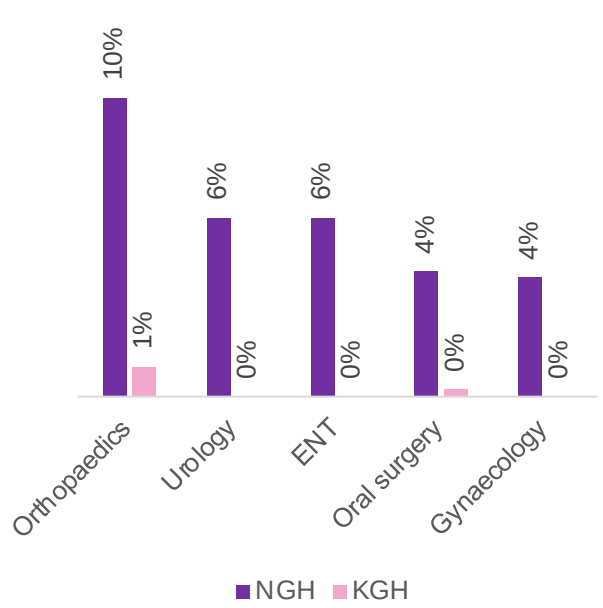
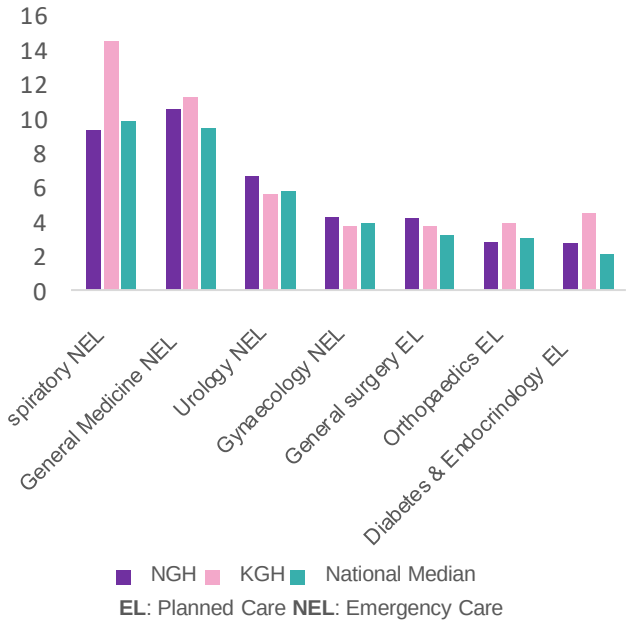
For some specialties there are significant differences in % of patients waiting over 52 weeks for planned care

RTT 52 week wait against national target of 0% for specialties with > 4%point difference
NHS England, RTT Waiting Times (Mar 2021)



…and in others the length of stay varies by over half a day between the trusts

Average rolling length of stay (2019/20) for specialties with a 0.5 day difference
NHS Digital, Hospital Episode Statistics



Survey respondents identified that one of the biggest opportunities for collaboration was to begin to reduce the **clinical quality variation** across sites.

We find it difficult to retain and recruit to some specialties with a national shortage of staff in some areas

University Hospitals of Northamptonshire NHS Group

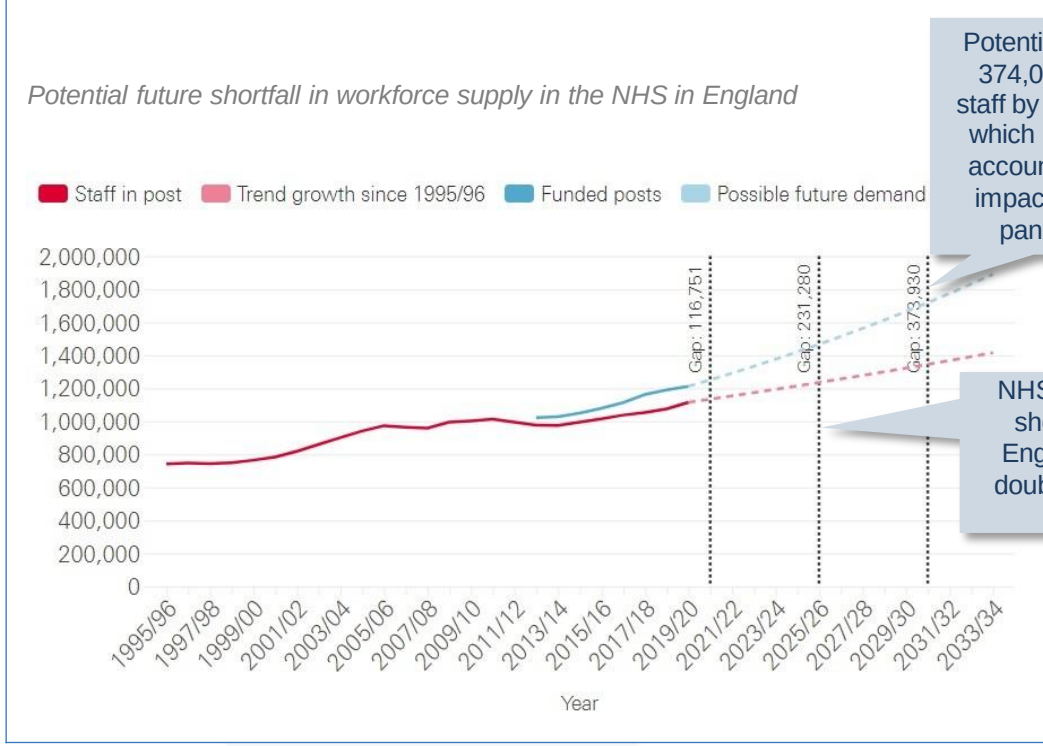
There is a national picture of staff shortages and healthcare providers are increasingly collaborating to address this. The Health Foundation predicts that by 2031 there will be a 375,000 FTE gap between staff in post and future demand. This modelling has not taken account of the pandemic impact which may worsen staffing shortages. The Kings Fund acknowledge that staffing shortages were already widespread before the pandemic hit leading to excessive workload and high levels of stress for staff in post.

We have identified areas where national workforce shortages particularly impact on our services:

- Interventional and breast radiology
- Emergency care; all medical grades
- Microbiology and blood sciences
- Specialist cardiology nurses
- Physiotherapists and occupational therapists
- Cardiologists
- Respiratory consultants
- Theatre staffing
- Cancer nursing specialists
- Fetal medicine (at KGH)

The close location of tertiary centres also mean that staff have other attractive employment options.

The Health Foundation (2020) 'Going into COVID-19, the health and social care workforce faced concerning shortages'



Potential gap of 374,000 FTE staff by 2031-32, which does not account for any impacts of the pandemic

NHS workforce shortages in England set to double in next 5 yrs

"Before the pandemic, **staffing shortages were endemic**, chronic excessive workloads commonplace and levels of stress, absenteeism and turnover worryingly high"
Kings Fund (2021) A plan for the NHS and Social Care

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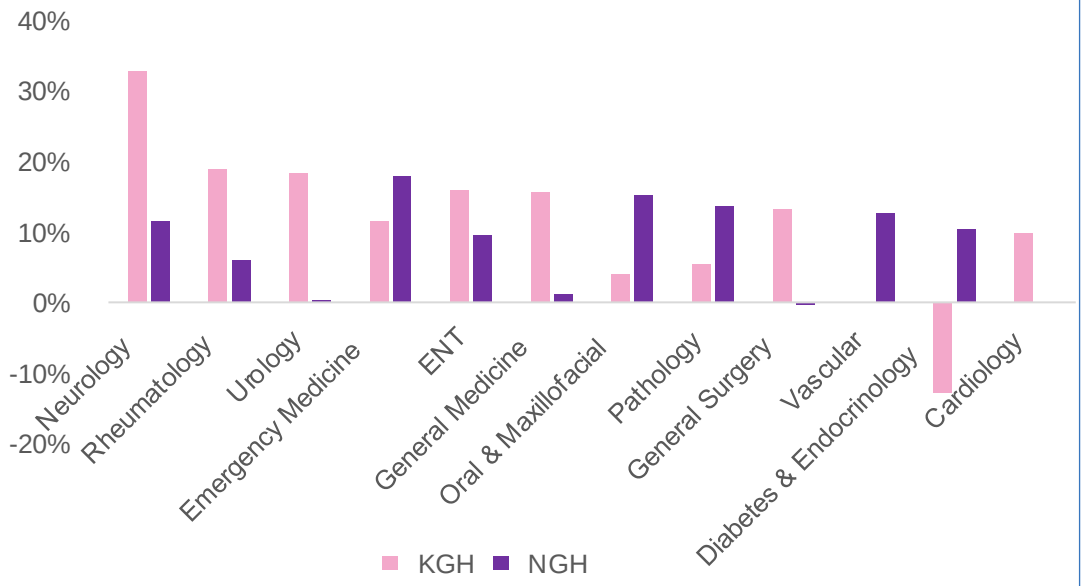
Workforce shortages drive a reliance on bank/agency staff which impacts on quality (and cost) of services

University Hospitals of Northamptonshire NHS Group

In common with the wider NHS, our organisations are struggling to attract and retain clinical staff with significant vacancy rates

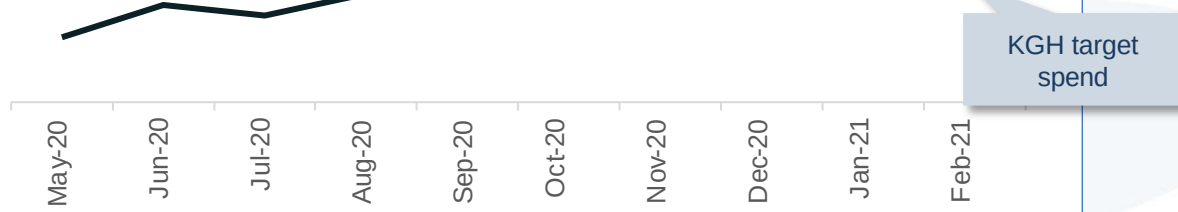
Vacancy Rates by specialty for March 2021
KGH & NGH Human Resources (Mar 2021)



The model hospital data places NGH approximately **10% below** their peer median in terms of overall substantive WTE medical staff. KGH is **12% below** their peer median by this measure.

There is a heavy reliance on agency and substantive staff overtime which creates a significant financial pressure.

Agency spend in £m – (Dec-20 is equivalent to 7% of pay expenditure)
KGH Board Report March 2021



"Temporary staff require a level of orientation and supervision that substantive staff – already under pressure – may find difficult to provide. When the proportion of temporary staff becomes too great, this **impacts the quality of care** provided"

Royal College of Nursing (2017) Safe and Effective Staffing

"Staff shortages identified as the most important factor in determining chronic excessive workload – **a key contributor to staff burn out"**
Health and Social Care Committee (2021) Workforce Burnout

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Existing structures are potential barriers to effective collaborative work

University Hospitals of Northamptonshire NHS Group

- While there are already examples of good collaboration between the two Trusts there is background of competition rather than collaboration in the NHS which has led to culturally different approaches
- We are working towards making it easier for teams to work across sites, for example we now have an MoU in place to allow staff to work across sites should they choose to
- We have in place a programme of HR policy harmonisation so that we have one set of HR policies, and will be looking at our mandatory training alignment in 2022/23
- However, there are still significant examples of separate arrangements for some of the fundamentally important aspects of joint working. We will address some practical arrangements, examples being; different work patterns and a different to approach to on call arrangements

Dedicated to excellence

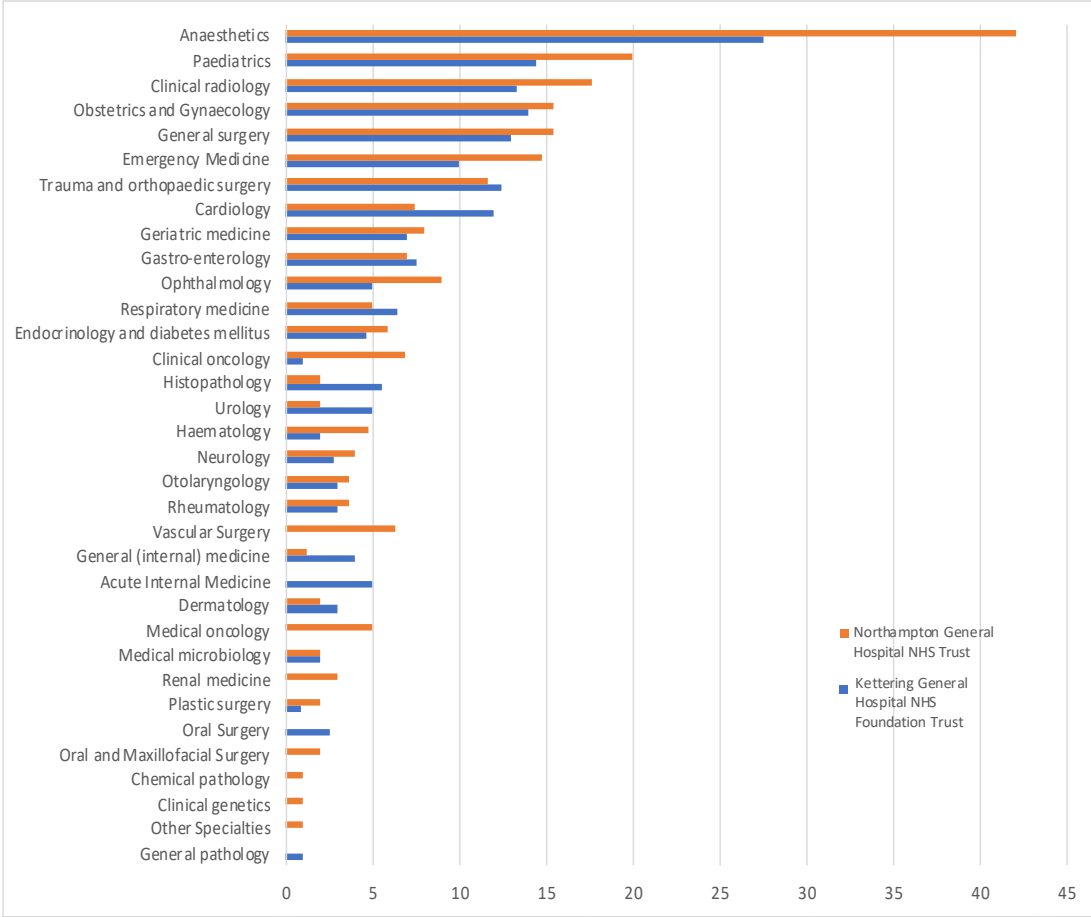
Some of our services are fragile with few consultants in some specialties, and/or small volumes of patients

We have few consultants in some specialties and there are insufficient levels of activity:

- **Neurology**: significant pathway improvement opportunities at both sites (driven by workforce challenges)
- **Geriatric medicine:** the volume of work in this specialty is one that is not only likely to continue to grow significantly, but will also increasingly require specialist skills that interconnect with all other specialisms of care. Nationally there are not enough geriatricians to support this service in the future which results in general adult physicians needing to cover.
- **Surgery**: concerns about workforce sustainability of smaller specialist services including plastics, head and neck, hand surgery and spine surgery
- **Plastics:** fragile service with inpatients already seen at University Hospitals Leicester
- **Gastroenterology:** activity at NGH is in smallest quartile nationally with high costs and poor waiting list performance
- **Microbiology:** workforce shortages at NGH leading to unsustainability
- **Renal:** workforce shortages at KGH requiring a Group approach
- **Haematology:** workforce shortages for a high demand service

These services are not currently resilient or able to adapt to changing conditions. There are challenges to delivering high quality services efficiently and effectively, and our ability to attract staff in these areas

Number of WTE consultants, by specialty, by site



Source: NHS Workforce statistics, May 2021 (excludes Associate Specialists and Staff Grades)

We need to change the way we deliver services to improve quality and efficiency against a difficult financial position

University Hospitals of Northamptonshire NHS Group

Although the Northamptonshire Health System broke even in 2021/22, this was in part due to one off funding e.g. to fund recovery of the waiting list and manage Covid. In 2020/21 there was an underlying deficit of £87m across the Group, and the financial position in 2022/23 across the group and the System remains very challenging. This directly impacts on our ability to invest in staff and resources to drive up outcomes, and in our ability to transform pathways for patients.

Many services, often those with low clinical output and workforce challenges, are comparatively expensive to run when compared to other Trusts.

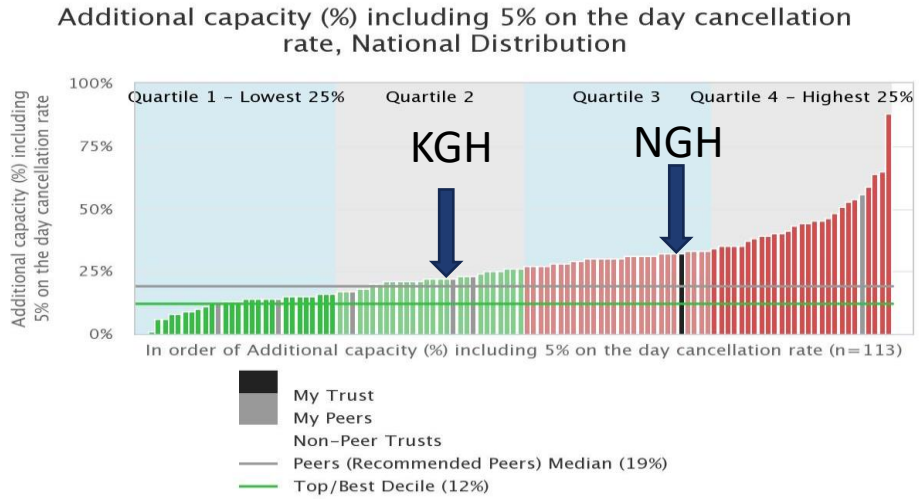
Opportunities have been identified through the Getting it Right First Time (GIRFT) programme:

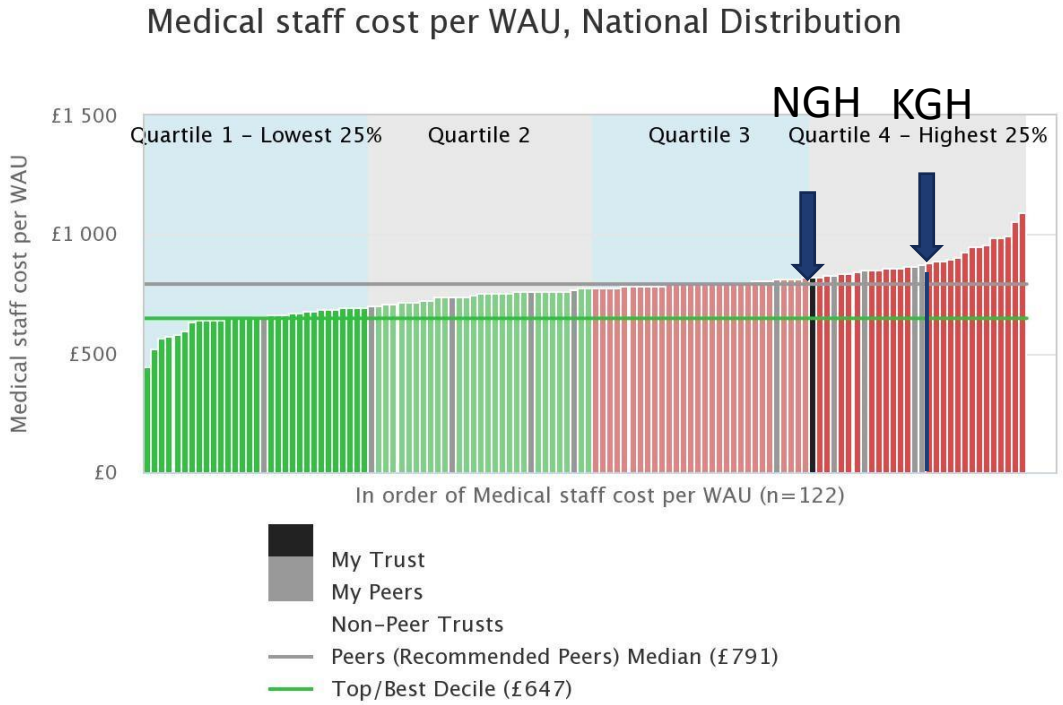
- re-admission rates are high in many specialties
- there are opportunities to improve daycase rates
- there are high lengths of stay for general surgery and orthopaedics
- GIRFT have identified opportunities for efficiencies in orthopaedics, ENT and breast surgery

GIRFT also recommended th

Model hospital data (2020) shows that, compared to peers:

- Kettering General Hospital has comparably high medical staff costs
- Kettering General Hospital has higher nursing staff costs
- Northampton General Hospital has comparably high medical staff costs
- Northampton General Hospital has similar to average nursing staff costs





Dedicated to excellence

University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

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Our proposals for transformation

Dedicated to excellence

We have developed a Group strategy which is guiding the development of our clinical strategy

University Hospitals of Northamptonshire NHS Group

In January 2021, Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust boards approved our Group strategy. This sets out our shared vision, mission and values, all 'dedicated to excellence'.

The Group strategy also outlines the Group priorities and programmes of work required to deliver against these.

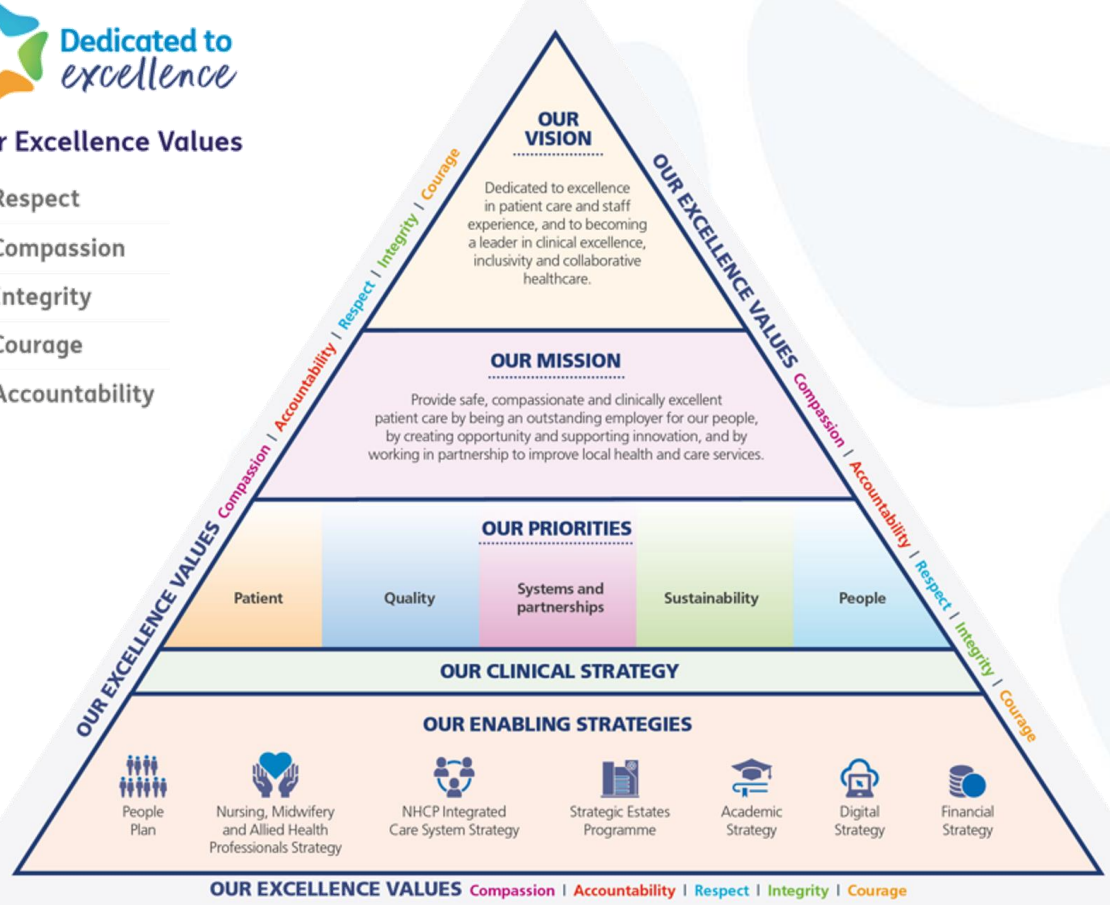
One of these programmes of work or 'strategic initiatives' was to **develop a Group clinical strategy and clinical collaboration**.

Our Group *dedicated to excellence strategy* sets out our values, vision, mission and group priorities – this identified a Group clinical strategy as a key strategic initiative

Dedicated to excellence

Our Excellence Values

- Respect
- Compassion
- Integrity
- Courage
- Accountability



Dedicated to excellence

We have explored what our Group vision means for the clinical strategy

University Hospitals of Northamptonshire NHS Group

OUR GROUP VISION STATEMENT

Dedicated to outstanding patient care and staff experience by becoming a university hospital group and a leader in clinical excellence, inclusivity and collaborative healthcare.

OUR GROUP MISSION STATEMENT

Provide safe, compassionate and clinically excellent patient care by being an outstanding employer for our people, creating opportunity and supporting innovation and working in partnership to improve local health and care services.

What the Group vision means for the clinical strategy

- The Group will be **known for safe, compassionate and clinically excellent care**: working in partnership as a **system leader** of integrated acute care and a **hub for innovation and research.**
- Integrated services will deliver **consistently exemplar outcomes** for our patients across Northamptonshire, providing timely, seamless care, **minimising disruption to our patients' lives**. Patients will only come in when they need specialist acute services.
- Our staff across the Group will work collaboratively, and with system partners, to deliver **cutting edge treatments** and produce **high quality research,** enabling the Group to become an outstanding employer able attract and retain leading experts.
- Patients and staff across the county are **proud of their local NHS.**

Dedicated to excellence

We have developed clinical ambitions and proposals that will transform care for patients

University Hospitals of Northamptonshire NHS Group

To achieve our Group vision, we propose that our clinical collaboration focus on four core ambitions:

1. Work with our partners to **prevent ill-health and reduce hospitalisation**, changing the way care is provided along the care pathway.
2. Develop **two centres of excellence** in the county, building on our established strengths in each hospital. Each centre of excellence will be across both hospitals and patients will have the same, high quality care wherever they access services. Our centres of excellence will be for everyone in Northamptonshire, and cardiology will be led by Kettering General Hospital with cancer led by Northampton General Hospital.
3. **Protect elective beds** to reduce cancelled operations, reduce long waiting times and increase efficiency.
4. **Build on our University Hospital status**, to become a hub for innovation, training and research, attracting high calibre talent and growing the number of clinical trials our patients can access.

To deliver our ambitions, we propose solutions for the specialties that are currently **unsustainable and fragile** at one or both of our hospitals, to develop more robust services that we can reliably offer patients. We know we cannot make these all of changes as individual hospitals, and we will work together and with our system partners to agree and implement our strategies.

Our clinical ambitions

Our Group vision

Work with health and care partners to prevent ill-health and reduce hospitalisation	**Develop Centres of Excellence across all services, starting with cardiology and cancer**
Ring-fence elective capacity to reduce waiting lists and variation between sites, and increase efficiency	**Build on our University Hospital status to become a hub for training, research and innovation**

To deliver our ambitions, we will work together more collaboratively, starting with our most fragile services

Dedicated to excellence

We are working with health and care partners to change the way care is delivered along the care pathway

University Hospitals of Northamptonshire NHS Group

Transformation of services across Northamptonshire

Our clinical services are delivered as part of a much bigger picture across Northamptonshire.

Health and care partners are transforming the way services are delivered in a newly formed Integrated Care System (ICS) called Northamptonshire Health and Care Partnership.

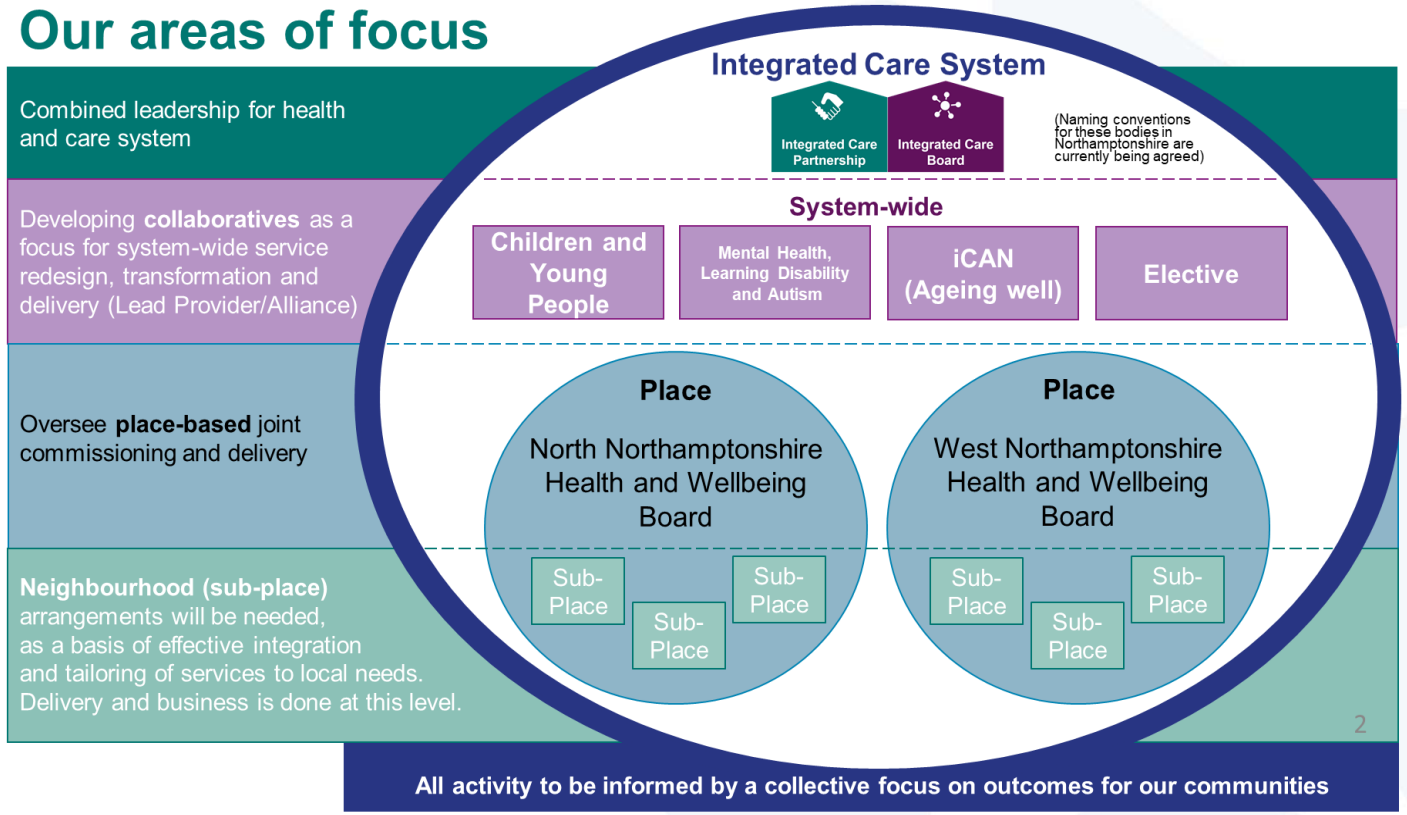
The ICS four priorities are being developed through collaboratives for:

1. Children and young people
2. Mental health
3. Integrated Care Across Northamptonshire (iCAN, ageing well), and
4. Elective care

We will come together at system (ICS) level with local organisations and providers to join up and redesign services to improve outcomes.

There are two 'Places' within the ICS, based on the geography of the two Unitary Authorities. It is at this level that we will deliver integrated care locally by connecting the hospitals with primary care, other health and care services and the voluntary sector. The aim is to deliver more care out of hospital.

In the Group, we will develop our frailty units to provide seamless pathways across the community to prevent hospital admissions and facilitate early discharge.



Dedicated to excellence

Our system ambitions will be delivered through collaborative working

University Hospitals of Northamptonshire NHS Group

Collaboratives are the preferred delivery approach to realise our ambition for outcomes-based services to meet the health and care needs of our population

Dedicated to excellence

Elective collaborative

We will work collaboratively with system partners to develop integrated pathways that support the transformation and delivery of more out of hospital care. Patients will access the right clinician in the right place, for example, in community integrated diagnostic hubs, transformed outpatient services and a system patient list to provide equitable access

Mental health, learning disability and autism

The Mental Health, Learning Disability and Autism Collaborative ('MHLDA') goal is to reduce health inequality, improve social impacts and enable this population to embrace their chosen life in the community, as an equal contributor to our county.
Across the Group, we will work with partners to support the development of integrated seamless pathways so that people who attend acute hospitals and emergency departments with mental health, learning disability or autism are treated rapidly and receive the aftercare required. In partnership with our mental health colleagues, we will also improve mental health support for inpatients with physical health conditions.

Children and young people

We will develop our out of hospital integrated children's service to support our children, young people and their families to provide the best quality service that will be integrated, holistic, offer choice and enable shared decision-making.

iCAN

The focus will be on improving outcomes for older people in Northamptonshire through alternatives in the community to the Emergency Department and by reducing admissions and length of stay in hospital. We will do this by working with local communities to help people remain well for longer and provide better self-care support.

In the Group, we will develop our frailty units to provide seamless pathways with community hubs to provide frailty assessment units, prevent hospital admissions and facilitate discharges.

Our Group clinical strategy is to engage our clinicians in the development and implementation of these redesigned services for the benefit of patients

We will develop centres of excellence, starting with cardiology and cancer

University Hospitals of Northamptonshire NHS Group

We will develop Centres of Excellence across all our services over time, building on the excellence that already exists with the first Centres of Excellence in cancer and cardiology. This is an opportunity to expand and develop our services to become nationally known for excellent outcomes and patient experience.

Our **Cancer Centre of Excellence will** provide a fully integrated system wide service ensuring equity of care across Northamptonshire. Our cancer centre of excellence will be across both hospitals and patients will have the same, high quality care wherever they access services. Our cancer centre of excellence will be for everyone in Northamptonshire and we propose consolidating some specialist cancer surgery at Northampton General Hospital, to improve outcomes and quality. We will broaden the complexity of our case load to offer patients highly specialised treatments including precision medicine, the next generation of robotic surgery and artificial intelligence assisted diagnostics.

We will offer a single point of access for patients from anywhere in Northamptonshire and work closely with health and care partners to prevent cancer and identify cancer earlier, including the development of one-stop diagnostics centres.

Our **cardiology Centre of Excellence will** be across both hospitals and patients will have the same, high quality care wherever they access services . It will focus the delivery of some of our more specialist services at Kettering General Hospital with a single team (with a single clinical leadership) providing high quality care across both sites. We will build and grow specialist services such as electrophysiology provision, offering exemplary outcomes to everyone in Northamptonshire.

We will consolidate catheter labs on one site, with pathways for acute coronary syndrome integrated with our partners in the East Midlands Ambulance Service (EMAS) and primary care to ensure patients receive the right treatment at the right time in the right location, with a treat and return model. There will be greater emphasis on prevention by working with patients and their families to make lifestyle adjustments to reduce the risk of coronary heart disease and heart attack. Fundamental to this will be shared care records which will facilitate seamless care between sites.

Dedicated to excellence

Our clinical ambitions

Our Group vision

- Work with health and care partners to prevent ill-health and reduce hospitalisation
- Develop Centres of Excellence across all services, starting with cardiology and cancer
- Ring-fence elective capacity to reduce waiting lists and variation between sites, and increase efficiency
- Build on our University Hospital status to become a hub for training, research and innovation

To deliver our ambitions, we will work together more collaboratively, starting with our most fragile services

Our Centres for Excellence will deliver our key principles for excellent care

University Hospitals of Northamptonshire NHS Group

- **Integrated, seamless care for patients:** so that people get the care they need when they need it without having to re-tell their story, supported by multi-disciplinary team working wherever possible
- **As close to home as possible:** so that people don't need to travel further than necessary to access services, saving the time and inconvenience
- **Delivered equitably across the county:** so that everyone has equal opportunity to access high quality services
- **Focus on prevention and early detection:** so that people don't become ill and don't progress to more severe illness
- **Supports research and innovation:** so that we can offer the latest treatments to improve health outcomes and contribute to the development of new treatments and technologies
- **Attract and retain high quality staff:** so that we can provide the highest quality service for patients
- **Deliver cutting edge treatment, as quickly as possible:** so that people don't need to wait long for treatment, reducing worry and improving health outcomes
- **Fit for purpose facilities and estate:** so that services can be delivered as efficiently as possible with improved quality in areas such as infection control
- **Best use of available resources:** so that we can provide the best service we can with the resources that we have

Dedicated to excellence

We aim to establish a cancer Centre of Excellence for Northamptonshire

University Hospitals of Northamptonshire NHS Group

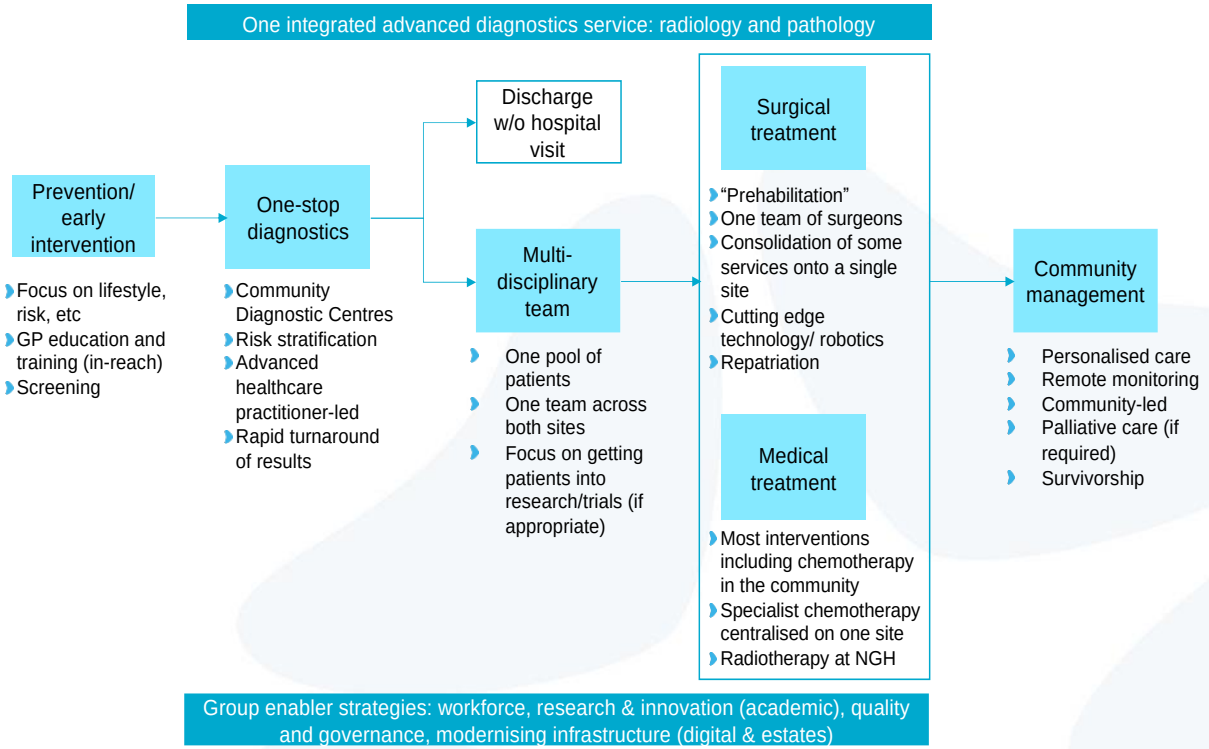
Our cancer Centre of Excellence

The cancer UHN Centre of Excellence will be an **integrated service** that the Group is known for nationally, owing to **excellent outcomes and patient experience, complexity of caseload and extensive research output**.

The Centre of Excellence will **attract and retain leading experts**, offering **outstanding career and development opportunities** and provide a sustainable service that supports growth and innovation.

The Group will collaborate with system partners to explore new ways of working to increase the **accessibility and early diagnosis of cancer care**

Our proposed acute cancer pathway



As a Cancer Centre of Excellence, we commit to…

- ✓ A single cancer team driving the integration of pathways across the acute hospitals and in the community
- ✓ Equal access to screening programmes across Northamptonshire
- ✓ top 10% nationally for a number of patient experience and outcome metrics, including cancer patient experience survey results
- ✓ Ensuring every cancer patient has the opportunity to participate in a clinical trial where available and clinically appropriate
- ✓ Offering more Northamptonshire patients the chance to be seen and treated by our team if that is what they choose [repatriating some of the activity that is currently sent out of area]
- ✓ Delivery of constitutional standards: 28 day diagnostic standard, maximum 62 day wait to first treatment from urgent GP referral, maximum one-month wait from decision to treat to treatment.

excellence

We aim to establish a cardiology Centre of Excellence for Northamptonshire

University Hospitals of Northamptonshire NHS Group

Our cardiology Centre of Excellence

The cardiology Centre of Excellence will be an integrated service across the Group which will be known nationally for **exemplary outcomes, excellent patient and staff experience**, and **complexity of caseload.**

The cardiology service will be known for its **extensive research capability, scholarship and academia, attracting and retaining leading experts** in the field.

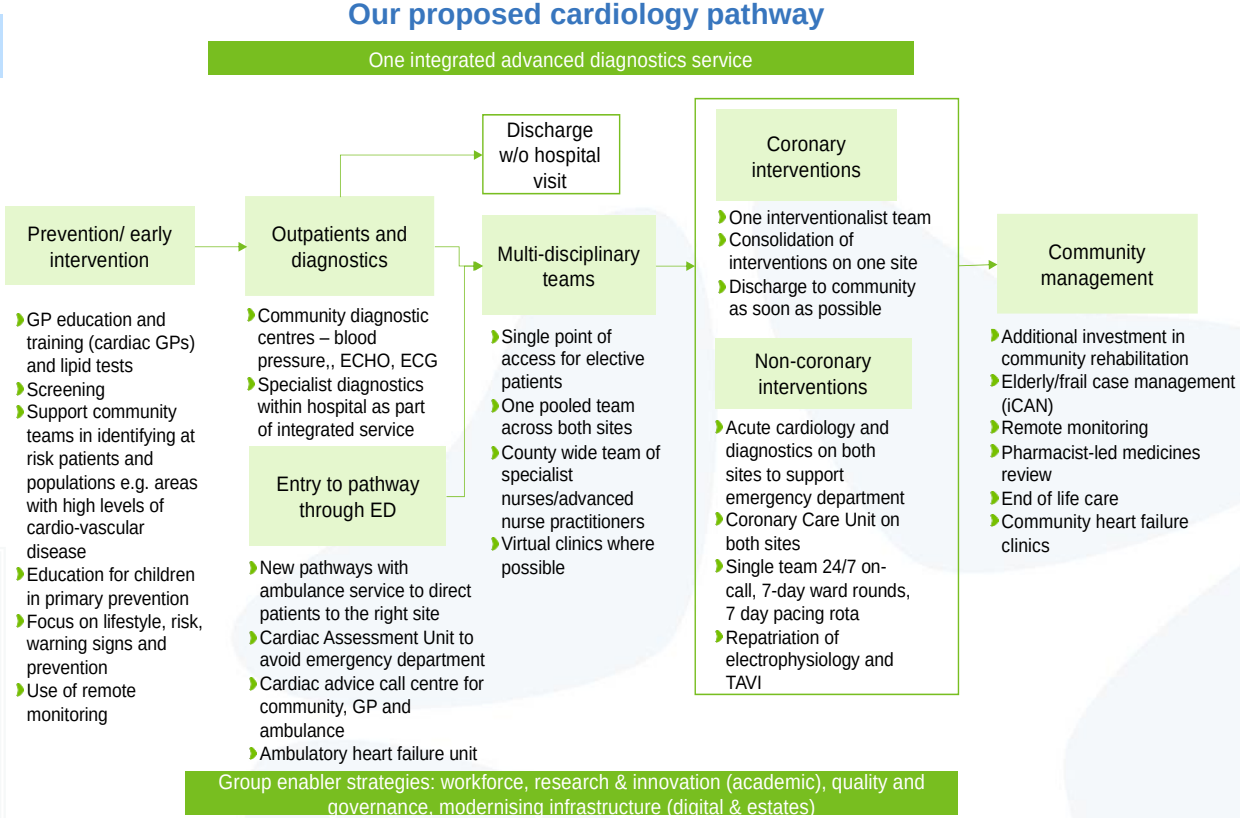
The cardiology service will work **closely and integrate with colleagues in the community** to improve cardiovascular health and disease prevention for our local population.

As a Cardiology Centre of Excellence, we will commit to…

- ✓ Delivering national quality standards for PCI and pacing as set out by Getting it Right First Time (GIRFT) BCIS (British Cardiovascular Intervention Society) and the National Institute for Cardiovascular Outcomes Research (NICOR)
- ✓ No duplication of complex procedures across sites, to improve quality and performance
- ✓ Focus on prevention in schools and with families of cardiac patients
- ✓ Work with GPs to treat patients in the community
- ✓ Virtual ward and remote monitoring to bring care closer to home
- ✓ Single cross site studies which will allow for greater population recruitment
- ✓ Offering more Northamptonshire patients the chance to be seen and treated by our team if that is what they choose
- ✓ Work in partnership with neighbouring Trusts to improve access to specialist cardiac services to all our PPCI catchment area

Dedicated to excellence

Our proposed cardiology pathway



Our ambition is to ensure elective patients consistently get timely equitable access to high quality care and experience

University Hospitals of Northamptonshire NHS Group

Our elective care strategy

In partnership with the Independent Sector, the Group will work collaboratively to provide **dedicated elective capacity** protected from the pressures of emergency services, committed to providing **timely and equitable access to care, minimising infection rates** and **reducing length of stay** in hospital.

Elective care across the Group will offer exemplar **standardised best practice patient pathways** in line with national recommendations which minimise **unwarranted clinical variation,** and maximise **day surgery** and **one stop pathways.**

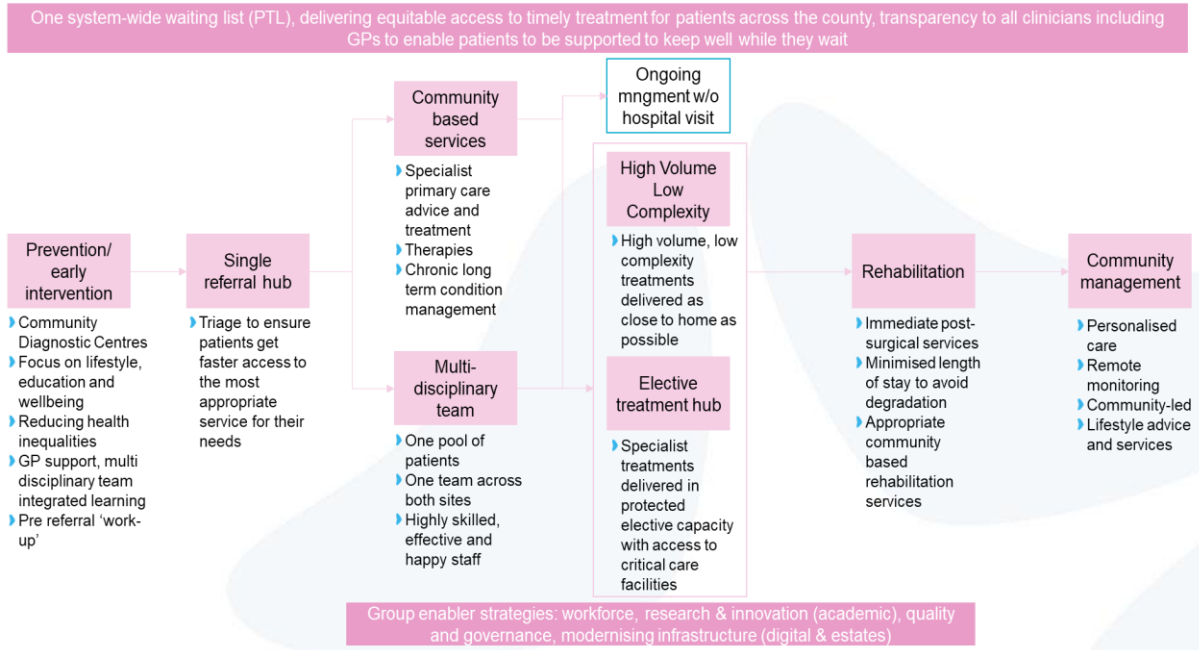
The Group is committed to delivering more care on a **day surgery** pathway at dedicated facilities developed in partnership with the Independent Sector and in Community Diagnostic Centres, with more assessment, diagnosis and treatment being offered in a **one-stop** pathway, **in the community or virtually** to minimise disruption to patient's lives.

The elective care team will work as one across the Group, providing a positive and fulfilling working environment that **attracts and retains a range of multi-disciplinary staff**, offering **outstanding careers and development opportunities.**

The Group will collaborate with system partners to set up an **Elective Care Collaborative**, providing seamless pathways for patients, working to keep patients well in their homes and providing advice and care as close to their homes as possible.

Dedicated to excellence

Our proposed elective care pathway



As a lead provider for the Elective Care Collaborative in Northamptonshire, we commit to…

- ✓ Single point of access across the ICS to elective care
- ✓ Working to deliver top decile performance in GIRFT and model health benchmarked analysis
- ✓ Eliminating any differences in equitable access to care related to health inequalities
- ✓ Delivery of constitutional standards: zero patients waiting over 52 weeks, 92% of patients waiting less than 18 weeks for treatment and all patients waiting less than 6 weeks for a diagnosis
- ✓ Delivering the same service and experience in the county regardless of provider

Our strategy to improve integrated care pathways over the next few years

University Hospitals of Northamptonshire NHS Group

Our strategy for emergency and integrated care services

Emergency and integrated care services will provide an integrated service that the Northamptonshire system will be known for nationally for delivering the **best outcomes for patients, organisations and our staff – putting patients at the centre of all we do.**

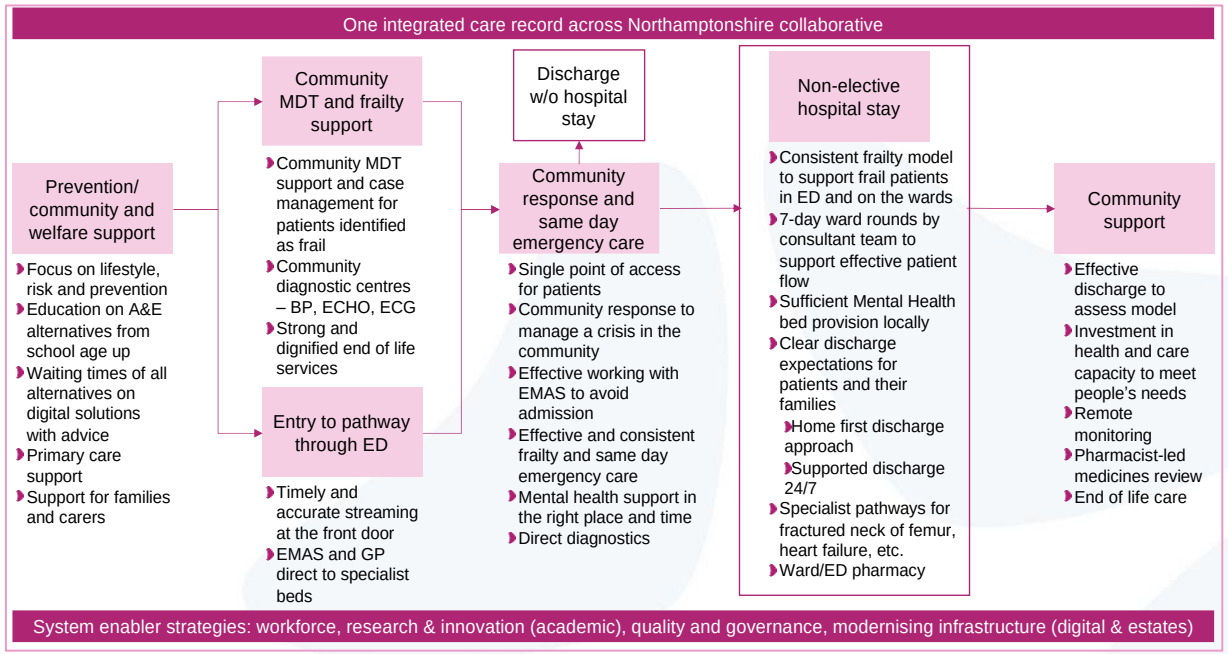
As we develop further models of integrated care across Northamptonshire with our system partners, we will **support people to choose well**, ensuring no one is in hospital without a need to be there, **ensure people can stay well**, and **ensure people can live well**, by staying at home if that is right for them.

Our emergency departments will be the **departments of choice** for staff across the East Midlands. We will embed **continuous development and learning** for staff, with **a diversity of skilled roles** all working together in a **single team**. Our vacancy rates will be low and we will excel in our staff and GMC surveys.

As an emergency and integrated care service, we commit to…

- ✓ Develop pathways in partnership with the GP out of hours service, community teams and NHS 111 to direct patients who need emergency care to the right team, first time
- ✓ Work in partnership with our Northamptonshire Health and Care Partnership colleagues to provide seamless care for our most frail patients
- ✓ Expansion of Urgent Treatment Centres for minor injuries and illnesses,
- ✓ No avoidable harm in emergency care, and no site specific variation in emergency care.
- ✓ Outstanding CQC rating at both departments
- ✓ No patients waiting over 12 hours in our emergency departments
- ✓ Embed the Home First principles and Discharge to Assess within the county
- ✓ Supporting people to access the right care in the right place, first time
- ✓ A single model for frailty across the county

Our proposed emergency pathway



We will build on our University Hospital status, becoming a hub for innovation and research, attracting high calibre talent

University Hospitals of Northamptonshire NHS Group

Our ambition is to build on our University Hospital status and create a culture of innovation across our Group. Our teams will be supported to expand clinical research so that we can offer our patients access to cutting edge treatments.

As set out in our *Group Academic Strategy*, we are committed to learning and developing our services so we can provide the best possible care for our patients.

We will be ambitious in our plans in order to attract and retain high calibre, motivated and innovative staff who are best placed to deliver excellent patient outcomes.

Whilst all our services will be supported to increase their research activity, we will strive to **significantly expand research in our two centres of excellence: cancer and cardiology**

We will ensure that staff who are involved in the Centres of Excellence have equal access to training and education, so that all patients and staff benefit from these centres. This for example will include staff in training rotating between the sites so that they have access to both general and specialist training opportunities.

Dedicated to excellence

Our clinical ambitions

Our Group vision

Work with health and care partners to prevent ill-health and reduce hospitalisation	Develop Centres of Excellence across all services, starting with cardiology and cancer
Ring-fence elective capacity to reduce waiting lists and variation between sites, and increase efficiency	Build on our University Hospital status to become a hub for training, research and innovation

To deliver our ambitions, we will work together more collaboratively, starting with our most fragile services

To deliver these ambitions, we will increasingly collaborate across the hospitals, starting with our most fragile services

University Hospitals of Northamptonshire NHS Group

We will strengthen our collaboration with wider partners

Due to national policy, some specialties already work in wider clinical networks on a regional basis. Pathology and radiology are examples. We will initially strengthen collaboration across the Group which will then lead to a stronger position within Regional networks and enable greater investment and opportunity from the networks into the county.

Many of our patients need to travel to Leicester, Coventry or other specialist centres for specialist treatments, but these vary depending on which hospital the consultant works at. We will work consistently as a Group to establish single pathways to these centres and improve the seamless journeys of our patients into these tertiary centres.

In some specialties, we will immediately go further and establish single teams, some of whom we propose will operate from a single site.

We will move faster to single leadership and teams in some services

This is because of a number of reasons including:

1. It is a fragile specialty which due to workforce constraints or low activity volume, is unsustainable in its current form
2. There is significant variation in quality across sites with opportunity to collectively improve care through working collaboratively
3. There is existing collaboration with proven benefits to patients which clinical teams wish to strengthen

Where in the best clinical interests of patients, services may be consolidated on a single site, and where clinically safe, they will be delivered as close to patient's homes as possible and away from acute hospital sites

There are different models of collaboration

Single team service
A single team operating across both sites

Networked service
Services on both sites adopting a single way of working and model of care

Single site service
A single team operating predominantly from one site

Over time, all services will move to single team

Dedicated to excellence

We know we could not make these changes as individual hospitals

University Hospitals of Northamptonshire NHS Group

We believe that working together will help us better overcome the challenges we face and unlock greater opportunities for improving patient care and staff experience.

We have the opportunity to **combine our expertise and experience to provide outstanding patient care** at the right place and in the right time.

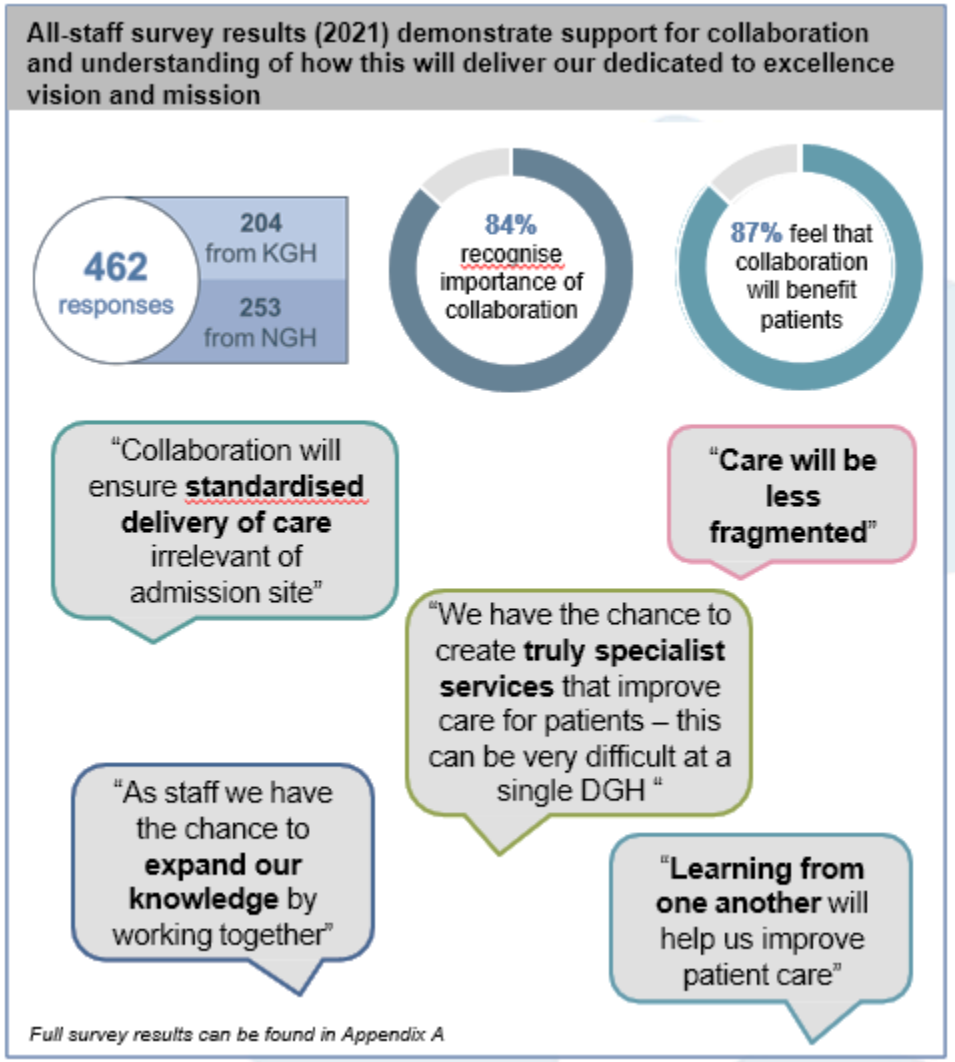
We are already a University Hospital Group and have the ambition to attract high calibre clinicians to join our teams delivering cutting edge clinical research and treatment for our patients. This will improve access to best practice care in Northamptonshire, and mean more patients can receive treatment in county, nearer to their homes.

Collaboration will reduce the current inequity in care and access to hospital services across Northamptonshire

We are committed to **working with our system partners** to transform care across our county with a focus on prevention and proactive services.

When people become ill we will ensure they can quickly access the care and support they need in **the right place at the right time**.

We will harness the **latest digital technologies** to deliver care in the most appropriate and convenient location for our patients.



Dedicated to excellence

We will ensure that people will be able to access services, with many services provided closer to home

We will provide services as close to home as possible. We will work with our partners to promote good health and to reduce the need for people to attend hospital. Where people do need health care, we will work to provide as many of our services as possible closer to home. For example, we already have plans to deliver virtual outpatient appointments and chemotherapy at home and diagnostics in community diagnostic hubs. Most people who do need to visit hospital will continue to access services where they are currently.

We may propose moving or consolidating some services where there are strong clinical quality reasons for doing so. There are some part of this clinical strategy which propose moving or consolidating some more specialised services. These proposals for consolidation has been made by clinicians because of the evidence that this improves quality and outcomes for patients. This includes the proposals for the development of an elective care hub and proposals to consolidate cardiac surgery at a single site. Changes to the location of services will only be considered where**:**

- there is **a scare resource at one site** or another that leads to unreliable service provision for patients now or in the future
- there is **clinical evidence** that co-locating clinicians and services drives up patient care and outcomes
- co-locating services brings **significantly greater operational and financial efficiency** to be re-directed into improving services for patients

We have already committed to maintaining **full emergency departments and maternity services at both Kettering and Northampto**n hospitals, and the associated services required to deliver these effectively.

We will thoroughly assess the potential impact of any changes on access and travel, including any potential impact on inequalities and staff. Any possible impact on patients of moving services will be assessed by how the change:

- **improves care outcomes**, and service reliability for them
- **reduces health inequalities** and disease prevalence across Northamptonshire
- **affects travel times** as related to convenience and in ensuring **equitable access** to excellent services to all patients

Before moving any services, we will commission analysis to understand the potential impact of any changes on access to services, for example, for people (including staff) travelling by car or public transport or requirements for parking spaces. As part of this we will also look at the potential impact on deprived communities and people with protected characteristics such as the Black, Asian and Minority Ethnic (BAME) population and disabled people. People from inequality groups will benefit from the improvements in quality from consolidating services but we will make sure we understand any potential negative impacts such as on the cost of travelling by public transport or increased travel times. We will make sure that we engage with communities to fully understand any issues and develop a mitigation plan before we make changes.

Implementing our proposals will address the issues in our case for change

Case for change	*How our proposals address the case for change*
1. Meeting the needs of a growing and aging population	✓ Working closely with system partners to deliver seamless care particularly for patients with complex conditions ✓ Closer collaboration for frailty and older people's services
2. Strengthening fragile services	✓ Clinical integration will allow best practice to be shared across the Group ✓ Moving to single teams and/or single site working will allow us to use our staff and equipment as efficiently and effectively as possible ✓ Collaboration will combine the depth and breadth of our collective expertise allowing us to increase specialist service provision
3. Retaining and recruiting talent	✓ Establish the Group as an attractive place to work offering a broad career portfolio to our staff with increased clinical research opportunities and complex service provision ✓ Integrated teams will increase rota resilience and reduce workloads, reducing reliance on temporary staffing and improving staff wellbeing ✓ By working together, we will have the scale to explore and pilot new roles and workforce models
4. Implementing clinical best practice	✓ Develop Centres of Excellence across all our services over time, building on the excellence that already exists, developing our services to become nationally known for excellent outcomes and patient experience. ✓ Increase provision of ringfenced beds on both sites and, in the longer term, aim to establish a dedicated elective unit(s) separate from emergency care
5. Reducing avoidable admissions and length of stay	✓ Work closely with our health and care partners through iCAN, which is focused on improving outcomes for older people in Northamptonshire and reducing admissions and length of stay in hospital.
6. Reducing elective waiting lists	✓ Improving the quality of our services and increasing provision of specialist care will reduce patients being transferred out of area with corresponding length waiting times ✓ The Group will work to establish a community diagnostic hub which should reduce waiting times for diagnostics ✓ We will work collaboratively to protect our elective capacity, providing timely care, minimising infection rates and reducing length of stay in hospital
7. Improving our financial position	✓ Reducing vacancy rates and staff turnover will reduce expenditure on expensive agency staff ✓ Consolidation and single- team working will allow us to use our resources efficiently ✓ Implementing clinical best practice will reduce duplication and avoid waste

University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

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Enablers

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We know there are a number of enablers which are critical to delivery of the clinical strategy

University Hospitals of Northamptonshire NHS Group

Clinicians were asked to select the top three enablers that would be crucial for them to deliver the clinical ambitions. These discussions, in addition to the all-staff survey results, were used to create a heat map.

Whilst all six of the enablers were deemed critical, it was felt that organisational development and communication, digital and integrated workforce were the three highest priority ones.

All-staff survey results 2021
The top 3 themes from the qualitative feedback (in order of prevalence) were:

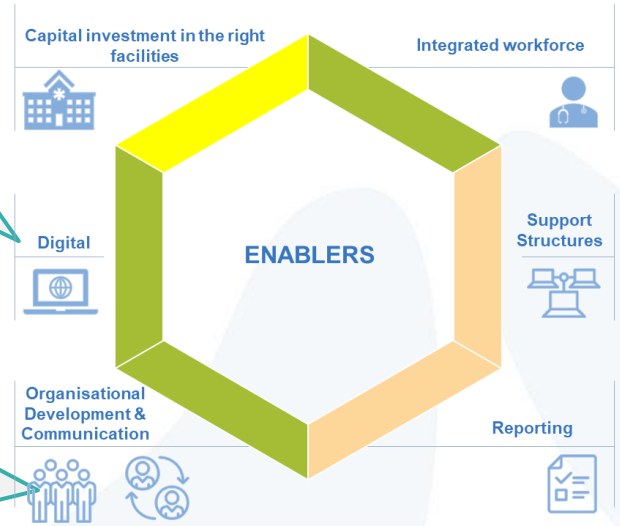
1. **Culture** – need to remove the 'us vs them' mentality
2. **Communication about the change** – need regular honest communications to overcome fear of change
3. **Digital** – need shared systems to allow easy communication and seamless patient care

Dedicated to excellence

We have done an initial assessment of the potential financial impact of our proposals, which is shown in Appendix A

Integrated digital systems were consistently seen as a key enabler by clinicians along with the structures to allow integrated teams across sites

Culture and communication were perceived by survey respondents as the biggest barriers to collaboration



Top three priority enablers as voted for by clinicians (workshops 2021)

Enablers	Diagnostics	Cancer	Women & Children's	Elective	Emergency
Capital investment in the right facilities	3		3	2	
Digital	1	2	2	1	1
Organisational Development and communications	2	3	2	2	2
Integrated workforce		1	1	1	2
Support structures			3		3
Reporting					

Our clinical strategy will be supported by changes in digital, workforce, research and education and estates

University Hospitals of Northamptonshire NHS Group

Capital investment in the right facilities

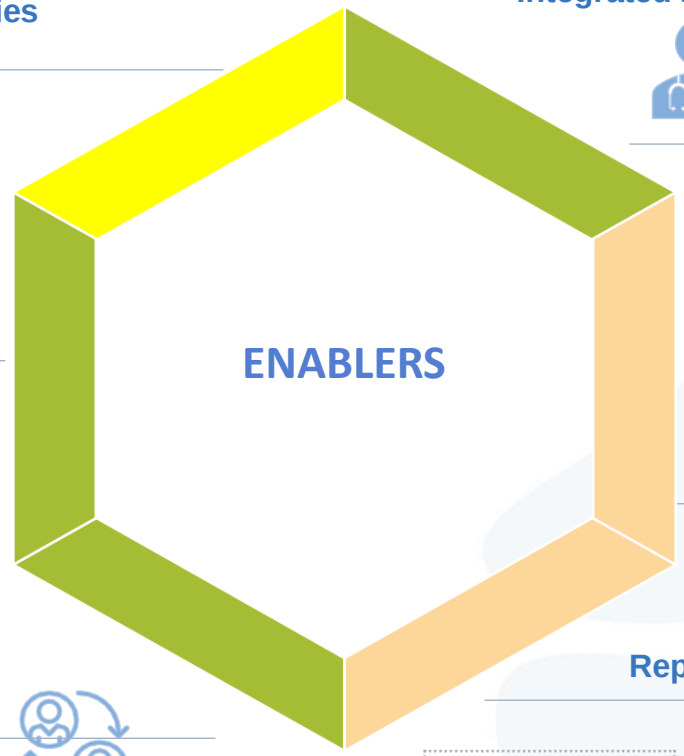
- We need the right facilities to accommodate **consolidation of services** (clinical and back office)
- We need to address our **critical infrastructure risks** to provide a fit-for-purpose care setting
- We need to expand our **community facilities** to deliver care outside the acute setting, where appropriate

Digital

- We need robust **data sharing** to allow easy comparison of care across the system
- At a system level we need a **shared care record** and **integrated care systems** so our staff and patients can move seamlessly between sites
- We need integrated digital systems to enable collaboration e.g. joint MS Teams, joint address books
- We need to ensure we have a system- wide **culture of clinical collaboration**

Organisational Development & Communication

- We need to provide **change management support** to our teams
- We need to continue **engaging with our staff and patients** throughout implementation of the strategy
- We need comprehensive leadership development programme to grow a pipeline of group and system leaders
- We need to market our Group to raise our organisational profile



Integrated workforce

- We need **structures and policies** in place that enable cross-site working
- We need to deliver **shared training** and development opportunities, bringing in system partners where appropriate
- We need to begin **shared workforce planning** to ensure we have the capacity to deliver our group ambitions
- We need to carry out a Group **skill-mix review** –esp. opportunities for new Group roles or system-wide roles

Support Structures

- We need shared **clinical governance** to oversee implementation of clinical integration
- Over time we need to **integrate our back office** structures and systems (HR, IT, Finance)

Reporting

- We need a shared **reporting process and metrics** to allow like for like comparison and to highlight future collaboration opportunities
- We need to establish a **shared quality improvement process** to tackle unwarranted variation

Heat Map Key
High priority
Medium priority
Lower priority

Dedicated to excellence

We have a robust digital plan in place that we will accelerate where possible

University Hospitals of Northamptonshire NHS Group

We aspire to be the most Digital Hospital Group in England by July 2023. Of particular relevance to the Clinical Strategy are our commitments to:

- Have a **Group Electronic Patient Record** so that our two hospitals can share the same record, viewable from any location on any device
- Implement **single sign-on** across all sites for our staff
- **Implement the Northamptonshire Care Record** (NCR), fully supporting the digital strategy for the Northamptonshire Integrated Care System (ICS)
- Work together and with partners to **enable digital care for patients** across the Northamptonshire Health Economy in a joined-up and integrated care system
- **Hold virtual appointments** for our patients where safe and appropriate.
- **Virtually monitor our patients' condition**
- **Join our records up** so our patients have access to their records across the health system
- Develop **dashboards that are intuitive and staff can use** to revolutionise decision- making
- Develop **universal NHS.net and Office 365 accounts** across all sites for our staff

Dedicated to excellence

We have a robust Group People Plan in place to support the development of our workforce

University Hospitals of Northamptonshire NHS Group

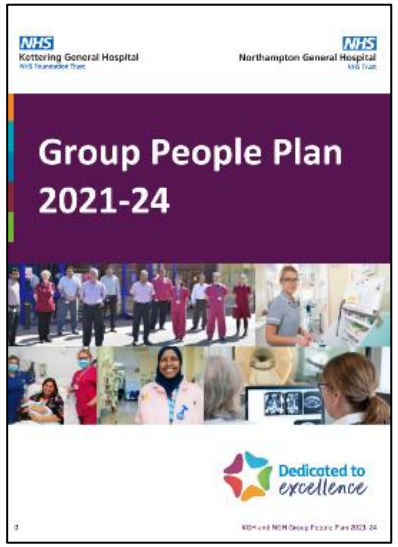
A focus on people as a core priority across the Group will ensure that we feel empowered and supported working within both Trusts. This will allow us to not only continue to provide excellent patient care, but also to ensure that we can provide an excellent experience for ourselves and our colleagues as an outstanding employer and create an inclusive place to work.

We will continue to improve our support for colleague health and wellbeing and ensure that people working within the Group feel supported and valued regardless of their background or circumstances.

We aim to empower people to voice suggestions and make improvements in how we deliver care together, ensuring our patients and service users receive the care they would wish to receive.

We will build compassionate leadership at all levels and ensure that leaders and managers are supported to lead, engage and develop their teams, in line with the staff survey feedback we have received.

Collaborative working will require courage from all our staff including leaders, to bring together services in ways which will benefit our patients, This will require new Group roles, starting with Clinical Directors, who will be supported in developing joint ways of working across our sites.



Dedicated to excellence

Our People pledges

Health & Wellbeing	We will provide bespoke health and wellbeing spaces and access to health assessment and psychological support for all our people
People Planning	We will support people plans for our patient services with effective attraction and retention plans that support new roles, new ways of working and career pathways.
People Partnering	To consider how we work with one another, reflecting, learning and ensuring feedback is heard and actioned, leading to a reduction in formal employee relations management
People Development	We will support colleagues to build a career providing opportunity for people joining us from any level and background to progress
People Processes	Colleagues will be able to access systems to enhance their work experience and flexibility, with training on either site recognised across the Group
Organisational Development & Inclusion	To bring our dedicated to excellence values to life, improving the way we work with each other, particularly focusing on empowerment and inclusion
Volunteering	We aspire to have the largest volunteer base within the Group across the NHS with volunteers that are representative of the population of Northamptonshire providing opportunities for our community.

We already have plans in place to recruit and retain a high quality and motivated workforce

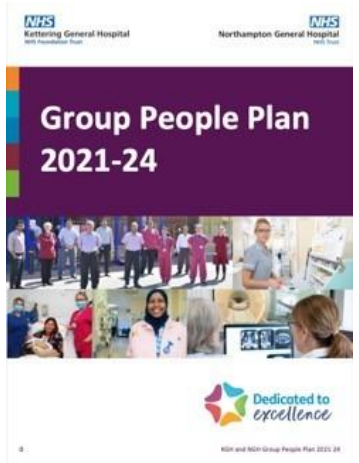
University Hospitals of Northamptonshire NHS Group

Our Group strategic priority

An inclusive place to work where people are empowered to make a difference

Our ambition

Seeing an improvement in the feedback we receive from our colleagues, leading to being in the top 20% of acute Trusts with the national NHS staff survey

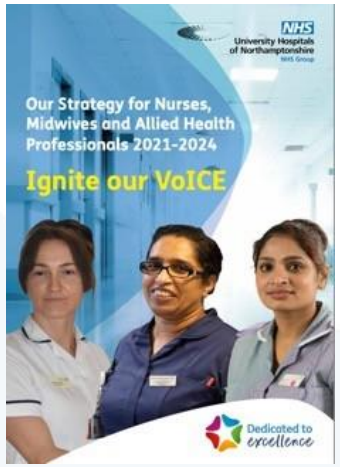


Commitments

- Dedicated car parking and travel plan reviews across both sites
- Access to psychological support internally and within the county
- Physical places on site to work out, rest and relax, with refreshments
- Staff inclusion networks, leading to change and support increasing diversity in senior roles and development opportunities
- Increased International Recruitment to support current vacancies
- Development programmes which are consistent and enhance your career
- A resolution of a contractual query within 48 hours
- Having the largest number of volunteers in the NHS supporting across varied roles
- A shared temporary staffing service with access to additional experiences
- Consistent policies across both Trusts

Dedicated to excellence

Ignite our Voice strategy



- Enhance staff development, diversity and inclusivity through our innovative Leadership programmes and fellowships
- Nurses, Midwives and AHPs will be supported to lead on research in clinical academic pathways
- Nurses, Midwives and AHPs have received training, coaching and support to lead Quality Improvement focussed on reducing harm and enhancing patient experience
- We will ensure all clinical areas will have progressed towards achieving the highest level of attainment in our respective accreditation programmes and develop a multi-professional approach

Staff also highlight culture and communication as important if we are to achieve collaboration at pace

University Hospitals of Northamptonshire NHS Group

Addressing our culture and ensuring we communicate regularly with our teams came out as key priorities to address from our all-staff survey

Key themes

- **Culture:** needing to remove the 'us vs them' mentality
- **Communication:** need for regular open communication with staff and patients

…we need to address the concerns of our staff through a comprehensive communications and change management process

All-staff survey results (2021) – culture and communication identified as the key barriers to collaboration currently

'An **us and them** culture'

'There's a **competitive edge** to collaboration'

'Staff working on the shop floor not being consulted – **we need to be part of the development**'

'Need to understand if this will lead to **job losses**'

'**Culture** – one hospital told it is not good enough, the other perceived as snooty and superior'

'We need to remove the '**we are better than you**' attitude'

'Need an **open dialogue**'

'This vision can only work with the **staff on board**'

'Staff are anxious about **travel times and job losses** – need more listening to Trust employees'

'**History of competition** between the two trusts – this is a chance to develop a partnership and feeling of togetherness'

"We currently have two separate identities – **needs to be one identity**"

Dedicated to excellence

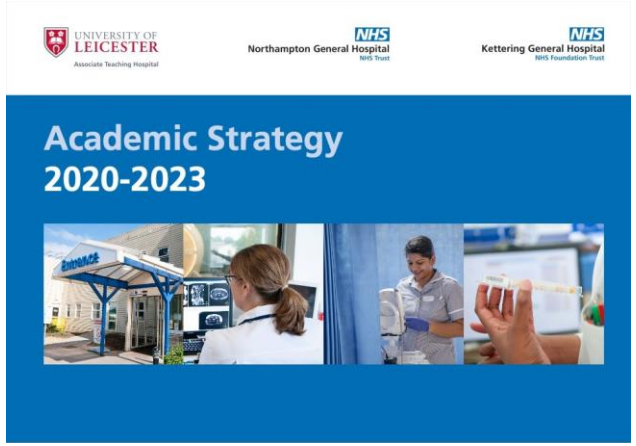
We have recently become an academic university hospital and want to build our academic and research reputation

University Hospitals of Northamptonshire NHS Group

Our ambition to achieve international recognition as an academic centre that promotes and delivers better health service and provision and health outcomes to our patients

The Academic Strategy sets out how we will:

- Attract, retain and develop the country's top talent. Putting our staff and patients at the heart of its development by improving the training and development we offer
- Enable us to work more effectively with our health and care partners to collectively improve access, quality and consistency across local patient pathways and services
- Establish robust estates and digital infrastructure to support innovative clinical education and research
- Foster a culture of inclusivity and learning, with strong leadership championing the strategy
- Increase the number of patients included in clinical trials and success of funding from research networks, grant giving bodies and commercial sources



We are already creating new academic posts, including Associate Professorships and plan to develop more. Our vision for the Academic Strategy is to **improve patient care through excellence in education and research.** We will achieve our vision by delivering the following eight objectives:

- Partnering with University of Leicester to become a University Teaching Hospital Group
- Foster a culture of learning, research and innovation with strong leadership championing the strategy
- Provide a multi-professional clinical academic programme and improved training and development offer for staff
- Increase opportunities and resources for innovation and research to be incorporated at the core of our work and clinical practice
- Build academic, research and digital infrastructure to support and grow innovative clinical education and an increased research portfolio
- Increase success of research funding from research networks, grant giving bodies and commercial sources
- Develop closer alignment with all our University partners
- Develop and promote the academic brand

Dedicated to excellence

We also have an opportunity to re-build our hospitals to support the delivery of high-quality services

University Hospitals of Northamptonshire NHS Group

Our current estate

Both hospitals have an aging estate that does not provide the experience we would like for our patients or for our staff. Our clinical services are not able to always be co-located next to each other meaning staff and patients sometimes have to travel across our hospital sites. In some cases patients are cared for in cramped environments with limited natural light or privacy and dignity. For our staff, they often have to work in less efficient ways to treat patients effectively and keep patients safe.

Our Estates Strategy

We will need to find ways to improve the current estate we have, and a Group Estate Strategy will follow to deliver the Group clinical strategy:

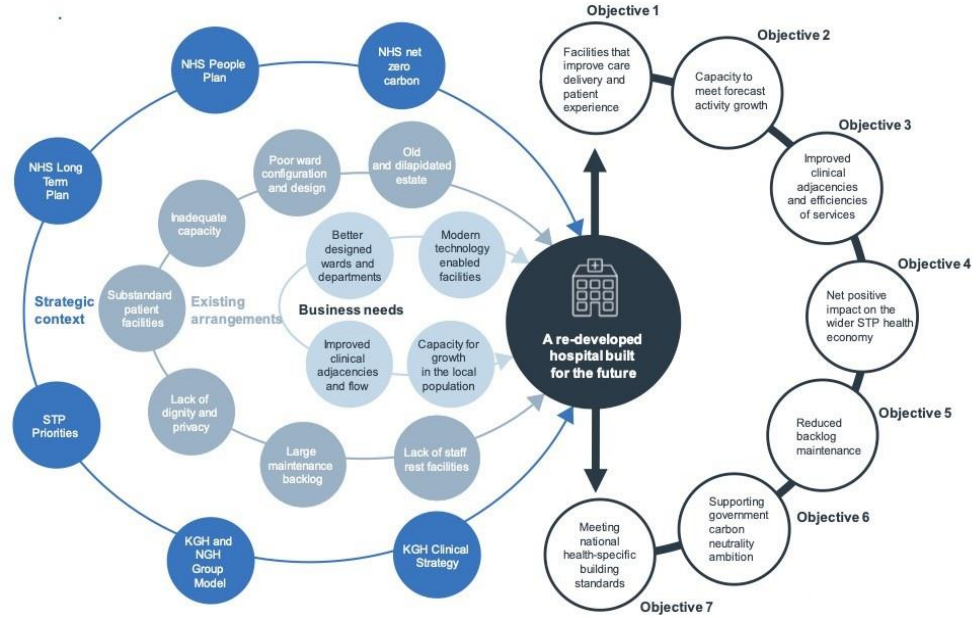
- **Kettering Hospital** submitted a Strategic Outline Case in January 2021 for a large re-build of the hospital incorporating a new ED and new wards, theatres, critical care and day services. This scheme is part of the national New Hospitals Programme and is on track to deliver by 2030.

- **Northampton General Hospital will** open a new state-of-the-art critical care unit by summer 2022 following earlier developments of a designated children's emergency department and new main entrance in 2021. We are preparing a full site development plan which will be informed by the clinical strategy and which will set the blueprint for future bids for funding on the site.

During 2022/23, we will set out the estate implications of this clinical strategy and develop a Group Estate Strategy to support delivery.

Dedicated to excellence

Our plans for KGH



Our new main entrance at Northampton Hospital

Bed and theatre capacity and demand

University Hospitals of Northamptonshire NHS Group

Bed capacity and demand

Independent modelling of capacity and demand demonstrated that the existing provision of adult inpatient beds on each site (488 KGH, 600 NGH) is less than the modelled baseline requirement (497 KGH, 615 NGH) to achieve a 92% occupancy rate, meaning there is a current shortfall of 10-15 beds on each site.

Demographic pressure of around 2% per year is forecast based on population projections, equivalent to 10-15 adult inpatient beds per hospital per year or 400 beds by 2037/38.

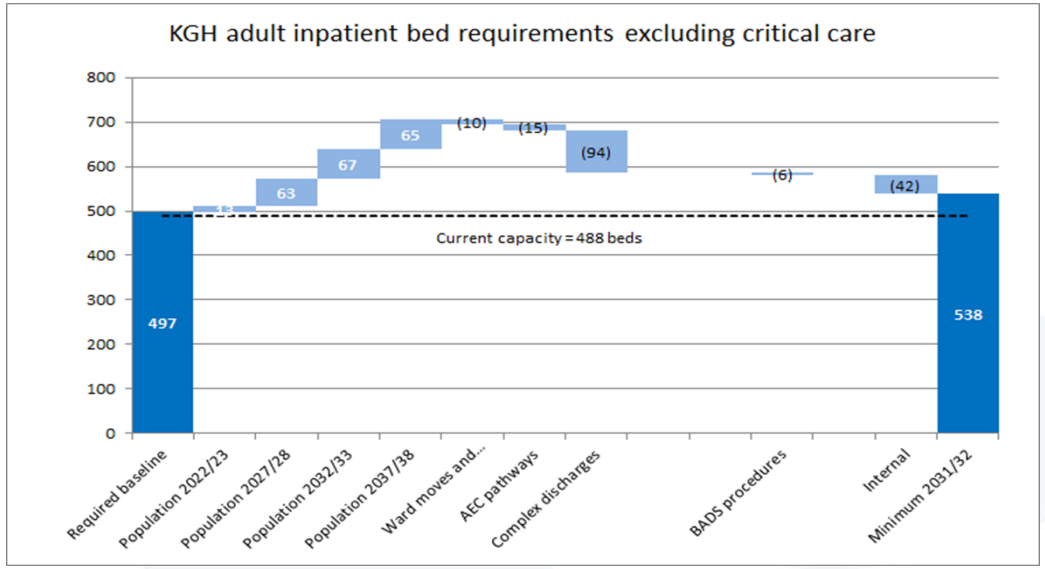
We will address through hospital and system wide opportunities to reduce the time our patients spend in hospital.

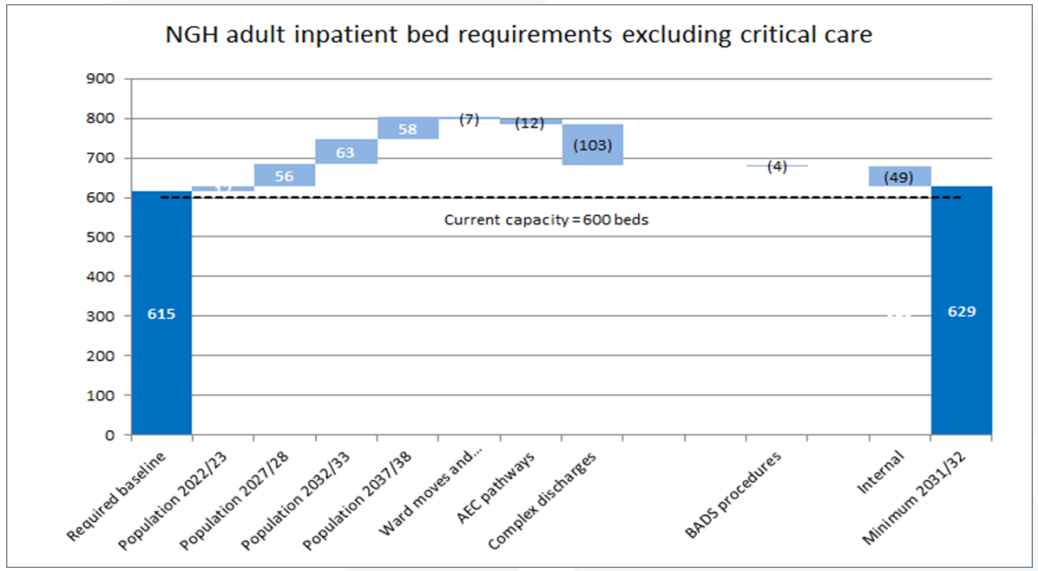
In hospital opportunities include:

- 27 beds relating to ambulatory emergency care pathways
- 10 beds relating to elective surgery
- 12 beds as a result of reconfiguring the existing acute bed base
- Benchmarking Length of Stay between NGH and KGH (meet the best of either site) would release 150 beds

System wide opportunities include:

- 45 beds relating to mental health needs
- 12 beds relating to end of life care needs
- 22 beds relating to delayed care home transfer
- 54 beds relating to other frail/elderly need





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Bed and theatre capacity and demand

University Hospitals of Northamptonshire NHS Group

Theatre capacity and demand

There are currently 14 operating theatres at KGH and 16 at NGH, including emergency and trauma, excluding obstetrics.

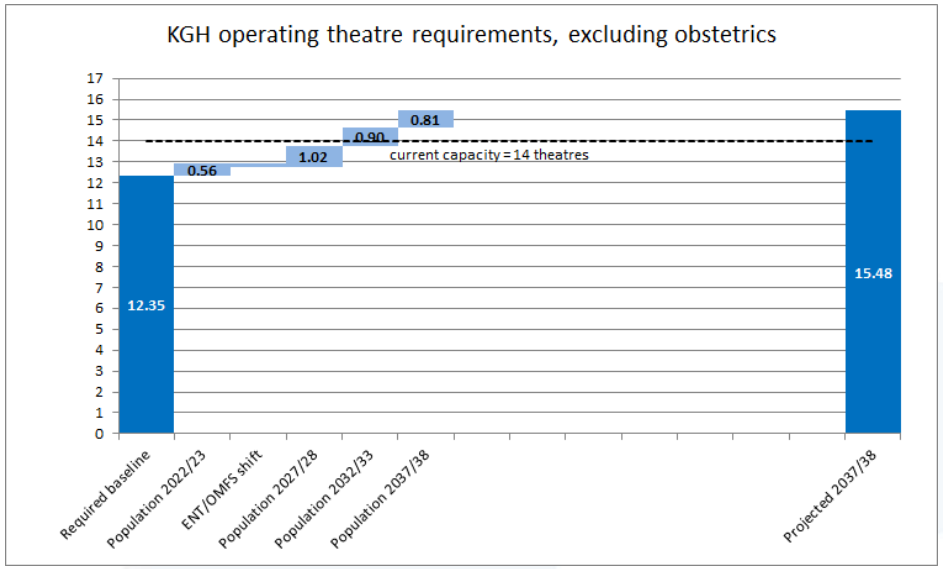
The modelled requirement to accommodate 2022/23 recurrent demand is 12.74 theatres at KGH and 14.41 at NGH.

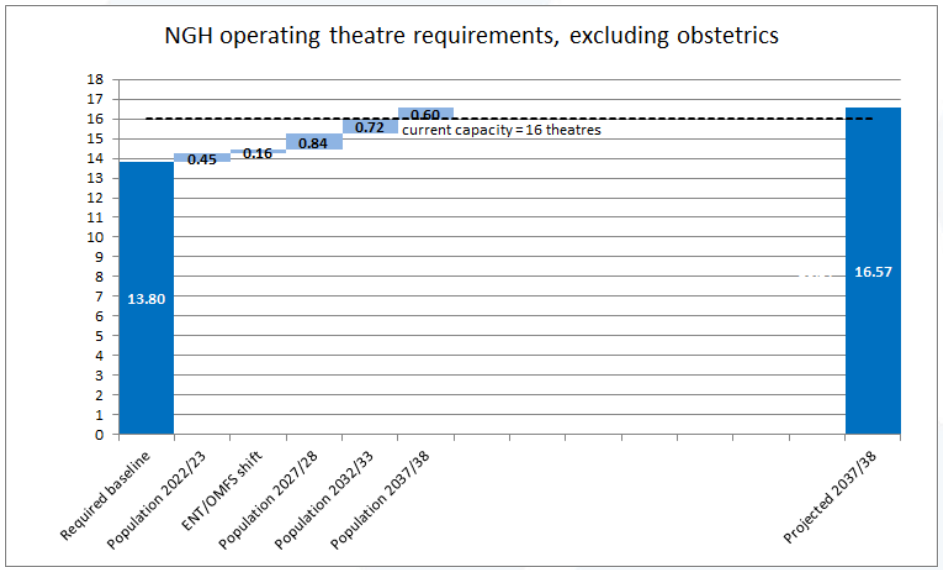
Over the 15-year planning horizon there is a modelled requirement for 2 emergency theatres and 1.5 trauma theatres on each site. The requirement for planned surgery is:

- 119 half-day sessions per week at KGH
- 133 half-day sessions per week at NGH

which assuming 5 days x 2 sessions for planned surgery would require 16 theatres in total at KGH and 17 at NGH.

Extended operating days and/or core weekend sessions would reduce the theatre requirement.





Dedicated to excellence

The Group Transformation and Quality Improvement team will drive forward these strategic priorities

University Hospitals of Northamptonshire NHS Group

Executive leadership of Group priorities and Strategic Initiatives
- Large strategic programmes aligned to Group vision, mission, values and priorities
- Executive-led change and championing transformation and quality and service improvement

Transformation delivery
- Identification of root causes and design of programmes
- Supporting delivery of change, transformation and quality improvements
- Delivery of Group priority programmes
- Delivery of Strategic Initiatives (where identified by execs)
- Supporting divisions to deliver quality and service improvement

Centre Dedicated to Excellence
- Empowering, supporting, and building capability and confidence for front-line staff to deliver continuous and quality improvement

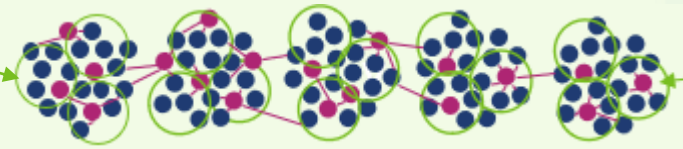
Key annual improvement priorities identified through Integrated Business planning, supporting quality and service improvement

3-4 large-scale change programmes running simultaneously, focused on the Group priorities

Divisional Transformation business partners supporting the delivery of quality and service improvement

Larger projects identified by front-line staff supported by transformation delivery

Excellence coaches supporting 4-5 teams



Change networks facilitating shared learning and spreading innovation

All staffed trained in improvement and change techniques

Centre Dedicated to Excellence training academy

Strategic Portfolio Office
- Tracking overall delivery of the portfolio and the impact on key metrics, including quality metrics
- Managing the Group portfolio aligned to the Group strategy and the Group priorities, with flexibility to change as necessary
- Ensuring programmes strive to improve quality and experience of care
- Providing expertise and targeted support to programmes where needed, accelerating delivery
- Managing the impact of change and celebrating successes

Dedicated to excellence

Our clinical strategy aligns and supports our environmental and sustainability ambitions

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The Lancet[1] reported that climate change was the biggest threat and the biggest opportunity for human health of the 21st century – threatening to undo 50 years of positive public health achievements. Our clinical strategy aims to deliver safe care now and for the future by taking an environmentally responsible approach to the delivery of patient care. As a Group, we will achieve net zero carbon by 2040. Whilst there are general measures we will take across the Group to tackle the climate crisis, there are some specific actions related to direct patient care we will take as part of this strategy:

- Reduce the impact of patient and staff travel to sites through increased use of one stop clinics and virtual (video) appointments and “my Pre-Op” before elective procedures
- Provide environmental information to clinicians who prescribe inhalers and Entonox
- Adopt a net zero approach to any development of new or major refurbishment of buildings
- Reduce reliance on single use plastic, nitrous oxide and desflurane
- Reduce waste of high environmental impact medicines
- Expand digital record keeping to reduce paper use and travel, while improving continuity of care for our patients
- As part of our university hospital status, act as a test bed for sustainable care solutions from Academic Health Science Networks (AHSNs) and the universities

Source: Lancet countdown report, October 2021

Dedicated to excellence

University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

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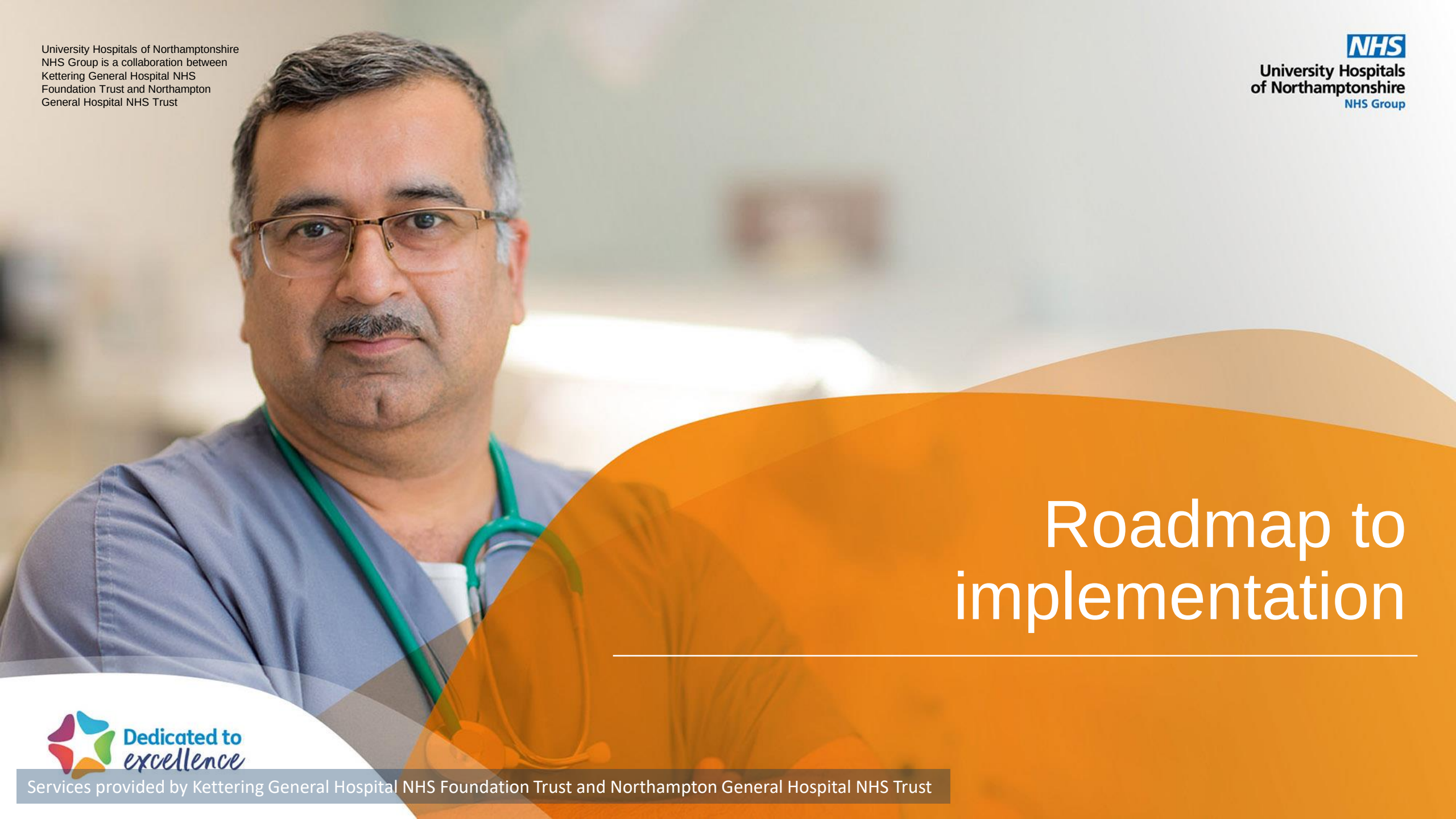


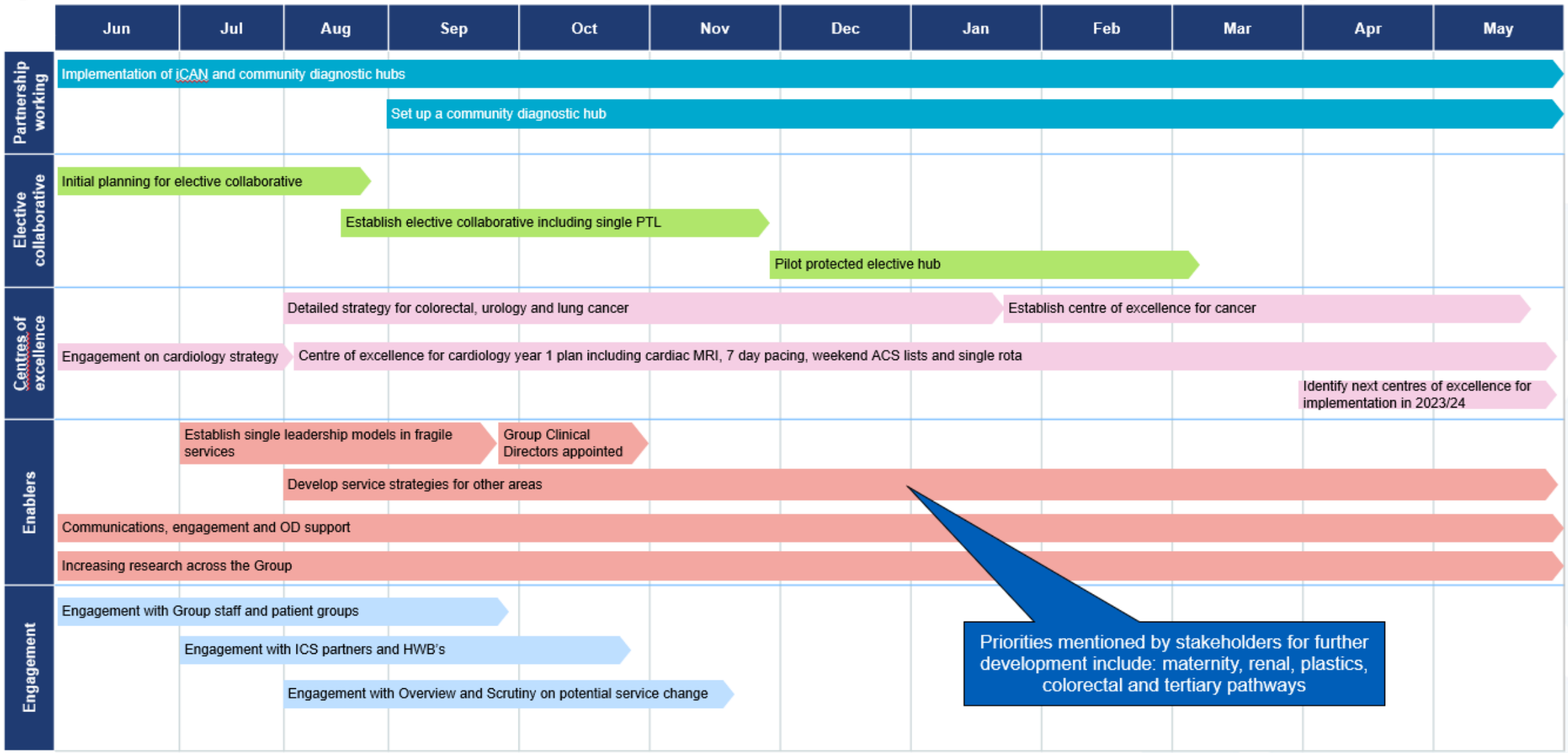
Roadmap to implementation

Dedicated to excellence

Services provided by Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

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

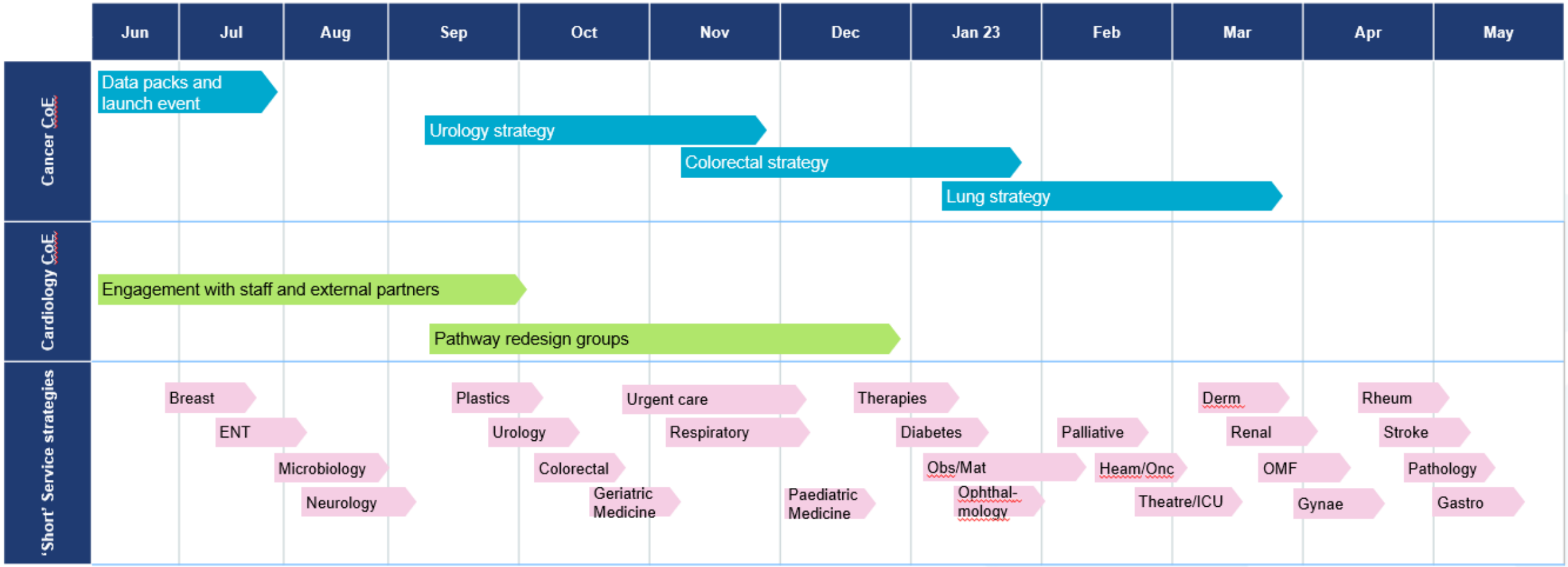
University Hospitals of Northamptonshire NHS Group



A priority is to develop supporting clinical service strategies

University Hospitals of Northamptonshire NHS Group

Throughout 22/23, as we work with staff and patients to develop the next level of detail on our Centres of Excellence and Fragile Services, and we roll-out high level service strategies for all our services, we will develop a detailed roadmap of the work required over the next 3-5years. This will ensure we can align the strategies with the enabling works in particular of what the estate plans need to look like to support implementation.



Dedicated to excellence

Over the next few months, we will develop a more detailed service strategy for each clinical service

Section:	Content:
SWOT analysis	• A few key bullet points of the strengths, weaknesses, opportunities, and threats to the service
Vision	• High level statement stating the aims of the service with supporting Target Operating Model
Aims	• Point by point statement of the outcomes required to deliver the vision
Objectives	• Year by year objectives to deliver the strategic aims • Key measurables for each stage • Enablers to deliver the strategy
Interdependencies	• Support required from other services including clinical and non-clinical e.g. digital, workforce, OD, transformation

We have developed a robust governance structure to support delivery of the strategy

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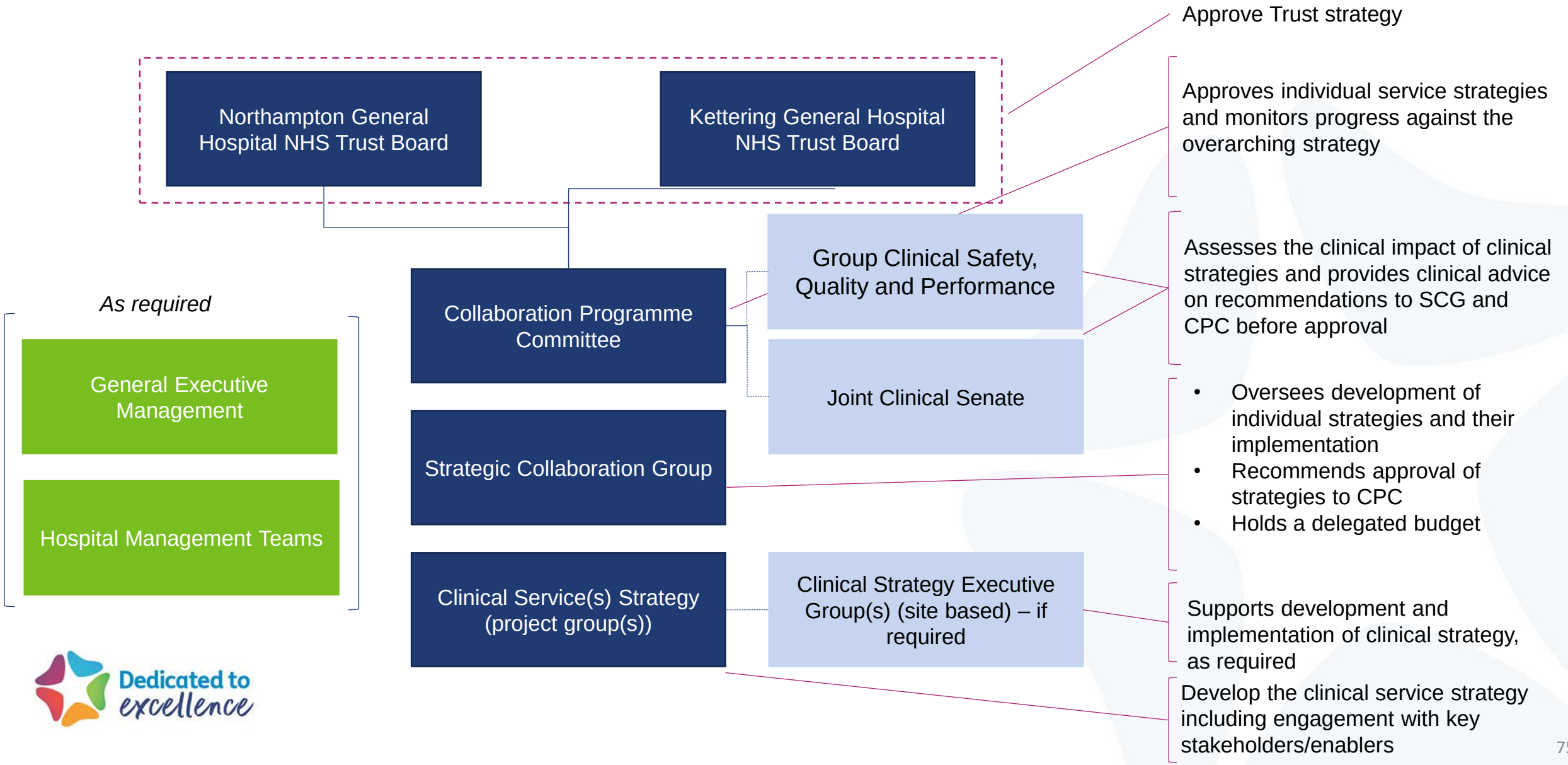

Dedicated to excellence

We have identified resources to support delivery of the clinical strategy

University Hospitals of Northamptonshire NHS Group

- Collaboration strategy development and implementation requires support to the clinicians and operational teams.
- The early adopters highlighted the need for organisational development, transformation, strategy, finance, workforce and project management alongside communications, patient engagement and analytical support
- Collaboration cannot be an add on to current operational and clinical roles.
- No additional resources are required within people, finance and digital as they have recently been restructured to support delivery of their strategies. Operational teams will be involved in the development of the strategies and responsible for implementation.
- Around 25-30% of teams will require support to fully develop their strategies which equates to 2 WTE organisational development (OD) leads dedicated to the process in 2022/23.
- We have already started delivering a specific training programme for our clinical leads, as they will require additional and specific leadership skills to bring teams together, agree and develop strategies and implement change. Clinical teams will also need project support and protected clinical time to develop the service strategies.
- We have also agreed to invest in the following implementation 0.5 WTE project resource for each service in 2022/23 to support development of the service strategies.

Dedicated to excellence

We have identified priority programme risks and mitigations in delivering this clinical strategy

Type	Risk	Mitigation
Strategic	Delays to strategy development and implementation due to requirements for additional OD	OD and training plan in place. On-going support to GCDs as required
Strategic	Capital funding to support proposals not available/unaffordable	Initial financial review undertaken. More detailed finance modelling in 2022/23
Strategic	Delays in implementing other Group strategies (e.g. People Plan, Digital Strategy) impact on dependencies in the clinical strategy	Dependencies have been mapped. On-going liaison to understand impact of any delays
Operational	Patient confusion around location of services during implementation of strategy	Communications and engagement plan developed
Operational	Difficulties in recruiting and retaining staff whilst strategy is being developed and implemented	On-going staff engagement. Move to Group contracts
Programme	Operational pressures mean that clinical staff are unable to engage in the programme	Additional resources identified and protected clinical time
Programme	Requirements for consultation result in implementation delays	Early engagement with Health Overview and Scrutiny
Programme	Lack of resources to support service delivery and/or implementation	Additional resources agreed

University Hospitals of Northamptonshire NHS Group is a collaboration between Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

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Next Steps

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Services provided by Kettering General Hospital NHS Foundation Trust and Northampton General Hospital NHS Trust

Our plans for communicating and implementing the strategy

University Hospitals of Northamptonshire NHS Group

Strategy approval
May 2022

- Clinical strategy developed
- Detailed implementation planning and prioritisation
- Clinical strategy and implementation plan published in May 2022

Engagement and communication
May 2022 – Jul 2022

Key audiences for communication:

- Staff
- Patients, carers and public
- Northamptonshire Health and Care Partners
- Health overview and scrutiny committees
- Politicians (local and national)

Implementation
Jun 2022 – Feb 2023

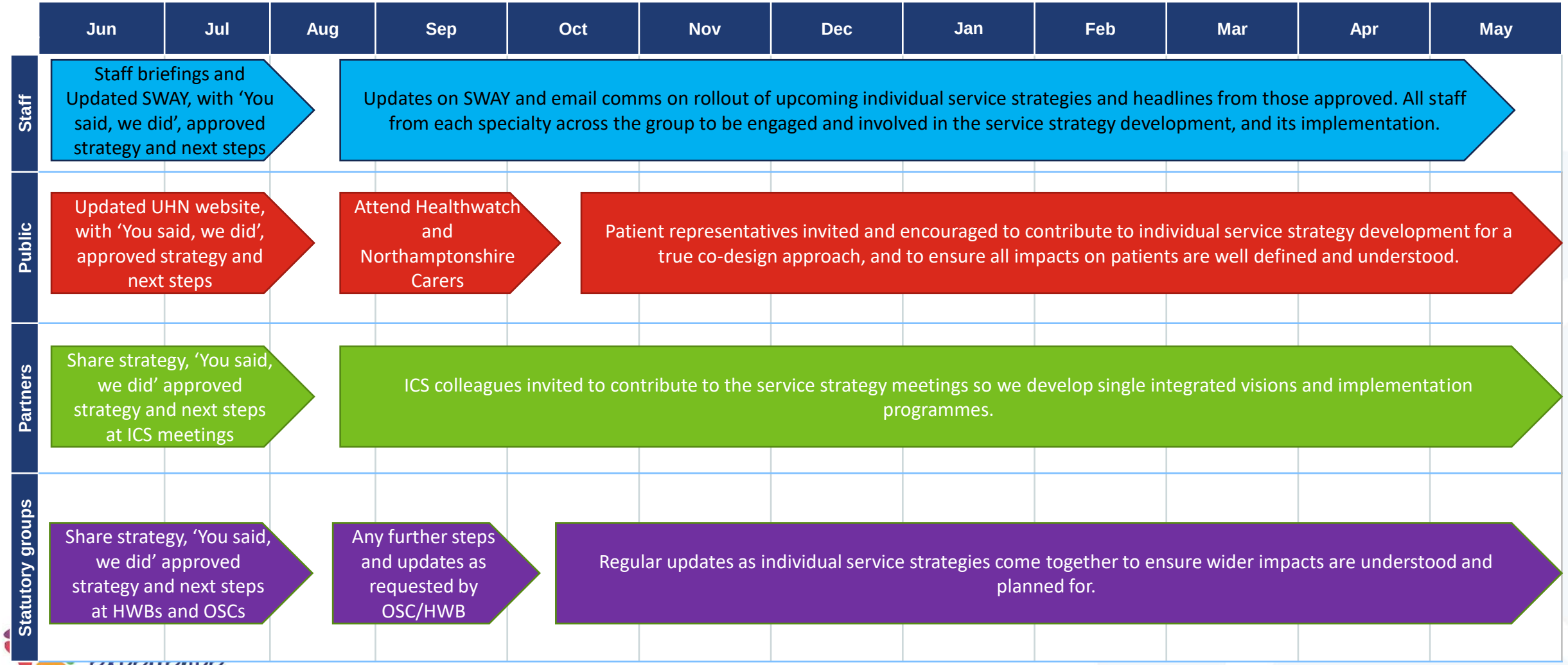
- Detailed supporting service strategies developed
- Implementation of the strategy overseen by the Strategic Collaboration Group
- Group Clinical Directors appointed
- Collaboration programme with transformation, OD and programme support

Dedicated to excellence

Engagement Next steps

University Hospitals of Northamptonshire NHS Group

As we move forward in further developing the detail around the priority ambitions we have set out in this document, and in working with wider specialties in developing their future operating models, 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.



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Centre of Excellence: Cancer

Dedicated to excellence

Cancer services are currently provided on both sites, with several specialist services provided outside of county

University Hospitals of Northamptonshire NHS Group

Cancer care is currently provided at both hospital sites, with some specialist services on a single site

Cancer Services @ KGH

- Diagnostics
- Oncology (medical)
- Haematology (malignant and non-malignant)
- Chemotherapy (NGH-based oncologists)
- Immunotherapy
- Systemic Anti Cancer Treatments (SACT)
- Supportive treatment e.g. blood transfusions
- Breast screening
- Surgical cancer treatment
- Total Lung Health checks
- Bowel cancer screening unit

KGH currently provide the Bowel Cancer Screening Service for Leicestershire, Northamptonshire and Rutland area

Cancer Services @ NGH

- Diagnostics
- Oncology (medical)
- Haematology (malignant and non-malignant)
- Chemotherapy
- Immunotherapy
- Systemic Anti Cancer Treatments (SACT)
- Supportive treatment e.g. blood transfusions
- Breast screening
- Surgical cancer treatment (inc. all head and neck)
- Direct emergency admissions for patients undergoing chemo treatment

NGH provides radiotherapy, chemotherapy and brachytherapy for KGH, NGH and MKUH

- Northamptonshire Breast Service working across KGH and NGH with a single rota and pooled clinical capacity to deliver one stop clinics
- Surgery is provided by two completely separate teams, chemotherapy is a single team working across two sites
- Some specialist services provided at Leicester (pelvic, lung, upper GI), Oxford (brain), Nottingham (sarcoma)

Dedicated to excellence

Local and national strategies set the strategic context for our proposals for cancer services

University Hospitals of Northamptonshire NHS Group

There are several national, regional and local strategies and guidelines that have been considered as part of the joint clinical strategy design. The below provides a summary of the key recommendations

NATIONAL

- **NHS Long Term Plan:** sets the ambition that by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around 50% to 75% of cancer patients. The NHS will also continue pioneering precision medicine such as CAR-T cancer therapies.
- **Health and Care white paper:** supports greater integration across local health and care organisations through the establishment of integrated care systems
- **Diagnostics: Recovery and Renewal 2020:** recommends implementation of rapid diagnostic centres (RDCs) to offer a single point of access to a diagnostic pathway for all patients with symptoms that could indicate cancer.

GROUP/ REGIONAL

- **East Midlands Cancer Alliance:** evidence suggests access to and provision of robotic surgery provides a number of benefits and can offer safer surgical procedure and smooth recovery for patients. Supporting partners to scope demand and benefits for robotic surgery across the region.
- **Group Nursing, Midwifery, Allied Health Professional Strategy 21-24**: ambition to become the first group hospital accredited as Pathway to Excellence – a positive practice environment that allows nurses to flourish because of job satisfaction, professional growth, development, respect and appreciation.
- **Group Digital Strategy**: ambition to implement a shared electronic patient record, ambition to enable staff to virtually monitor patient's and deliver care through virtual appointments where safe and appropriate
- **Group Academic Strategy:** ambition to achieve international recognition as an academic centre that promotes and delivers better health service and provision and health outcomes to our patients

LOCAL

- **The KGH Clinical Strategy 2020**: against a background of great performance historically, KGH are delivering against more stringent cancer targets. Strategy to address these includes a delivery plan for radiology services and overall increase in hospital capacity.
- **The NGH Strategy 2019-24**: acknowledges the challenges with meeting national cancer targets and sets the ambition to deliver high quality and timely cancer pathways. NGH want to deliver cutting edge cancer care by introducing robotic surgical techniques for cancer surgery and improving patient experience with the build of Maggie's centre.

Dedicated to excellence

Our case for change shows that there are several issues that we must address

University Hospitals of Northamptonshire NHS Group

As well as responding to the recommendations of key strategies, there are several other drivers for change that services are facing. These are addressed within our proposals for cancer services.

There is growing demand for services

- Northamptonshire population is projected to increase by 14% 2018-2038. In 20-64 year olds there is projected to be a 7% increase, in the 65yrs+ there is projected to be a 50% increase [1].

Patients are not always satisfied with our service

- National Cancer Survey 2020 – '*Overall how would you rate your care?' KGH was below the national average whereas NGH was average*.
- Patients are moved between teams and information is transferred, meaning care is not seamless

We can become a centre for academic excellence

- According to the National Cancer Survey 2018 – only 16% of patients at KGH and 20% of patients at NGH were invited to participate in cancer research following their diagnosis (national average is 30%)
- Increasing research trials across the group will help us to attract and retain staff.

Dedicated to excellence

We need to invest in new technology and ways of working

- Opportunity for the Group to improve care and patient outcomes by focusing on specialist areas e.g. robotic surgery
- Opportunity to improve patient experience by sharing best practice and adopting new models such as PIFU

Further integration with community partners should improve outcomes

- Need to provide timely accessible care for patients across the county (at home/ in community) which requires greater integration with system partners
- Integration could improve front of pathway e.g. diagnostics in community and back of pathway e.g. supported discharge and community monitoring

Delivery of emergency care has a continuing impact on planned care

- Need to consider the delivery of hot and cold sites, to ensure planned care can continue despite pressures on emergency care
- Operating as two teams restricts our opportunity to move patients between sites

We have difficulty recruiting and retaining staff

- High staffing vacancies for oncology and haematology & poor retention of staff
- Recruitment challenges for medical staff leading to poor levels of timely access to advice and treatment at KGH
- Challenge recruiting cancer nurse specialists [3]
- Challenges in junior doctor satisfaction and support and training

We have insufficient volume of activity in some services

- As individual hospitals, we have insufficient activity to deliver the most specialist services
- Lower throughput can have an impact on outcomes and staff retention

Sources: [1] ONS Population Projections 2018-2028 [2] KGH Clinical Strategy Jan 2020, [3] NGH Clinical Service Model Reviews 19/20 [4] National Cancer Survey Results by Trust

We have an ambition to develop a cancer Centre of Excellence for Northamptonshire

University Hospitals of Northamptonshire NHS Group

Our ambition for a cancer Centre of Excellence

The cancer Centre of Excellence will be an **integrated service** that the Group is known for nationally owing to **excellent outcomes and patient experience, complexity of caseload and extensive research output**.

The Centre of Excellence will **attract and retain leading experts**, offering **outstanding career and development opportunities** and providing a sustainable service that supports growth and innovation.

The Group will collaborate with system partners to explore new ways of working to increase the **accessibility of cancer care**

Dedicated to excellence

As a Cancer Centre of Excellence, we commit to…

- ✓ Achieving top 10%* nationally for a number of patient experience and outcome metrics, including Cancer patient experience survey results
- ✓ Ensuring every cancer patient has the opportunity to participate in a clinical trial where available and clinically appropriate
- ✓ Offering more Northamptonshire patients the chance to be seen and treated by our team if that is what they choose [repatriating some of the activity that is currently sent out of area]
- ✓ Delivery of constitutional standards: 28 day diagnostic standard, maximum 62 day wait to first treatment from urgent GP referral, maximum one-month wait from decision to treat to treatment.

The cancer Centre for Excellence will deliver our key principles for excellent care

University Hospitals of Northamptonshire NHS Group

- **Integrated, seamless care for patients:** so that people get the care they need when they need it without having to re-tell their story, supported by multi-disciplinary team working wherever possible
- **As close to home as possible:** so that people don't need to travel further than necessary to access services, saving the time and inconvenience
- **Delivered equitably across the county:** so that everyone has equal opportunity to access high quality services
- **Focus on prevention and early detection:** so that people don't become ill and don't progress to more severe illness
- **Supports research and innovation:** so that we can offer the latest treatments to improve health outcomes and contribute to the development of new treatments and technologies
- **Attract and retain high quality staff:** so that we can provide the highest quality service for patients
- **Deliver cutting edge treatment, as quickly as possible:** so that people don't need to wait long for treatment, reducing worry and improving health outcomes
- **Fit for purpose facilities and estate:** so that services can be delivered as efficiently as possible with improved quality in areas such as infection control
- **Best use of available resources:** so that we can provide the best service we can with the resources that we have

Dedicated to excellence

To deliver the cancer Centre of Excellence, we will pursue four themes, underpinned by three enablers

University Hospitals of Northamptonshire NHS Group

Themes

Research and innovation	Treatment and care	Modernising infrastructure	Sustainability
◗ Access to clinical trials ◗ Preventing cancers ◗ Detecting cancers ◗ Pathways ◗ Digital	◗ Integrated care models ◗ Risk stratified pathways ◗ Collective expertise ◗ Repatriation of activity ◗ Use of genomics to improve diagnostics and treatment plans	◗ Redevelopment ◗ Co-location ◗ Investing in clinical capacity/ green sites ◗ Diagnostics ◗ Genomic medicine ◗ Information ◗ Digital technology	◗ Operational flexibility ◗ Stage migration ◗ Prevention/ screening/ cessation

Enablers

Workforce: education and training, expert workforce for future, new roles and technology, recruitment

Quality and governance: patient safety and experience, regulation, safety innovation, system leadership

Efficiency and transformation: early risk assessment, enhance referral communication, enhance triage

Dedicated to excellence

These themes will improve care along the whole cancer pathway over the next 3-5 years

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One integrated advanced diagnostics service: radiology and pathology

Prevention/ early intervention

- Focus on lifestyle, risk, etc
- GP education and training (in-reach)
- Screening

One-stop diagnostics

- Community Diagnostic Centres
- Risk stratification
- Advanced healthcare practitioner-led
- Rapid turnaround of results

Discharge w/o hospital visit

Multi-disciplinary team

- One pool of patients
- One team across both sites
- Focus on getting patients into research/trials (if appropriate)

Surgical treatment

- "Prehabilitation"
- One team of surgeons
- Consolidation of some services onto a single site
- Cutting edge technology/ robotics
- Repatriation

Medical treatment

- Most interventions including chemotherapy in the community
- Specialist chemotherapy centralised on one site
- Radiotherapy at NGH

Community management

- Personalised care
- Remote monitoring
- Community-led
- Palliative care (if required)
- Survivorship

Group enabler strategies: workforce, research & innovation (academic), quality and governance, modernising infrastructure (digital & estates)

Dedicated to excellence

There are key enablers required to support the successful implementation of the cancer proposals over 3-5 years

University Hospitals of Northamptonshire NHS Group

Workforce

- Skills mix review
- Organisational/team development
- Single teams working together to deliver equitable access, reduce clinical variation and drive improved patient outcomes

Research and innovation (academic)

- New academic post in cancer
- Successful delivery of our new NIHR Biomedical Research Centre
- Establishing Cancer research board to develop academic, research and commercial collaborations.

Quality and governance

- Single system leadership
- Synchronised governance
- Agreed common pathways

Modernising infrastructure (estates & digital)

- Investment in technology/robotics
- Development of community diagnostic hubs
- Single patient record

Dedicated to excellence

Our proposals mean some changes to how and where we provide cancer services

University Hospitals of Northamptonshire NHS Group

Our proposals mean some changes to how and where we provide cancer services for local people in Northamptonshire over the next five years with the aim of improving clinical outcomes of treatment

Cancer Services @ KGH

- Diagnostics
- Oncology (medical)
- Haematology (malignant and non-malignant)
- Chemotherapy (NGH-based oncologists)
- Immunotherapy
- Systemic Anti Cancer Treatments (SACT)
- Supportive treatment e.g. blood transfusions
- Breast screening
- Total Lung Health checks
- Bowel cancer screening unit

KGH currently provide the Bowel Cancer Screening Service for Leicestershire, Northamptonshire, and Rutland area

Cancer Services @ NGH

- Diagnostics
- Oncology (medical)
- Haematology (malignant and non-malignant)
- Chemotherapy
- Immunotherapy
- Systemic Anti Cancer Treatments (SACT)
- Supportive treatment e.g. blood transfusions
- Breast screening
- Robotic cancer treatment
- Specialised cancer services
- Direct emergency admissions for patients undergoing chemo treatment

NGH provides radiotherapy, chemotherapy and brachytherapy for KGH, NGH and MKUH

- Single point of access for patients
- One clinical team for Northamptonshire operating across all sites.
- Outpatients, Diagnostics, Surgical operations and other treatments available on both sites and in communities where possible, with some consolidation of specialist surgical care on the NGH site where this improves patient care.
- Single integrated clinical leadership and management structure with one governance route with ability to make decisions on behalf of both organisations

Dedicated to excellence

Our proposals mean some changes to how and where we provide cancer services

University Hospitals of Northamptonshire NHS Group

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KGH currently provide the Bowel Cancer Screening Service for Leicestershire, Northamptonshire, and Rutland area

Cancer Services @ NGH

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- Oncology (medical)
- Haematology (malignant and non-malignant)
- Chemotherapy
- Immunotherapy
- Systemic Anti Cancer Treatments (SACT)
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- Single integrated clinical leadership and management structure with one governance route with ability to make decisions on behalf of both organisations

Dedicated to excellence

Clinical Strategy: Investment in a surgical robot

- We have introduced a minimally invasive Robotic Assisted Surgical (RAS) service for patients with cancer - the first RAS in the county
- Our patients were limited to open or laparoscopic surgery within their local area or travel outside the county, with longer waiting times
- This new treatment benefits hundreds of local patients and supports our ambition to be a centre of excellence for patients with cancer
- RAS benefits patients and the hospitals as it reduces length of stay, increases surgical dexterity and improves outcomes
- Access to these treatments locally enables equity of access for patients across Northamptonshire

In the first year, we will take some initial steps to deliver our proposals (1/3)

Area	Changes	How we will know we succeeded	Benefit

Focused development	• Focus on three priority tumour sites:
	  • Urology
	  • Lung
	  • Colorectal
		• Cancer service strategies for these three tumour sites	• Faster access to diagnostics resulting in better outcomes for patients

Multi-disciplinary teams	• Joint clinics (pool of patients) for all pathways	• Single PTL • Merged operations team • Similar waiting times for both sites	• Equity of access for patients • More efficient use of resources
Treatment (surgical):	• Consolidate breast surgery on one site • Consolidate head & neck surgery on one site • Commence mastalgia pathway to reduce pressure on breast cancer pathway	• All breast surgery coded to single site • All head and neck surgery coded to single site	• Improved outcomes as teams undertake a greater volume of procedures and more attractive to recruit
Treatment (medical):	• MDT delivery of chemotherapy (single team) • Pilot a community chemotherapy clinic	• Proportion of chemotherapy delivered outside of hospital in “green” site	• Sick patients do not have to travel to hospital for treatment • Reduced risk of infection

In the first year, we will take some initial steps to deliver our proposals (2/3)

Area	Changes	How we will know we succeeded	Benefit
Prevention/ early intervention	• Expansion of Total Lung Checks to whole county and therefore equal access	• Total Lung Checks rolled out across county	• Prevention of lung cancer
One-stop diagnostics	• One-stop diagnostic operational at one community diagnostic centre (CDC)	• Consistently meet faster diagnosis standards for all patients	• Faster access to diagnostics resulting in better outcomes for patients
Multi-disciplinary teams	• Joint clinics (pool of patients) for all pathways	• Single PTL • Merged operations team • Similar waiting times for both sites	• Equity of access for patients • More efficient use of resources
Treatment (surgical):	• Consolidate breast surgery on one site • Consolidate head & neck surgery on one site • Commence mastalgia pathway to reduce pressure on breast cancer pathway	• All breast surgery coded to single site • All head and neck surgery coded to single site	• Improved outcomes as teams undertake a greater volume of procedures and more attractive to recruit
Treatment (medical):	• MDT delivery of chemotherapy (single team) • Pilot a community chemotherapy clinic	• Proportion of chemotherapy delivered outside of hospital in “green” site	• Sick patients do not have to travel to hospital for treatment • Reduced risk of infection

In the first year, we will take some initial steps to deliver our proposals (3/3)

Area	Changes	How we will know we succeeded	Benefit
Workforce	◗ Undertake skills mix/roles review	◗ New roles for nurses/AHPs in place at both sites	◗ More attractive place for staff to work and therefore improved recruitment and retention
Research and innovation (academic)	◗ Cancer academic post in place ◗ Single research team and academic appointments for cancer	◗ At least 22% of patients at both sites to be invited to take part in cancer research	◗ More attractive place to work – improve recruitment and retention ◗ Support the development of new treatment and technologies ◗ Improve access to new treatment and technologies for patients
Quality and governance	◗ Align governance across both sites ◗ Develop an end of life strategy with system partners	◗ Merged overarching cancer board ◗ Joint harm reviews (with CCG) ◗ Single MDT leadership for an additional tumour site (gynae)	◗ Safer services from joint learning ◗ More joined up care for patients
Modernising infrastructure (estates and digital)	• Extend use of Robot Assisted Surgery (RAS)	• Robotic platform at NGH fully established with Group surgeons trained	◗ Robotic surgery available for local people in Northamptonshire

NHS
University Hospitals of Northamptonshire
NHS Group

Centre of Excellence: Cardiology

Dedicated to excellence

Cardiology services are currently provided on both sites, with PPCI and a coronary care unit at KGH

University Hospitals of Northamptonshire NHS Group

High quality cardiology services will be provided for everyone in Northamptonshire. Some services will be provided at both hospital sites, with some specialist services at Kettering General Hospital

Cardiology services @ KGH

- Acute cardiology
- Rapid access chest pain unit
- Cardiac rehabilitation services
- Coronary care unit
- Cardio-respiratory diagnostics
- Cardiovascular MRI
- Adult congenital heart disease (ACHD) clinics
- Kettering Cardiac Centre
  - Pre-assessment clinics
  - Outpatients and diagnostics
  - Planned procedures including percutaneous coronary intervention (PCI), implantable cardioverter-defibrillator (ICD) and permanent pacemakers (PPM)
  - 24 hour Primary Percutaneous Coronary Intervention (PPCI) emergency service (Northamptonshire and surrounding areas)

Services requiring co-location with acute cardiology

- *Emergency Department – mostly unselective*

Cardiology services @ NGH

- Acute cardiology
- Rapid access chest pain clinic
- Cardiac rehabilitation services
- Myocardial perfusion scintigraphy (MPS)
- Adult congenital heart disease (ACHD) clinics
- Northampton Heart Centre
  - Pre-assessment clinics
  - Outpatients and diagnostics
  - Planned procedures including percutaneous coronary intervention (PCI), implantable cardioverter-defibrillator (ICD) and permanent pacemakers (PPM)
- Cardiothoracic surgical clinic (visiting surgeons from Oxford)

Services requiring co-location with acute cardiology

- *Emergency Department – mostly unselective*
- *Vascular surgery*

Dedicated to excellence

Local and national strategies set the strategic context for our proposals for Group cardiology

University Hospitals of Northamptonshire NHS Group

There are several national, regional and local strategies and guidelines that have been considered as part of the joint clinical strategy design. The below provides a summary of the key recommendations

NATIONAL

- **NHS Long Term Plan:** identifies cardiovascular disease (CVD) as the single biggest area where the NHS can save lives over the next decade. CVD is largely preventable through lifestyle changes and there is a need to increase early detection and treatment of CVD. People with heart failure and heart valve disease will be better supported by multi-disciplinary teams within primary care networks.
- **Getting it right first time (GIRFT) Cardiology report (2021):** clinical cardiology networks should be established shaped by function and need rather than geography and all hospitals should be able to provide extended access to diagnostics, 24/7 on-call rotas for consultant cardiologists with 7-day ward rounds are recommended for acute medical admissions and a 7-day pacing (cardiac rhythm management (CRM)) service, there should be an emphasis on multidisciplinary teams within hospitals and across cardiology networks and digital transformation will be key to transform outpatient care and improve communication..
- **The Future of Cardiology, British Cardiovascular Society (2020):** cardiology services should be delivered on the basis of networks or systems of care that are fully and seamlessly integrated from community to tertiary care. As default, diagnostics should be delivered in an integrated community diagnostic hub run by secondary care in partnership with primary care. Virtual consultation should become the norm in both primary and secondary care.

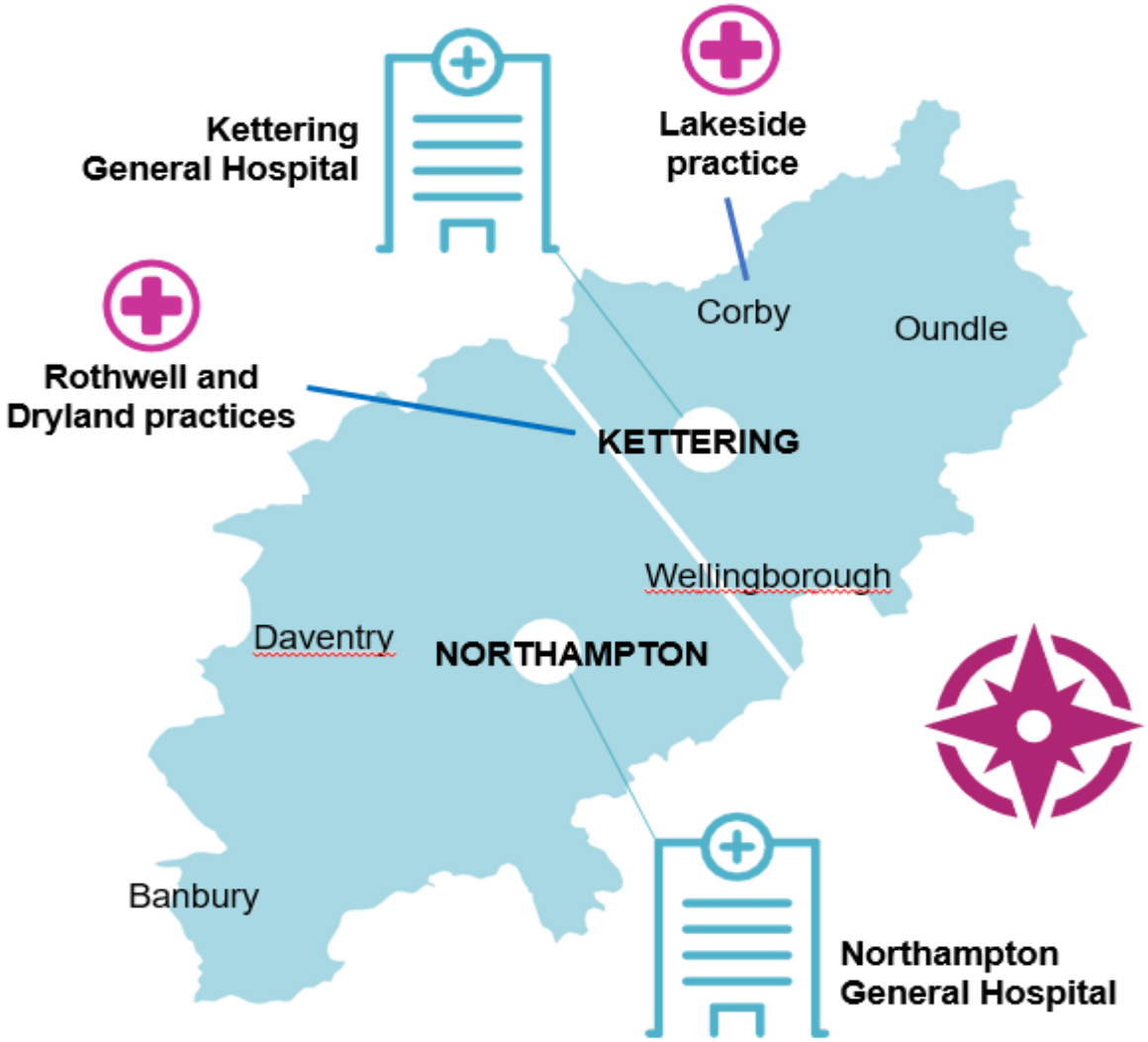
GROUP

- **Group Nursing, Midwifery, Allied Health Professional Strategy 21-24**: ambition to become the first group hospital accredited as Pathway to Excellence – a positive practice environment that allows nurses to flourish because of job satisfaction, professional growth, development, respect and appreciation.
- **Group Digital Strategy**: ambition to implement a shared electronic patient record, ambition to enable staff to virtually monitor patient's and deliver care through virtual appointments where safe and appropriate
- **Group Academic Strategy:** ambition to achieve international recognition as an academic centre that promotes and delivers better health service and provision and health outcomes to our patients

LOCAL

- **The KGH Clinical Strategy 2020:** **a**mbition to create a single cardiology service to improve care and outcomes for patients across Northamptonshire. Focus on raising clinical standards to a consistently high level across the county and expand the service to treat more patients. Integrate service with system partners to deliver proactive and preventative care.
- **The NGH Clinical Service Reviews:** Ambition to create and deliver a single countywide integrated cardiology service agreed by clinical and operational stakeholders. The service will consistently deliver excellence in quality of care and patient experience. Pooled resources will improve waiting times and reduce readmission rates and bed days for heart failure patients through enhanced discharge to community services.

Cardiology: The case for change



- Ischaemic heart disease accounts for the largest number of observed deaths in Northamptonshire
- CHD prevalence in Northants will gradually rise over the next ten years
- North Northamptonshire has the three practices with the highest CHD prevalence in Northamptonshire, significantly higher than the England average
- Prevalence in the county is highest in White and Asian populations
- Three-quarters of the practices with the highest heart failure prevalence rates are in the north of the county
- Spend on overnight NEL admission for CHD is higher than the national average and higher elective bed day use and spend

Cardiology: The case for change

University Hospitals of Northamptonshire NHS Group

GIRFT requires:

- 24/7 on call cardiologist for each site receiving acute medical admissions
- 24/7 emergency temporary pacing and 7/7 permanent pacing
- All PPCI have 24/7 PCI operators
- Urgent coronary angiography +/- PCI should be provided within 72hrs of admission with ACS
- All PCI centres should have 24/7 cath lab oncall to enable immediate return to lab onsite out of hours
- Coronary angiography should only be performed in PCI centres, by PCI capable operators
- Rehab for all HF patients
- 24/7 emergency echo

Cardiology GIRFT report

Dedicated to excellence

We have developed a vision for a cardiology Centre of Excellence for Northamptonshire

University Hospitals of Northamptonshire NHS Group

The cardiology Centre of Excellence will be an integrated service with the Group known nationally for **exemplary outcomes, excellent patient and staff experience**, and **complexity of caseload.**

The cardiology service will be known for its **extensive research capability**, **scholarship and academia, attracting and retaining leading experts** in the field.

The cardiology service will work **closely and integrate with colleagues in the community** to improve cardiovascular health and disease prevention for our local population.

Dedicated to excellence

As a Cardiology Centre of Excellence, we will…

Provide safe, effective cardiology care for everyone in Northamptonshire across both KGH and NGH sites through:

1. Continuity of care and communication between teams using a single patient record between KGH and NGH, and then with all county health providers
2. Consolidation of interventional procedures and pacing on one site with a resilient transport system to deliver national quality standards for PCI and pacing for every patient in Northamptonshire
3. Acute cardiac admissions unit and Ambulatory Heart Unit and Heart Failure Unit to stream patients to the most appropriate place for their care
4. New services in the county to bring care closer to home including electrophysiology and Transcatheter Aortic Valve Insertion
5. An integrated advanced diagnostic team to support early intervention to improve quality and performance
6. Care closer to home with integrated with community nursing, with remote monitoring of patients and treatment in ‘virtual wards’
7. Single cross site studies which will allow for greater population recruitment into clinical research
8. Work in partnership with neighbouring Trusts to improve access to specialist cardiac services to all our PPCI catchment area

The cardiology Centre for Excellence will deliver our key principles for excellent care

University Hospitals of Northamptonshire NHS Group

- **Integrated, seamless care for patients:** so that people get the care they need when they need it without having to re-tell their story, supported by multi-disciplinary team working wherever possible
- **As close to home as possible:** so that people don't come into hospital in the first place, and when they do, they are discharged safely as early as possible
- **Delivered equitably across the county:** so that everyone has equal opportunity to access high quality services
- **Focus on prevention and early detection:** by working with voluntary and charitable groups to educate people so they don't become ill and don't progress to more severe illness
- **Supports research and innovation:** so that we can offer the latest treatments to improve health outcomes and contribute to the development of new treatments and technologies
- **Attract and retain high quality staff:** so that we can provide the highest quality service for patients with consistent terms and conditions across the Group
- **Deliver cutting edge treatment, as quickly as possible:** so that people don't need to wait long for treatment, reducing worry and improving health outcomes
- **Fit for purpose facilities and estate:** so that services can be delivered as efficiently as possible with improved quality in areas such as infection control
- **Best use of available resources:** so that we can provide the best service we can with the resources that we have

Dedicated to excellence

Improve care along the cardiology pathways over the next 3-5 years

University Hospitals of Northamptonshire NHS Group

One integrated advanced diagnostics service

Prevention/ early intervention

- GP education and training (Cardiac GPs) and lipid tests
- Screening
- Support community teams in identifying at risk patients and populations e.g. areas with high levels of CVD
- Education for schoolchildren in primary prevention
- Focus on lifestyle, risk, warning signs and prevention
- Use of remote monitoring

Outpatients and diagnostics

- Community diagnostic centres – BP, ECHO, ECG
- Specialist diagnostics within hospital as part of integrated service

Entry to pathway through ED

- New pathways with EMAS to direct patients to the right site
- Cardiac Assessment Unit to avoid ED
- Cardiac advice call centre for community, GP and EMAS
- Ambulatory HF unit

Discharge w/o hospital visit

Multi-disciplinary teams

- Single point of access for elective patients
- One pooled team across both sites
- County wide team of specialist nurses/advanced nurse practitioners
- Virtual clinics where possible

Coronary interventions

- One interventionalist team
- Consolidation of interventions on one site
- Discharge to community as soon as possible

Non-coronary interventions

- Acute cardiology and diagnostics on both sites to support ED
- Coronary Care Unit on both sites
- Single team 24/7 on-call, 7-day ward rounds, 7 day pacing rota
- Repatriation of EP and TAVI

Community management

- Additional investment in community rehabilitation
- Elderly/frail case management (iCAN)
- Remote monitoring
- Pharmacist-led medicines review
- End of life care
- Community HF clinics

Dedicated to excellence

Group enabler strategies: workforce, research & innovation (academic), quality and governance, modernising infrastructure (digital & estates)

Our proposals mean some changes to how and where we provide cardiac services

University Hospitals of Northamptonshire NHS Group

- Single point of access for patients
- One site service with outreach provided on the second site. Single team operating across both sites providing the same high quality care to all patients.
- Single integrated clinical leadership and management structure with one governance route with ability to make decisions on behalf of both organisations.

Potential cardiology services @ KGH

- 24/7 general acute cardiology
- Rapid access chest pain unit
- Cardiac rehabilitation services
- Coronary care unit (with cardiovascular admissions unit)
- Cardio-respiratory diagnostics (including cardiac-MRI)
- Cardiac Centre (for Northamptonshire)
  - Pre-assessment clinics
  - Outpatients and diagnostics
  - Planned procedures including percutaneous coronary intervention (PCI), implantable cardioverter-defibrillator (ICD) and permanent pacemakers (PPM) inc. cath labs
  - 24 hour Primary Percutaneous Coronary Intervention (PPCI) emergency service (Northamptonshire and surrounding areas)

Specialist services

- Chronic Total Occlusion (CTO)
- Electro physiology spoke repatriate from UHL initially provided at NGH pending estates development at KGH

Services requiring co-location with acute cardiology

- *Emergency Department – mostly unselective*

Potential cardiology services @ NGH

- 24/7 general acute cardiology
- Rapid access chest pain clinic
- Cardiac rehabilitation services
- Coronary care unit
- Cardiac outreach from KGH
  - Pre-assessment clinics
  - Outpatients and diagnostics (inc. ECHO*)
  - PCI – eventually all move to KGH
- Cardiothoracic surgical clinic (visiting surgeons from Oxford)
- Electro physiology and TAVI proposal to develop new County service

Community diagnostic hubs – (blood pressure, ECHO, ECG)

Services requiring co-location with acute cardiology

- *Emergency Department – mostly unselective*
- *Vascular surgery and interventional renal – Ideally co-located along with interventional radiology for TAVI*

Integration with system partners to deliver community heart failure pathways and cardiac rehab

- One site – to be decided. Planned procedures including percutaneous coronary intervention (PCI), implantable cardioverter-defibrillator (ICD) and permanent pacemakers (PPM) inc. cath labs

There are key enablers required to support the successful implementation of the proposals over 3-5 years

University Hospitals of Northamptonshire NHS Group

Workforce

- Organisational/team development
- New appointments to work across both organisations automatically to facilitate cross-site working
- Alignment of workforce conditions, including parity of pay between sites, ensuring we are able to retain staff
- Establish team of county wide specialist nurses/advanced nurse practitioners therefore upskill to deliver cardiac assessments
- Training rotations across the sites
- Provide career path and progression for all advanced healthcare practitioners (AHPs)
- Further develop international recruitment programme for middle grade and hospital specialists in cardiology

Research and innovation (academic)

- Expand patients involved with trials (e.g. C-MRI)
- In-house training of staff with University (e.g. physiologists) – cardiac physiology school

Quality and governance

- Establish safe and effective way of transferring patients between sites
- Establish joint multidisciplinary team, morbidity and mortality conferences (M&Ms) and joint quality committees
- New EMAS pathways and interhospital transport
- Establish cardiology network
- Single team/governance, Joined MDT and M&Ms
- More patient information leaflets/links

Modernising infrastructure (digital & estates)

- Inpatients being given FU appt on discharge (if required)
- Intra-hospital transport
- Cardiovascular assessment space and wards co-located with CCU and cath labs
- Protected five cath labs with foundations for a sixth
- Diagnostic images available between sites
- Single patient record between sites and primary care
- Patient centric wards – phone charger, food and drink for families

Dedicated to excellence

In the first two years, we will take some initial steps to deliver our proposals (1/2)

University Hospitals of Northamptonshire NHS Group

Area	Changes	How we will know we succeeded	Benefit
Prevention/ early intervention	◗ Sign off vision and work programme ◗ Appoint dedicated consultant to lead	◗ Work programme being successfully implemented	◗ Prevention of cardio-vascular disease ◗ Equity of access to services for patients across Northamptonshire
Community monitoring	◗ Fund, recruit and train community heart failure nurses	◗ Heart failure team established	◗ Convenience for patients ◗ Earlier identification of issues
Outpatients and diagnostics	◗ Site specific pool of patients/single point of access for each site ◗ Identify pathways and workforce for community diagnostics centre	◗ Merged operational diagnostic team ◗ Equitable waiting times for both sites	◗ Faster access to diagnostics resulting in better outcomes for patients ◗ Equity of access for patients
Multi-disciplinary teams	◗ Cross site MDTs ◗ Extended advanced healthcare practitioner (AHP) roles defined	◗ Established MDTs ◗ Procedures to be undertaken by AHPs identified	◗ More efficient use of resources ◗ Improved recruitment and retention – reduced vacancy levels and bank and agency spend
Coronary interventions	◗ Describe proposals to consolidate PCI on a single site ◗ Establish joint on call rota for PPCI ◗ Deliver a seven day cardiac pacing service ◗ Deliver 5-day TOE cover across sites ◗ Appoint Group electrophysiologist to support repatriation of electrophysiology in year 2 ◗ Weekend ACS lists	◗ Clinicians on-call from both sites for PPCI ◗ Electrophysiologist appointed	◗ Meet the NSTEMI 72-hour target to improve patient outcomes ◗ Reduced intensity of workload for consultants ◗ Deliver consistent service for all local people ◗ Provide more services closer to local communities
Non-coronary interventions	◗ Develop medical physics specialty technical support	◗ Technical support outsourced	◗ Better use of resources

In the first two years, we will take some initial steps to deliver our proposals (2/2)

Area	Changes	How we will know we succeeded	Benefit
Workforce	◗ Align working and pay rates between KGH and NGH ◗ Develop cross site working ◗ Resolve cross-contracting between hospitals ◗ Team support to develop future working relationships	◗ Pay rates and working conditions aligned for all staff ◗ Good cross site relationships with joint MDTs	◗ More flexible working, increased rota resilience and greater provision of training and research opportunities ◗ Joint recruitment reduce cost
Education, research & Innovation	◗ Plan to establish physiologist academic course ◗ Appoint academic lead	◗ Lead physiologist approved and appointed	◗ Access to highly trained staff and novel equipment/approaches ◗ Improved recruitment and retention, reduced vacancy rates
Quality and governance	◗ Nominate lead clinicians for Midlands cardiology network workstreams ◗ Single team/governance structure	◗ Clinical leads for network workstreams in place ◗ Governance in place ◗ Joint audit	◗ Better outcomes and more joined-up care for patients
Modernising infrastructure (digital & estates)	◗ Develop proposals to establish cath labs at single site ◗ Operationalise dedicated cardiac MRI ◗ Implement system to allow instant viewable access to scans on both sites	◗ Proposals for establishing cath labs at single site agreed ◗ Scans instantly viewable across sites	◗ Quicker access to dedicated diagnostic equipment ◗ Quicker access to scans / no need to re-scan

Roadmap for cardiology

Dedicated to excellence

Fragile services

Our ambition is to make fragile service sustainable for patients in Northants

University Hospitals of Northamptonshire NHS Group

Some of our services are fragile, with few consultants and low volumes in some specialties, which leads to unsustainable service delivery for our patients

- We will develop individual service strategies for all our services, starting with those which are the most fragile.
- The future ways of working will reflect the various options to make the service clinically sustainable and reflect the underlying reasons for them being fragile in the first place.
- We can will match capacity with the needs of our patients without placing unreasonable demands on our staff.

Examples of the approach we will take:

- Microbiology, bringing together the two teams to provide equitable access across the Group
- Neurology, working with tertiary providers to deliver care closer to home and access for all patients across the county
- Plastics, work in partnership with neighbouring Trusts to create a network of clinicians who can support each other and provide a resilient service

Dedicated to excellence

Protecting our elective pathway

Dedicated to excellence

A full range of elective services for adults are currently provided on both sites

The elective pathway provided for each specialty by each site, includes outpatient appointments either face to face or virtually, diagnostic services, pre-operative assessment, outpatient treatments, day case examinations and treatment, surgery and inpatient stays.

Elective Services available @ KGH & NGH

- General surgery
- Head & neck
- ENT
- T&O
- Urology
- Pain services
- Endoscopy
- Audiology
- Gastroenterology
- Ophthalmology
- Breast
- Vascular services
- Plastics
- Colorectal
- Gynaecology

Most inpatient elective services require co-location with critical care facilities

Some sub-speciality procedures are only undertaken on one site or another. For example T&O spinal surgery only takes place at KGH.

Both organisations work closely with the two Independent sector providers in the county, with some NHS services and procedures being undertaken in collaboration between the NHS and the independent sector to maximise the use of available capacity.

NGH

Provide the regional specialist vascular surgery services
Some services are also provided from Danetre Hospital in Daventry

KGH

Provide a range of outpatient and diagnostic tests in satellite locations closer to patients' homes:
- Corby Health complex and GP surgery
- Nene Park in Irthlingborough
- Isebrook Hospital in Wellingborough
- Kettering town centre

Local and national strategies set the strategic context for our proposals for Group elective care

University Hospitals of Northamptonshire NHS Group

There are several national, regional and local strategies and guidelines that have been considered as part of the joint clinical strategy design. The below provides a summary of the key recommendations.

NATIONAL

- **NHS Long Term Plan:** supports separation of urgent from planned services. Sets the ambition that redesigned hospital support should help the NHS avoid up to a third of outpatient appointments, saving patients 30 million trips to hospital.
- **Royal College of Surgeons - Future of Surgery:** anticipates an increase in preventative surgery that will increasingly focus on quality of life. Day-case surgery will continue to increase with more importance placed on preoperative and follow up care which will be undertaken using telemedicine and digital platforms.
- **Royal College of Physicians:** recommend move away from routine first and follow up care to flexible, one-stop-shops, see-and-treat clinics and patient-initiated-follow-ups. Services should optimise the staff skill mix rather than always relying on consultant-led care. The ultimate objective should be reducing the number of steps in a patient's pathway.
- **GIRFT Elective Recovery High Volume Low Complexity (HVLC) Programme:** standardised procedure level pathway at system level and establishing fast track surgical hubs. 85% of all elective surgery should be on a day surgery pathway in dedicated facilities away from unplanned care.
- **Recovering from the pandemic:** Nationally it is reported that there are currently over £5m people waiting for treatment, with approximately 80% of those waiting for a diagnosis, and over 384k waiting over a year. There are an unknown number who have also yet to come forward for treatment. Recovering this position and treating these patients is one of the four key priorities for the NHS in 2021/22, but we must use innovative ways and digital technologies to do this in the most effective ways.

GROUP

- **NGH/KGH Group Digital Strategy**: ambition to implement a shared electronic patient record, ambition to enable staff to virtually monitor patient's and deliver care through virtual appointments where safe and appropriate
- **Group Nursing, Midwifery, Allied Health Professional Strategy 21-24**: ambition to become the first group hospital accredited as Pathway to Excellence – a positive practice environment that allows nurses to flourish.
- **Group Academic Strategy:** ambition to achieve international recognition as an academic centre that promotes and delivers better health service and provision and health outcomes to our patients
- **Northamptonshire Health and Care Partnership:** develop musculoskeletal hub

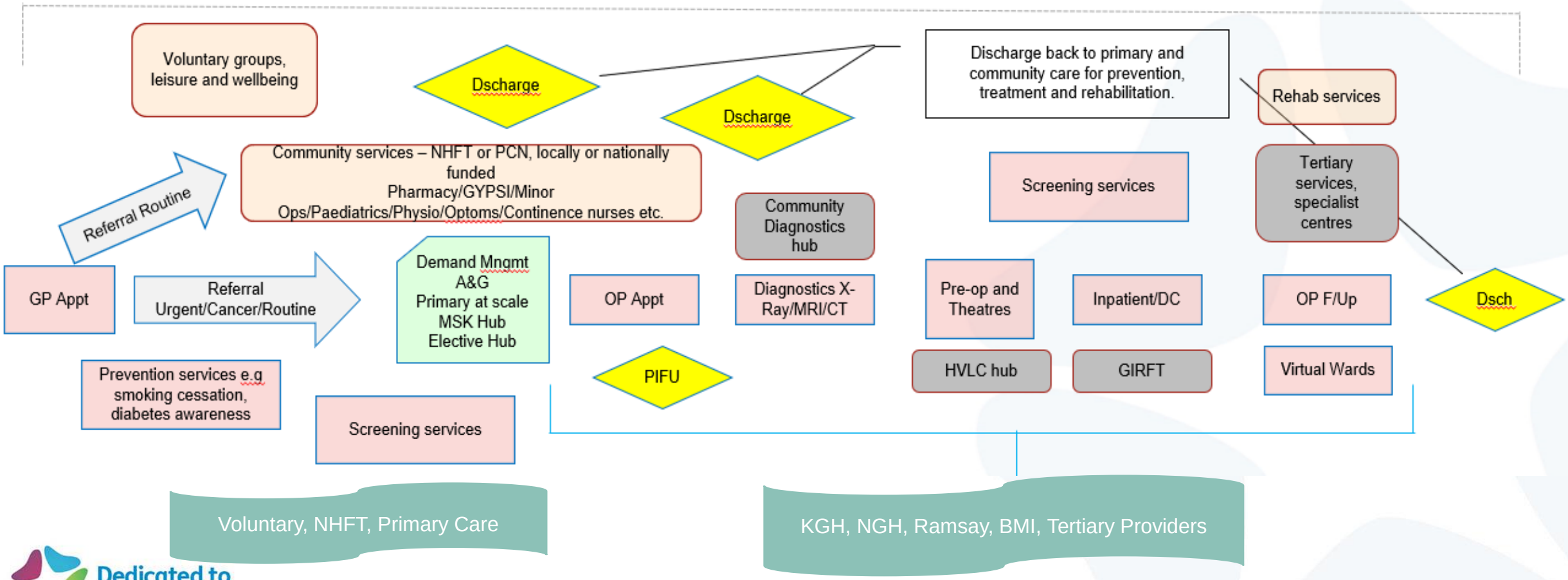
LOCAL

- **The KGH Clinical Strategy 2020**: ambition to deliver seven day services and opportunity to collaborate with NGH to provide county-wide services and provide access to a larger, more sustainable workforce with greater flexibility. Expected to improve access to a wider range of services for patients.
- **The NGH Strategy 2019-24**: sets an ambition is to build dedicated elective centre with KGH that is easily accessible for all patients.

Dedicated to excellence

The elective pathway is not as simple as it seems with many hand-offs and fragmented elements

The elective pathway is not as simple as it seems, there are many hand-offs and fragmented elements of the pathway, which can lead to duplication and delays for patients. There is limited focus on prevention and psychological support for those with long term conditions. Pathways can be different by provider even within specialties. There is not a collective elective service offer for the Northamptonshire population.



Our current waits for treatments are low, but we must act now to ensure we continue to meet the needs of our patients

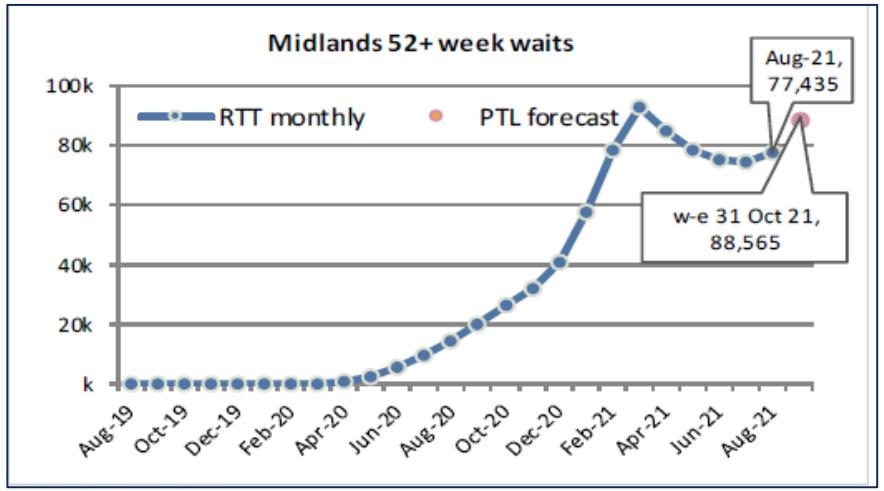
University Hospitals of Northamptonshire NHS Group

Nationally and regionally elective waiting times have grown significantly as a result of the COVID pandemic. This was due to:

- staff being redeployed to respond to the pandemic
- increased infection control and social distancing standards resulting in a drop in efficiency of those patients who can be treated in the same amount of clinical time
- many patients' clinical priority did not warrant urgent treatment during the pandemic

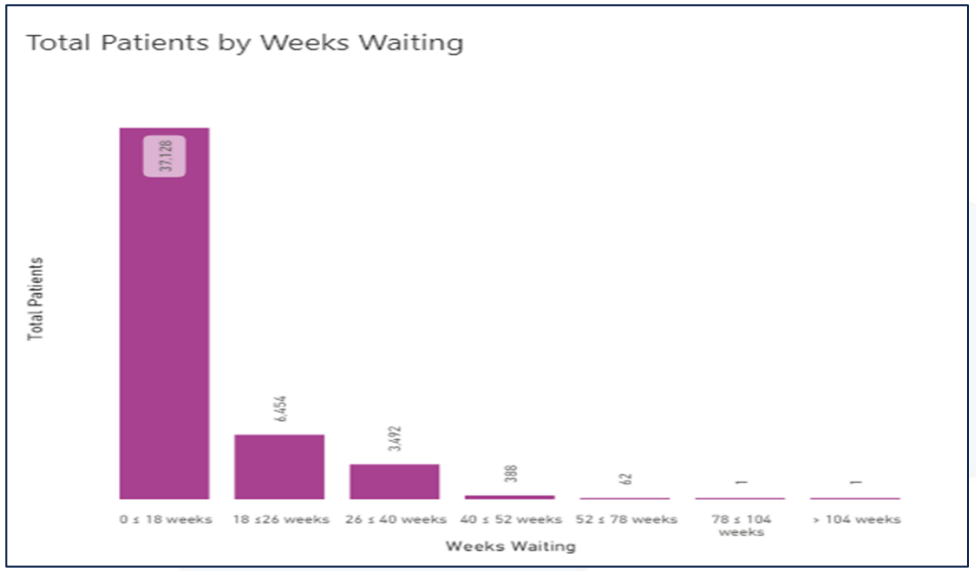
However demand is significantly increasing and many patients may yet come forward, so we need to work with our primary care colleagues to implement innovative ways of keeping patients well in their communities, managing conditions effectively through joint models of care to ensure those that do need to access acute hospital services and get to the right clinician at the right time with no undue delay.

There are significant numbers of people waiting over 52 weeks in the Midlands

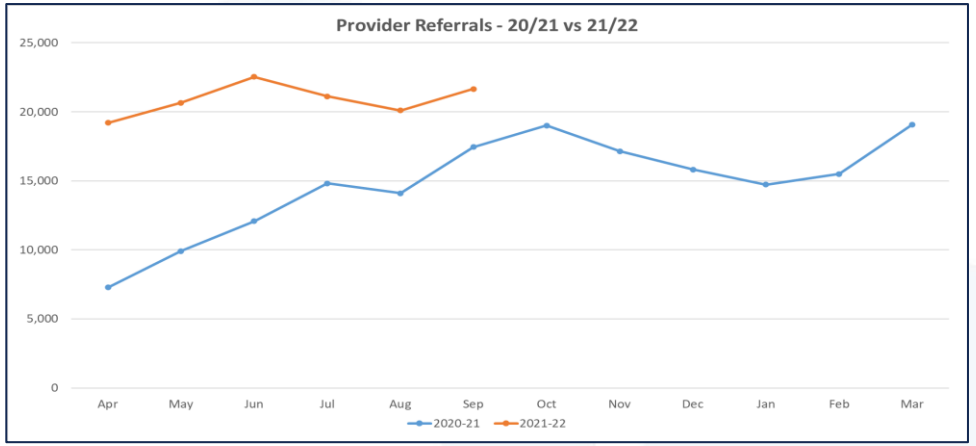


Dedicated to excellence

Patients waiting for elective treatments in Northamptonshire, currently have some of the lowest waiting times in the UK



Referrals are growing leading to increasing pressures on waiting lists



Our case for change shows that there are several issues that we must address

University Hospitals of Northamptonshire NHS Group

As well as responding to the recommendations of key strategies, there are several other drivers for change that services are facing. These are addressed within our proposals for elective services.

There is growing demand for our services

- Northamptonshire population is projected to increase by 14% 2018-2038. In 20-64 yr olds there is projected to be a 7% increase, in the 65yrs+ there is projected to be a 50% increase [1].
- Referrals for elective treatment have increased since pre-pandemic levels.

There is an opportunity to deliver care differently

- The delivery of many outpatient appointments has been virtual in the past 18 months. Whilst it is clinically appropriate that some of these return to face to face, we should, where possible, embed these new ways of working as more convenient for our patients.
- Innovative use of emerging technology should be capitalised such as remote monitoring or new theatre techniques.
- Care as close to home and 'health on the high street' should be a strategy we follow where possible.

Dedicated to excellence

There is not equitable access to elective surgery across Northamptonshire

- Health inequalities of those accessing our services and getting treating according to underlying health need, is not fully understood but is likely to not be equitable.
- Non-elective activity redirects focus away from elective cases, and disrupts theatre lists.
- Elective activity is cancelled due to bed pressures leading to poorer patient experience and poorer outcomes. Cancellations also impact of the efficiency and productivity of the services.

There are opportunities to streamline pathways

- Opportunity for pathway standardisation to reduce unwarranted clinical variation
- Integrated working with system partners to increase provision of care closer to home
- Streamlined pathways to minimise disruption to patients' lives

We have difficulty recruiting and retaining our staff

- National workforce challenges with theatre staffing are also echoed locally. Both Trusts are unable to fully staff all their theatre capacity.
- Opportunity to adopt new workforce models, in line with the AHP strategy
- Opportunities to improve training and research offerings through collaboration (in line with academic strategy)

We can improve efficiency and quality by implementing GIRFT recommendations

- Opportunities identified in many areas:
  - theatre efficiencies, start times and turnaround times
  - day case rates in ENT, general surgery, breast and orthopaedics
  - Length of stay in general surgery and urology

Sources: [1] ONS Population Projections 2018-2028 [2] KGH Clinical Strategy Jan 2020, [3] NGH Clinical Service Model Reviews 19/20, [4] CQC.org.uk [5] NGH Board of Directors report, Jan 2021 [6] KGH Board of Directors report, Jan 2021 [7] Model Hospital

The rationale for changing elective pathways is clear

University Hospitals of Northamptonshire NHS Group

The rationale for changing elective pathways is clear. If we do not change, we will see:

- Further increases in waiting times for elective care with an increased risk of deterioration with emergency attendances and longer recovery
- Pathways that are not joined up and people don't experience the right care, in the right place at the right time
- Growth in primary care will not grow at the same pace of our population needs, and we will lose the opportunity to do things differently through neighbourhoods and integrated community teams

Currently

£196 million combined elective spend across partners

90 over 65s admitted daily - this is **8** more people each day than peers

900 stranded patients - we have an average of **113** stranded patients more than our peers

5% a year plus increase each year in demand for Emergency Department care

£36m shortfall in funding in 2020-21

If we do nothing, in four years time…

A new hospital would be needed to meet expected demand for 25,000 additional elective operations

150 extra GPs to deal with 500,000 more patient contacts

10,000 more admissions a year into hospital

£120k (£90m a year) more a day spent supporting discharge staffing and short term support

2,500 more requests for social care support

Dedicated to excellence

Our ambition is to ensure our elective patients consistently get timely equitable access to high quality care and experience

University Hospitals of Northamptonshire NHS Group

The Group will work collaboratively to provide **dedicated elective capacity** protected from the pressures of emergency services, committed to providing **timely and equitable access to care, minimising infection rates** and **reducing length of stay** in hospital.

Elective care across the Group will offer exemplar **standardised best practice patient pathways** in line with national recommendations which minimise **unwarranted clinical variation,** and maximise **day surgery** and **one stop** pathways.

The Group is committed to delivering more care on a **day surgery** pathway, with more assessment, diagnosis and treatment being offered in a **one-stop** pathway, **in the community or virtually** to minimise disruption to patient's lives.

The elective care team will work as one across the Group, providing a positive and fulfilling working environment that **attracts and retains a range of multi-disciplinary staff**, offering **outstanding careers and development opportunities.**

The Group will collaborate with system partners to set up an **Elective Care Collaborative**, providing seamless pathways for patients, working to keep patients well in their homes and providing advice and care as close to their homes as possible.

As a Lead Provider for the Elective Care Collaborative in Northamptonshire, we commit to…

- ✓ Working to deliver top decile performance in GIRFT and Model Health benchmarked analysis
- ✓ Eliminating any differences in equitable access to care related to health inequalities
- ✓ Delivery of constitutional standards: Zero patients waiting over 52 weeks, 92% of patients waiting less than 18 weeks for treatment and all patients waiting less than 6 weeks for a diagnostics.
- ✓ Delivering the same service and experience in the county regardless of provider.

Dedicated to excellence

*10% is a commitment in the Group's dedicated to excellence strategy; the working group suggested 25% target – the Group to confirm

The Group elective proposals will deliver our key principles for excellent care

University Hospitals of Northamptonshire NHS Group

- **Integrated, seamless pathways for patients:** so that people get the care they need, when they need it, by professionals working together across primary community and acute settings
- **As close to home as possible:** so that people don't need to travel further than necessary to access services, saving the time and inconvenience
- **Focus on pre-hospital care:** so that people know how to keep well, and can access advice and services in their communities without needing to wait for a hospital appointment
- **Digital innovation:** so that patients can be treated in any setting with digital care records and test results available, and so patients are able to engage in their own treatment journey through the use of technology
- **Attract and retain high quality staff:** so that we can provide the highest quality service for patients
- **Fit for purpose estate:** so that services can be delivered as efficiently as possible, with improved quality and experience in areas such as infection control
- **Best use of available resources:** so that we can provide the best service we can with the resources that we have

Dedicated to excellence

A single system approach will improve care along the whole elective pathway over the next 3-5 years

University Hospitals of Northamptonshire NHS Group

One system-wide waiting list (PTL), delivering equitable access to timely treatment for patients across the county, transparency to all clinicians including GPs to enable patients to be supported to keep well while they wait

Prevention/ early intervention

- Focus on lifestyle, education and wellbeing
- Reducing health inequalities
- GP support, multi disciplinary team integrated learning
- Pre referral 'work-up'

Single referral hub

- Triage to ensure patients get faster access to the most appropriate service for their needs
- Patient feedback on service

Community based services

- Specialist primary care advice and treatment
- Therapies
- Minor treatments in CDCs
- Chronic long term condition management

Multi-disciplinary team

- One pool of patients
- One team across both sites
- Highly skilled, effective and happy staff

Ongoing mngment w/o hospital visit

High Volume Low Complexity

- High volume, low complexity treatments delivered as close to home as possible

Elective treatment hub

- Specialist treatments delivered in protected elective capacity with access to critical care facilities

Rehabilitation

- Immediate post-surgical services
- Minimised length of stay to avoid degradation
- Appropriate community based rehabilitation services

Community management

- Personalised care
- Remote monitoring
- Community-led lifestyle advice and services
- Working with the third sector

Dedicated to excellence

Group enabler strategies: workforce, research & innovation (academic), quality and governance, modernising infrastructure (digital & estates)

The elective collaborative is a partnership across Northamptonshire

NHS
University Hospitals of Northamptonshire
NHS Group

NHS
University Hospitals of Northamptonshire
NHS Group

NHS
Kettering General Hospital
NHS Foundation Trust

NHS
Northampton General Hospital
NHS Trust

NHS
Northamptonshire Healthcare
NHS Foundation Trust

NHS
Northamptonshire
Clinical Commissioning Group

Northamptonshire
Health and Care Partnership

Northants LMC

Woodland Hospital
Part of Ramsay Health Care

Circle Health Group
Three Shires Hospital

PML

3SIXTY
CARE PARTNERSHIP
BUILDING HEALTHIER FUTURES

Dedicated to excellence

Implementing our proposals will address the issues in our case for change

NHS
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NHS Group

Our current priority issues	How working as a collaborative would address these
Increasing elective waiting lists • Each organisation holds different pieces of the elective care jigsaw and multiple waiting lists • There is no single version of the truth • Patients deteriorating during wait	✓ A single PTL resulting in equitable access to care ✓ Standardising protocols, policies and pathways ✓ System wide transformation to improve efficiencies, create capacity and introduce innovations ✓ Delivering consistency in diagnosis, treatment and care; new service and pathway development meaning equal access to high quality services
Understanding our capacity • We plan capacity at organisational level • We don't have the ability to share knowledge at specialty level to ensure space/equipment and staff resource are maximised	✓ Demand and capacity is planned at system level ✓ Knowledge is formally shared to ensure capacity and resources are maximised ✓ Opportunities are maximised to create dedicated elective facilities enabling us to protect our elective capacity, provide timely care, minimising infection rates and reduce length of stay in hospital
Not person centric • Fragmented pathways with multiple handovers • Confusing for patients and heavy communication burden on all partners	✓ Commissioning end to end pathways enabling us to focus on prevention and out of hospital care ✓ More assessments, diagnosis and treatment being offered in a one-stop pathway, in the community or virtually to minimise disruption to patient's lives ✓ Working to engage with patients to design and transform services to deliver improved outcome
Workforce constraints • Each organisation competes for staff with separate skill mix models for the same service • Recruitment and retention managed separately	✓ Integrated teams will increase rota resilience and reduce workloads, reducing reliance on temporary staffing and improving staff wellbeing ✓ By working across the system, we will have the scale to explore and pilot new roles and workforce models
Value for Money is compromised • Pricing and activity is based on organisational activity and not pathways or outcomes • Variation in costs across the System	✓ A lead provider model, offering a single provider lead for administering collaborative planning and delivery ✓ Outcomes based commissioning focused on delivering end to end pathways ✓ Best allocation of available resources to deliver transformational change, reducing duplication and reinvestment in community services and prevention (left shift)

Dedicated to excellence

In the first year, we (the Group) will take some initial steps to deliver our proposals

University Hospitals of Northamptonshire NHS Group

Area	Changes	How we will know we succeeded	Benefit
Prevention/ early intervention	Understand the current impact of health inequalities on elective care in the county	Strategy to reduce health inequalities in place	Reduction in health inequalities
Single referral hub	Implement a systemwide waiting list (PTL) to support delivery	Single waiting list (PTL) implemented	Equity of access for patients More efficient use of resources
Community based services	Develop community based pathways such as chronic pain and rheumatology, and set-up some community based services such as pre-op and ophthalmology away from the acute sites	Community based services set-up	Access closer to home for patients More efficient use of estates
Community Diagnostic Centres	Identify pathways and workforce for community diagnostics centre	Higher conversion rate of referrals to procedures Similar waiting times for both sites	Faster access to diagnostics resulting in better outcomes for patients Equity of access for patients
Elective treatment hub	Pilot a dedicated protected elective hub on one site and engage with patients and stakeholders on the benefits Co-locate low volume sub-specialties where this is in the best interests of patients Develop a strategy for fragile services or subspecialties such as plastics	Single elective hub (pilot) established Low volume specialties co-located	Separation of elective and emergency work means fewer cancelled operations and shorter waiting lists Co-locating specialties improves quality as staff are able to specialise more
Workforce	A joint strategy for the recruitment and retention of theatre staff	Reduction in vacancies and turnover for theatre staff	Attract and retain high quality staff More efficient theatre and equipment use
Quality and governance	Launch the system Lead Provider Collaborative for Elective Care, with an agreed set of system objectives to cover the next 2 years	Lead Provider Collaborative launched	Improved efficiency and reduced waiting times for patients

NHS
University Hospitals of Northamptonshire
NHS Group

Emergency and integrated care across Northamptonshire

Dedicated to excellence

Emergency care services are currently provided on both sites, and at the urgent care centre in Corby

The hospitals are working with partners to reduce emergency hospital visits through the iCAN programme. An Emergency Department is provided at both sites

Emergency and integrated care services @ KGH

Emergency care services

- Emergency department
- Same day emergency care

Other emergency care services

- *Urgent care centre at Corby*

Integrated care services for frail patients

- Frailty unit
- Community services provided by NHFT
- Primary care services provided by primary care
- Social care services commissioned by North Northamptonshire Council

Emergency and integrated care services @ NGH

Emergency care services

- Emergency department
- Same day emergency care
- Emergency eye department

Integrated care services for frail patients

- Frailty hub
- Community services provided by NHFT
- Primary care services provided by primary care
- Social care services commissioned by West Northamptonshire Council

Local and national strategies set the strategic context for our proposals for emergency and integrated care

University Hospitals of Northamptonshire NHS Group

There are several national, regional and local strategies and guidelines that have been considered as part of the joint clinical strategy design. The below provides a summary of the key recommendations

NATIONAL

- **NHS Long Term Plan:** identifies genuinely integrating care in our communities as a priority, including creating true integrated teams of GPs, community health and social care staff, expanding community health teams to keep people at home and increase support to care homes. Emergency care models building on the success of Urgent Treatment Centres and focussing on increasing usage of same day emergency care.
- **NHS Ageing Well programme:** the NHS ageing well programme identifies the development of person-centred services that enable people to age well, supporting people who are identified as frail to manage their health and wellbeing according to their needs
- **Home First policy:** the Home First approach is about supporting patients at home or in an intermediate care service. This is often implemented alongside a Discharge to Assess model, whereby home is the default pathway and the assessment is completed at home, with ongoing support services for up to 6 weeks.

GROUP / SYSTEM

- **Northamptonshire Health and Care Partnership iCAN programme:** the integrated care across Northamptonshire programme outlines our ambition for deliver a refreshed focus and way to improve the quality of care and achieve the best possible health and wellbeing outcomes for older people across our county, supporting them to maintain their independence and resilience for as long as possible. Ensuring to Choose Well which services we use for frail patients, Stay Well and Live Well.
- **Group Digital Strategy**: ambition to implement a shared care record across Northamptonshire, enabling truly integrated care, supporting the delivery of our frailty model.

LOCAL

- **The KGH Clinical Strategy 2020:** ambition to provide acute frailty services 70 hours a week and ensure frailty patients receive a comprehensive geriatric assessment. Focus on same day emergency care model, treating a greater number of patients without an overnight.
- **The NGH Clinical Service Reviews:** Ambition to create and deliver integrated services agreed by clinical and operational stakeholders. The service will consistently deliver excellence in quality of care and patient experience, including enhanced discharge to community services

Dedicated to excellence

Our case for change shows that there are several issues that we must address

University Hospitals of Northamptonshire NHS Group

As well as responding to the recommendations of key strategies, there are several other drivers for change that services are facing. These are addressed within our proposals for cardiology services.

There is growing demand for our services

- Our population is growing, with a 14% increase over the next 20 years
- There is expected to be a 50% increase in the 65yrs+ population in Northamptonshire between 2018 and 2038 [3].

There is an opportunity to look after people at home rather than in hospital

- Patients across NGH and KGH do not have equal access to integrated multi-disciplinary care that supports frail patients.
- Case reviews have identified that we could better support people in the community to avoid their health reaching a crisis point.
- When people do reach a crisis point, better availability of services in the community should prevent an emergency department admission.
- For those who do come to ED, we can reduce the chance of being admitted to hospital by ensuring the right services are in place and known about

Our patients could be supported to be discharged home quicker

- Across KGH and NGH, a high proportion of our beds are occupied by patients who have been in hospital for more than 14 and more than 21 days.
- Around 35% of our patients have no clinical reason to reside in a hospital bed and are waiting for either KGH and NGH or system partners to support them to be discharged.

Dedicated to excellence

We have difficulty recruiting and retaining our staff

- There is a national shortage of emergency care staff to support our patients in ED.
- Recruitment is challenged by the geography of KGH/ NGH, located close to leading teaching hospitals
- Retention is challenged by high workload and National shortage
- Terms and conditions are different between the two sites
- A national shortage of care staff reduces capacity to support our patients in the community, meaning we need to best support our patients to be independent.

We need to do more multidisciplinary and network working to improve outcomes and patient experience

- We currently have two separate teams on our two sites
- There could be greater integrated working with our health and social care partners operating in a multi-disciplinary manner to care for our most frail patients
- The NHS long term plan emphasises the need for enhanced care for people living with frailty and prioritises more effectively integrated services

We have developed a vision for emergency and integrated care in Northamptonshire

University Hospitals of Northamptonshire NHS Group

Emergency and integrated care services will provide an integrated service that the Northamptonshire system will be known for nationally for delivering the **best outcomes for patients, organisations and our staff – putting patients at the centre of all we do.**

As we develop further models of integrated care across Northamptonshire with our system partners, we will **support people to choose well**, ensuring no one is in hospital without a need to be there, **ensure people can stay well**, and **ensure people can live well**, by staying at home if that is right for them.

Our emergency departments will be the **departments of choice** for staff across the East Midlands. We will embed **continuous development and learning** for staff, with **a diversity of skilled roles** all working together in a **single team**. Our vacancy rates will be low and we will excel in our staff and GMC surveys.

As an emergency and integrated care service, we commit to…

- ✓ No avoidable harm in emergency care, and no site specific variation in emergency care.
- ✓ Outstanding CQC rating at both departments
- ✓ No patients waiting over 12 hours in our emergency departments
- ✓ Work in partnership with our Northamptonshire Health and Care Partnership colleagues to provide seamless care for our most frail patients
- ✓ Embed the Home First principles and Discharge to Assess within the county
- ✓ Supporting people to access the right care in the right place, first time
- ✓ A single model for frailty across the county

Dedicated to excellence

Emergency and integrated care services will deliver our key principles for excellent care

University Hospitals of Northamptonshire NHS Group

- **Integrated, seamless care for patients:** so that people get the care they need when they need it without having to re-tell their story, supported by multi-disciplinary team working wherever possible
- **Keeping people at home where possible:** so that people don't get admitted to hospital or for onward care when not necessary, keeping people independent and resilient
- **Delivered equitably across the county:** so that everyone has equal opportunity to access high quality, integrated services
- **Focus on support in the community:** so that people are supported to stay well and are supported in the community
- **Attract and retain high quality staff:** so that we can provide the highest quality service for patients
- **Deliver the right care in the right place, first time:** so that people are looked after in the most appropriate care setting for their needs
- **Fit for purpose facilities and estate:** so that services can be delivered as efficiently as possible in our communities and capacity is ring-fenced for frailty services in our acute hospitals
- **Best use of available resources:** so that we can provide the best service we can with the resources that we collectively have as a system

Dedicated to excellence

We will improve integrated care pathways over the next 3-5 years

University Hospitals of Northamptonshire NHS Group

One integrated care record across Northamptonshire collaborative

Prevention/ community and welfare support

- Focus on lifestyle, risk and prevention
- Education on A&E alternatives from school age up
- Waiting times of all alternatives on digital solutions with advice
- Primary care support
- Support for families and carers

Community MDT and frailty support

- Community MDT support and case management for patients identified as frail
- Community diagnostic hubs – BP, ECHO, ECG
- Strong and dignified end of life services

Entry to pathway through ED

- Timely and accurate streaming at the front door
- EMAS and GP direct to specialist beds

Discharge w/o hospital stay

Community response and same day emergency care

- Single point of access for patients
- Community response to manage a crisis in the community
- Effective working with EMAS to avoid admission
- Effective and consistent frailty and same day emergency care
- Mental health support in the right place and time
- Direct diagnostics

Non-elective hospital stay

- Consistent frailty model to support frail patients in ED and on the wards
- 7-day ward rounds by consultant team to support effective patient flow
- Sufficient Mental Health bed provision locally
- Clear discharge expectations for patients and their families
  - Home first discharge approach
  - Supported discharge 24/7
- Specialist pathways for fractured neck of femur, heart failure, etc.
- Ward/ED pharmacy

Community support

- Effective discharge to assess model
- Investment in health and care capacity to meet people's needs
- Remote monitoring
- Pharmacist-led medicines review
- End of life care

Dedicated to

System enabler strategies: workforce, research & innovation (academic), quality and governance, modernising infrastructure (digital & estates)

There are key enablers required to support the successful implementation of the strategy over 3-5 years

University Hospitals of Northamptonshire NHS Group

Workforce

- Organisational/team development
- Consistent frailty model across both organisations
- System-wide workforce planning
- Investment in county wide community services to support patients in the community
- Support the development of the care workforce in the system
- Develop a true multi-professional approach

Research and innovation (academic)

- Expand patients involved with trials
- In-house training of staff with University, expand the frailty training being provided across the system

Quality and governance

- Establish safe and effective admission avoidance and discharge pathways
- Establish joint multi-professional teams and system governance
- Work closely with EMAS, NHFT and the local authorities on pre-hospital pathways
- Develop the integrated care across Northamptonshire collaborative

Modernising infrastructure (digital & estates)

- Single patient record between all system partners
- Community hubs to support care in the community
- Appropriate ring-fenced estate for frailty hubs

Dedicated to excellence

Women and children's services

Women and children's services are currently provided on both sites, with a midwife-led unit at NGH

University Hospitals of Northamptonshire NHS Group

Both KGH and NGH provide maternity and paediatric services. Women who choose to give birth at NGH women have the choice of three birth settings: midwife-led birth centre, labour ward, home birth. At KGH have the choice of two birth settings: labour ward or home birth. There are plans to construct a midwife-led unit at KGH in the near future.

Women's and Children's @ KGH

Women's

- Labour ward and home births
- Antenatal and postnatal care
- Local (Level 2) Neonatal Unit (LNU)
- Fetal Health Unit
- Gynaecology (emergency and elective)

Children's

- Paediatrics medical inpatient and outpatient
- Paediatrics ED & PAU
- Community paediatrics

Births 2020/21: 3,207

Women's and Children's @ NGH

Women's

- Labour ward, midwife led birth centre & home births
- Antenatal and postnatal care
- Local (Level 2) Neonatal Unit (LNU)
- Fetal Health Unit
- Gynaecology (emergency and elective - incl. Northamptonshire Gynaecological Cancer Centre)

Children's

- Paediatrics medical inpatient and outpatient
- Paediatrics ED & PAU
- Community paediatrics

Births 2020/21: 4,200

- Northamptonshire Maternity Services is a partnership with NGH, KGH and Northamptonshire Healthcare Foundation NHS Trust (NHFT).
- Both Trusts are part of the East Midlands Neonatal Operational Development Network (EMNODN).
- Both Trusts are working as part of the LMNS Partnership Programme, which includes maternity & neonatal digital transformation and transforming Neonatal Care, and with the NHCP Children & Young People Transformation Board.

Dedicated to excellence

Local and national strategies set the strategic context for our proposals for women and children's services

University Hospitals of Northamptonshire NHS Group

There are several national, regional and local strategies and guidelines that have been considered as part of the joint clinical strategy design. The below provides a summary of the key recommendations

NATIONAL

- **NHS Long Term Plan (2019):** women should receive continuity of the person caring for them during pregnancy, during birth and postnatally. Children's mental health services are expected to grow to deliver integrated mental and physical health care. Where possible care will be delivered closer to home for children and their families.
- **Better Births (2016, 2021):** women should have continuity of carer and 'should make decisions about the support they need during birth and where they would prefer to give birth whether this is at home, in a midwife unit or in an obstetric unit'.
- **Saving Babies Lives Care Bundle (2019):** services should offer choice and personalised care for women and promote availability of continuity of carer.
- **Ockenden Report (2020):** there must be robust pathways for dealing with complex pregnancies. Staff must ensure that women undergo a risk assessment at each contact throughout the pregnancy pathway.
- **Royal College of Paediatrics Facing the Future (2010):** consultant cover is present and readily available in peak hours 7 days a week. Trusts should reduce the number of inpatient sites and increase the no. of consultants to improve senior cover.
- **Neonatal Critical Care Transformation Review (2017-date):** plans to address issues in neonatal workforce and capacity

GROUP

- **Group Nursing, Midwifery, Allied Health Professional Strategy 2021-24:** ambition to become the first group hospital accredited as Pathway to Excellence – a positive practice environment that allows nurses to flourish because of job satisfaction, professional growth, development, respect and appreciation.
- **Group Digital Strategy:** ambition to implement a shared electronic patient record, ambition to enable staff to virtually monitor patient's and deliver care through virtual appointments where safe and appropriate
- **Group Academic Strategy:** ambition to achieve international recognition as an academic centre that promotes and delivers better health service and provision and health outcomes to our patients

LOCAL

- **The KGH Clinical Strategy 2020:** ambition to set up new clinics and hubs in the community. Ambition to provide a comprehensive maternity service alongside NGH incl. sub-specialising care between the two services and working under congruent policies and procedures. Increase access to gynaecology service, enhance facilities and adopt new workforce models
- **The NGH Strategy 2019-24:** build a dedicated paediatric emergency facility at NGH.
- **Local Maternity and Neonatal Strategy:** providing continuity of care across Northamptonshire, with a focus on prenatal and postnatal care
- **NHCP Children's & Young People Transformation Board:** Bringing together partners across health, care and education to improve outcomes for children and young people
- **East Midlands Neonatal Network:** Ensuring that babies and their families receive high quality care which is equitable and accessible for all

Our case for change shows that there are several issues that we must address

University Hospitals of Northamptonshire NHS Group

As well as responding to the recommendations of key strategies, there are several other drivers for change that services facing. These are addressed within our proposals for children and women's services.

There is growing demand for our services

- Northamptonshire population is projected to increase by 14% 2018- 2038. In 20-64 year olds there is projected to be a 7% increase [1].
- In North Northamptonshire, govt-backed plans could see 33,000 new homes built likely to be for primarily young families, increasing demand for maternity and paediatric services [2].

Our services are not joined up leading to poor patient experience

- There is a lack of integration with community services
- Transition between child and adult services is not always seamless and in some cases a total gap with some subspecialties running to 16 but adult services start at 18.

There is some quality and efficiency improvements we need to make

- Day case rates and length of stay needs to improve for gynaecology.
- Paediatrics at KGH are not efficient in outpatients clinics

There is variation in service across Northamptonshire

- **Obstetrics:** there is obstetric clinical variation across Northamptonshire [3]
- **Paediatrics:** there are different services available across the county (e.g. end of life, allergy)

We need to do more to prevent ill health during pregnancy

- The number of mothers smoking at birth is higher than the England average in both Northampton and Kettering.
- Smoking is the single biggest modifiable risk factor for poor birth outcomes and a major cause of inequality in child and maternal health outcomes [2].

Some of our estates and facilities are not fit for purpose

- Both NGH and KGH estates shortfall for neonatology, maternity and gynaecology. In neonatology this has been highlighted in GIRFT (2021) and an NHS Neonatal Critical Care Transformation Review (2019).
- The development of integrated community centres provide an opportunity to deliver services more locally

CQC Performance

Maternity
KGH: Good (2019)
NGH: Requires Improvement (2019)

Services for children & young people
KGH: Requires Improvement (2018)
Northampton: Good (2017)

Friends and Family Test

% of people likely to recommend the provider's maternity services to friends or family

KGH	**100%**
NGH	**96.9%**
National median	**98.7%**

Sources: [1] ONS Population Projections 2018-2028 [2] KGH Clinical Strategy Jan 2020, [3] NGH Clinical Service Model Reviews 19/20, [4] CQC.org.uk [5] Model Hospital

Dedicated to excellence

We have developed a vision for Children and Women's services in Northamptonshire

University Hospitals of Northamptonshire NHS Group

Our ambition for paediatrics is to **continue to provide inpatient services on both sites** whilst **improving the resilience of our sub specialist services**. We will also **develop our integrated approach with community based services** so that there are no boundaries for patients.

Our ambition is for women's services is to be **a centre of excellence**. We will seek to **address health inequalities**, achieve the **best outcomes for women**, have the **best trained staff** in the country and be **leaders in research and education**.

We are working with partners to develop a joint vision and commitments for children and women's services in Northamptonshire.

- Community health services
- Local authority partners
    - Social services
    - Education

Dedicated to excellence

Children and women's services will deliver our key principles for excellent care

- **Integrated, seamless care for patients:** so that people get the care they need when they need it without having to re-tell their story, supported by multi-disciplinary team working wherever possible
- **As close to home as possible:** so that people don't need to travel further than necessary to access services, saving the time and inconvenience
- **Delivered equitably across the county:** so that everyone has equal opportunity to access high quality services
- **Focus on prevention and early detection:** so that people don't become ill and don't progress to more severe illness
- **Supports research and innovation:** so that we can offer the latest treatments to improve health outcomes and contribute to the development of new treatments and technologies
- **Attract and retain high quality staff:** so that we can provide the highest quality service for patients
- **Deliver cutting edge treatment, as quickly as possible:** so that people don't need to wait long for treatment, reducing worry and improving health outcomes
- **Fit for purpose facilities and estate:** so that services can be delivered as efficiently as possible with improved quality in areas such as infection control
- **Best use of available resources:** so that we can provide the best service we can with the resources that we have

We will collaborate across the two hospital sites to support our more specialised paediatric services

University Hospitals of Northamptonshire NHS Group

Ambition	Services to include	Rationale for collaboration	Benefits for patients
There is an ambition for some highly specialised services to be provided county- wide on one site, by one consultant team.	• Immunology • Rheumatology • Pain, Chronic fatigue and Medically unexplained symptoms (MUS)	• There is not enough demand throughout the county to warrant such highly specialist consultants on both sites for these services.	• Reduce patient travel times – currently have to travel out of area
Some services, where there are concerns about sustainability, will be prioritised to set up a networked service, with the same pathways and protocols and regular joint working/ group posts.	• Oncology • Palliative care & end of life • Gastroenterology • Haemoglobinopathy (further work required on one consultant team) • HIV • Endocrinology including link to LRI provided Q service • Nephrology • Epilepsy • Cardiology • Allergy • Eating disorders • Align with the full spectrum of Allied health professionals with NHFT pathways • Enhanced community paediatrics and acute paediatrics collaboration • Closer integration with Child And Adolescent Mental Health Services (CAMH) to provide holistic physical and mental health services for this vulnerable group • Enhanced community paediatrics and acute paediatrics collaboration	• These are areas where there is low case load / workforce challenges that collaboration could support e.g. joint consultant role for gastroenterology • These are specialties with high demand, where capacity is pressured. Networked working should support demand management and reduce workforce pressures	• Equity of access across the county • Increased access to more specialist input • Workforce sustainability

In the next two years, we will take steps to support our more specialised paediatric services

NHS
University Hospitals of Northamptonshire
NHS Group

Area	Changes	How we will know we succeeded	Benefit
Acute management/ treatment	◗ Build sub-specialty services (Year 1) ◗ Gastro: recruit group post for countywide service ◗ Asthma: single team and recruit specialist nurse and consultant ◗ Cystic fibrosis: dedicated post and develop specialist centre for training registrars ◗ Haemoglobinopathy: develop MDT service with co-located clinic at Nene Park ◗ Neurology: develop county-wide epilepsy pathway • Strengthen transition arrangements with all sub specialties between 14-19 years and develop young adult services 19-25 years' service for long term conditions (diabetes, asthma and epilepsy) ◗ Build sub-specialty services (Year 2) ◗ Repatriate immunology and rheumatology ◗ Single team for end of life ◗ Ambulatory cancer care at both sites ◗ Align pathways for diabetes and endocrine ◗ Integrate eating disorders service with community ◗ Closer integration with Child And Adolescent Mental Health Services (CAMH) to provide holistic physical and mental health services for this vulnerable group	◗ Year 1 ◗ Gastroenterology available at both sites ◗ Establish haemoglobinopathy service at Nene Park ◗ Neurology non-stop clinics established ◗ Year 2 ◗ End of life support provided consistently across county ◗ All oncology ambulatory care provided locally ◗ Single pathway/tertiary provide for diabetes and endocrine ◗ Integrated eating disorder service established ◗ Clinical networks work plan aligned for long term conditions for asthma, epilepsy, diabetes, endocrinology, cardiology, neonatology, paediatric surgery and critical care networks	◗ Equity of access for patients ◗ More efficient use of resources ◗ Improved outcomes for patients ◗ More resilient acute paediatric services

We have developed some initial proposals for collaboration in gynaecology alongside a proposed ambulatory centre of excellence

University Hospitals of Northamptonshire NHS Group

The ambition is for Gynaecology to be provided in both acute sites by networked teams with the same protocols and pathways, delivering equity of care for all patients across the county. Short term ambitions and priorities are to align models of care and services provided and collaborate to drive improvements and excellence across the Group. This includes aligning ways of working (e.g. nurse-led model), reviewing and aligning pathways and offering joint training.

Initial proposals for collaboration are:

- Development of nurse practitioners for urogynaecology, early pregnancy care and termination of pregnancy service
- Align pathways including endometriosis and ambulatory gynaecology
- Repatriation and development of more specialised services including paediatric and adolescent gynaecology, infertility, and advanced endometriosis treatment (including robotic surgery)
- Develop a 7-day service for ultrasound gynaecology across Northamptonshire
- Implement a 7-day gynaecology Same Day Emergency Care (SDEC) service
- Establish a specialist counselling service in partnership with primary care

To do this we need to:

- Establish joint training, research and project teams
- Develop joint governance including M&M meetings and joint pathways

A key ambition is around improving accessibility to our services. Ambulatory gynaecology services will increasingly be **delivered closer to home** with a **nurse-led model** minimising disruption to our patients lives. We will also increase access through self referral.

In the next 2-3 years, we propose developing Women's Health Hubs with our partners, providing outpatient appointments and minor procedures in a 'one-stop' environment, co-located with community services. These centres of excellence will deliver high performance against national targets, high quality estates and equipment, high patient satisfaction and patient choice. This is dependent on recommendations of national women's health strategy currently in development and consideration of patient and staff travel times. Further work will be undertaken to develop this proposal.

Dedicated to excellence

We are continuing to develop our proposals for fetal medicine

There are several drivers for change for fetal medicine..	• There are currently challenges around the fetal medicine workforce at KGH. • KGH currently have an SLA with Leicester that isn't fulfilling needs, due to Leicester's capacity constraints and there are also challenges with Oxford (NGH). • There is a strategic driver to continue to meet RCOG / Public Health fetal medicine access standards (access to fetal medicine sub-specialist within 5 days)[1] • There is growing demand for the fetal medicine service
… and potential opportunities for collaboration that address these challenges.	• There are workforce opportunities for collaboration, for example, joint recruitment. A Group role should increase attractiveness of the role. • There are opportunities to align the offer within the group and deliver equity of care across the county
The next steps for developing these collaboration opportunities further will be detailed clinical engagement.	• There will be further discussion with the team of fetal medicine specialists to understand what the service could look like in the future across the county.

Appendix 7 Diagnostics

Diagnostic services are currently provided on both sites, with vascular interventional radiology at NGH

University Hospitals of Northamptonshire NHS Group

Both KGH and NGH provide a full range of diagnostic services.

Diagnostics @ KGH

- Pathology including:
  - Andrology
  - Biochemistry
  - Blood transfusion
  - Cellular pathology
  - Haematology
  - Immunology
  - Microbiology
  - Phlebotomy
  - Mortuary
- Radiology: CT, MRI, X-RAY, Ultrasound (non-obstetric & obstetric), breast imaging, nuclear medicine, non-vascular interventional radiology, DEXA.
- Endoscopy
- Satellite services
- Private services

Cardiology diagnostics in Cardiology Centre of Excellence detailed proposal

Diagnostics @ NGH

- Pathology including:
  - Biochemistry
  - Blood transfusion
  - Cellular pathology
  - Haematology
  - Immunology
  - Microbiology
  - Phlebotomy
  - Mortuary
- Radiology: XRAY, CT, MRI, Ultrasound (non-obstetric & obstetric), vascular and non-vascular interventional radiology, fluoroscopy, DEXA, PET-CT, nuclear medicine, breast imaging.
- Endoscopy
- Satellite services
- Private services

Cardiology diagnostics in Cardiology Centre of Excellence detailed proposal

- Vascular interventional radiology is provided at NGH as a county wide service.
- Nuclear medicine run by NGH since Feb 2021.
- Both KGH and NGH are in the ME2 pathology network and EMRAD

Dedicated to excellence

Local and national strategies set the strategic context for our plans for diagnostic services

University Hospitals of Northamptonshire NHS Group

There are a number of national, regional and local strategies and guidelines that have been considered as part of the joint clinical strategy design. The below provides a summary the key recommendations

NATIONAL

- **NHS Long Term Plan:** sets ambition for pathology networks by 2021 to improve access to more complex tests, diagnostic imaging networks by 2023 to enable the rapid transfer of clinical images from care settings close to the patient. The plan introduces more stringent cancer standards for cancer (28-day diagnosis) which diagnostics will be required to help deliver.
- **Diagnostics: Recovery and Renewal 2020:** recommends split of emergency and elective where possible. Community diagnostic hubs should provide highly productive elective diagnostic centres for cancer, cardiac, respiratory and other conditions. Major expansion in the workforce is required and increase in roles such as advanced practitioner radiographer and assistant practitioner.
- **GIRFT Radiology 2020**: Recommendations include hot/ cold splits of activity, staff working at the top of their license, review of the efficiency and management of MDTs, robust clinical pathways supported by clinical decision making tools such as iRefer.
- **Cancer Alliance 2019/20:** Priorities include: implementation of faster diagnosis standard, improvements in cancer screening programmes and delivery of rapid diagnostic centres.

REGIONAL

- **Midlands & East 2 Pathology Network Update**: ambition to create a single operating model for Pathology across ME2 to release benefits for workforce, procurement, logistics and consistent clinical pathways, allowing patients to move seamlessly between Trusts.
- There are a number of regional networks and groups that our proposals must align to: **East Midlands Imaging Network (EMRAD), Regional Radiology Group and Regional Pathology Group** for example
- **NGH/KGH Group Digital Strategy**: ambition to implement a shared electronic patient record, ambition to enable staff to virtually monitor patient's and deliver care through virtual appointments where safe and appropriate
- **Group Academic Strategy:** ambition to achieve international recognition as an academic centre that promotes and delivers better health service and provision and health outcomes to our patients

LOCAL

- **The KGH Clinical Strategy 2020**: establish an imaging hub in the community to scan routine patients. Increase in-house capacity to focus on urgent diagnostics and interventional radiology to diagnose and treat patients more quickly. Improve cancer diagnosis and treatment in line with national standards.
- **The NGH Strategy 2019-24**: ambition to establish an imaging hub in the community in partnership with KGH to provide a range of diagnostic services. This will help manage increasing demand and support colleagues in Primary Care Networks.

Our case for change shows that there are several issues that we must address

University Hospitals of Northamptonshire NHS Group

As well as responding to the recommendations of key strategies, there are several other drivers for change that services are facing. These are addressed within our proposals for diagnostic services

Growth in demand

- Northamptonshire population is projected to increase by 14% 2018-2038. In 20-64 yr olds there is projected to be a 7% increase, in the 65yrs+ there is projected to be a 50% increase [1]
- Demand for radiology services is predicted to grow by 8% by 2024 placing additional pressures on services [2]
- Growth in endoscopy demand in addition to national driver for age extension of bowel cancer screening
- Increase in one-stop-shop services pressures on diagnostic services
- Estates will, and are already, constraining growth required to meet this demand

Digital advancements

- Emerging role of AI in decision making (NHS LTP)
- Radiology services nationally will need to make better use of digital technologies and future advances in artificial intelligence that will become vital tools for imaging teams [2]
- Different ways of working embracing digital technologies

Dedicated to excellence

Capacity: workforce

- Workforce impacted by national shortages e.g. radiologists and in pathology. Lack of substantive workforce sustainability e.g. IR and breast radiology [3]
- KGH & NGH have some gaps in radiologist and radiographer capacity, impacted by delays in overseas recruitment due to COVID
- Opportunity to adopt flexible working contracts and remote working for some parts of the radiology and pathology service [2]

Networks

- Need for off-site diagnostic hub. Limited estate capacity at NGH for pathology and radiology.
- Collaboration between KGH and NGH will support discussions with regional imaging networks, supporting care provided outside of the East Midlands.

Opportunities to increase services

- Targeted healthy lung checks (THLC) are currently provided by a third party provider. There is an opportunity to bring this in-house.
- Neither hospital currently provides 7 day endoscopy services

CQC Performance

Diagnostic Imaging
KGH: Good (2019)
Northampton: Good (2017)

Diagnostic Waiting Times

NGH: Prior to COVID, Trust was variably meeting 6 week referral target of 99%. Current metric (Nov 2020) is 77% [6]

KGH: Prior to COVID, Trust was meeting 6 week referral target of 99%. Current metric (Dec 2020) is 87%. [7]

Sources: [1] ONS Population Projections 2018-2028 [2] KGH Clinical Strategy Jan 2020, [3] NGH Clinical Service Model Reviews 19/20, [4] CQC [5] Royal College of Radiologists support and wellbeing report 2021 [6] NGH Board of Directors report, Jan 2021 [7] KGH Board of Directors report, Jan 2021

We have developed a vision for a diagnostic services for Northamptonshire

University Hospitals of Northamptonshire NHS Group

SHORT TERM

- ✓ Diagnostic services across the Group will work in a collaborative, integrated way developing **shared pathways and protocols, joint access policy** (in development) to enhance care across the county. Both organisations will work together to share capacity in order to reduce waiting times for patients.
- ✓ Diagnostics services will develop services in order to minimise disruption to patients lives, **delivering care closer to home** and **increasing one-stop services.**
- ✓ Diagnostics will **strengthen links with both Leicester and Northampton Universities** in line with the Group academic strategy to increase delivery of high-quality research and improve recruitment and retention.

LONG TERM

- ✓ Services will embrace **new technologies such as AI** to increase **efficiency and effectiveness of care**, supported by a seamless shared IT system with the Group and wider system partners.
- ✓ Diagnostic services will collaborate to develop **shared strategies for procurement of equipment and required expansion of estate.**
- ✓ Diagnostic services across the Group will **share waiting lists and reporting lists** where appropriate.

Dedicated to excellence

We have developed proposed clinical priorities for diagnostics (1/3)

University Hospitals of Northamptonshire NHS Group

There are five services within diagnostics that have been identified as priorities, because of the positive impact that collaboration is expected to deliver in terms of easing workforce pressures, standardising diagnostic care and expanding patient access to specialist expertise. The five services are imaging, interventional radiology, nuclear medicine, pathology and endoscopy.

The ambition for all 5 services is for teams across NGH and KGH to work closely together to develop and implement shared pathways and protocols. Longer term this will be the basis for moving towards sharing waiting and reporting lists.

Priority Specialty	Drivers for Collaboration	Ambition
Imaging	**STRATEGIC DRIVERS** ◗ NHS Long Term Plan: diagnostic imaging networks by 2023 ◗ Diagnostics: Recovery and Renewal: community diagnostic hubs **GROWTH IN DEMAND** ◗ Increased demand for imaging as population grows and estate capacity is already constrained particularly at NGH. Collaboration could allow resource to be maximised across both sites to better meet patient demand **WORKFORCE CHALLENGES** ◗ Gaps across the group in radiologist and radiography capacity caused by national shortages and delays in overseas recruitment ◗ Overseas recruitment is time and resource intensive ttherefore collaboration on recruitment could increase efficiency of this process for both organisations **EFFICIENCY OPPORTUNITIES** ◗ Working together will avoid duplication of expensive kit and services on both sites	**The ambition is for imaging to be maintain service on both acute sites by a networked team working to the same protocols and pathways. The Group will work together to establish a community diagnostic hub.** ◗ The group will work together to rapidly address capacity constraints particularly at NGH. This will reduce waiting times for patients, allowing them quicker access to treatment. ◗ Group ambition to achieve joint QSI accreditation; combining expertise and resource will expedite process to achieve accreditation. ◗ The Group imaging services will embrace the emerging role of digital technologies and artificial intelligence to improve quality and efficiency of services. ◗ Group imaging will share best practice and learning to increase delivery of one-stop services to improve patient experience and streamline their care. **Workforce ambitions:** ◗ The Group will work together to explore and expand alternative workforce roles to ease capacity pressure. This will include recruiting 2-3 clinical fellows at a Group level who can be appointed into substantive posts. ◗ The Group will integrate training to jointly offer a wider range of courses; the Group will also develop a Group-wide support network for those on a consultant trajectory. The scale provided through collaboration will expand the support and development network offered to staff. ◗ Overseas recruitment will be progressed at a Group level e.g. joint interview days, to reduce administrative burden of the recruitment process on both organisations. ◗ The Group will introduce rotating radiographers (specialist areas or lower banding) who will facilitate cross-site learning and sharing ways of working. **Service location ambitions:** ◗ PET-CT will continue to be delivered solely at NGH (nationally commissioned service). ◗ Cardiac MRI will continue to be delivered solely at KGH *(subject to Cardiology proposals.)*

We have developed proposed clinical priorities for diagnostics (2/3)

University Hospitals of Northamptonshire NHS Group

Priority specialty	Drivers for Collaboration	Ambition
Interventional radiology	**WORKFORCE CHALLENGES** ◗ Significant workforce pressures including lack of substantive workforce sustainability. ◗ No KGH out of hours cover for non-vascular IR currently. NGH offers an ad hoc 1 in 2 rota. Challenges with out of hours cover results in patients being sent to Leicester for care. **EXISTING COLLABORATION** ◗ Vascular IR is already consolidated on NGH	**The ambition is for non-vascular IR to continue be provided on both acute sites by networked teams working to the same protocols and pathways. Vascular IR will continue to be provided on a single site (NGH).** **Non-vascular IR will work collaboratively across the group to provide a shared rota for out of hours cover.** The teams will work together to provide joint training and secondment opportunities; sharing expertise to increase career opportunities for staff. The Group will continue to explore and build on alternative roles within IR, including recruiting clinical fellows at a group level who can be appointed to substantive posts. This collaboration will help to ease workforce pressures across the Group. **Vascular IR** (inpatient and complex) will continue to be provided on a single site (NGH). There is potential to expand OP services at KGH to provide day case vascular IR procedures. Rare complex cases will continue to be referred elsewhere as they require access to cardiothoracic surgery.
Nuclear medicine	◗ **EXISTING COLLABORATION** ◗ Nuclear Medicine currently run for the group by NGH, this is a temporary arrangement and a great example of current collaborative working. **EFFICIENCY OPPORTUNITIES** ◗ Underutilised Nuclear Medicine department at KGH	**The ambition is for Nuclear Medicine to continue to be provided on both sites, building on the existing collaborative working this service will be delivered by a single team working to the same protocols and pathways.** Nuclear medicine will be delivered across both sites by a single team, ensuring capacity across the Group is fully maximised. Note: there may be some challenges re single team given NGH radiographers dedicated to NM, KGH radiographers are not.

Dedicated to excellence

We have developed proposed clinical priorities for diagnostics (3/3)

University Hospitals of Northamptonshire NHS Group

Priority specialty	Drivers for Collaboration	Ambitions
Pathology	**STRATEGIC DRIVERS** ◗ NHS Long Term Plan: pathology networks by 2021 **GROWTH IN ONE-STOP SERVICES** ◗ Increase in demand for pathology services ◗ Similar ways of working required between the trusts to enable one-stop services **WORKFORCE CHALLENGES** ◗ Pathology workforce challenges caused by national shortages ◗ Opportunity to adopt flexible working contracts and remote working. Implementing this is critical to addressing workforce pressures. Collaboration will enable more rapid roll out of these new ways of working via economies of scale. ◗ Microbiology, Histopathology and Blood Sciences are having challenges recruiting medically qualified staff nationwide	**The ambition for Pathology is for both trusts to continue work together collaboratively within the ME2 Network.** The priorities and objectives highlighted in the ME2 include: ◗ A staffing strategy to include resolving operational issues with staffing, appointing joint posts and delivering joint training ◗ Adopting consistent processes to reduce unwarranted variation ◗ Digital pathology/diagnostics implementation ◗ Common performance and risk management dashboard **The Group will have shared on-call provision for Microbiology** these discussions are already in train and this will address the current fragility of this service. The Group will collaborate to develop **shared ambitions for future use of molecular pathology** in line with national recommendations.
Endoscopy	**MANAGING DEMAND** ◗ Growth in endoscopy demand in addition to national driver for age expansion of bowel cancer screening ◗ This will incur further challenges meeting diagnostic targets **WORKFORCE CHALLENGES** ◗ Challenges around consultant and nursing numbers. Alternative roles have been developed, however this hasn't closed the gap. **SERVICE PROVISION** ◗ Neither KGH or NGH provide 7 day endoscopy services (24/7 OOH provision is provided).	**The ambition for Endoscopy is to be provided on both acute sites by networked teams working to the same protocols and pathways, with integration of specialist services.** The Group will have joint meetings and regular contact to share learnings and work together to deliver equity of service across the county including services offered in the community. This will build on the successful existing collaboration around bowel cancer screening. There is opportunity for further integration of specialist endoscopy services, e.g. EUS (currently key-man risk at NGH) and ERCP (pressured at both trusts), as these services require specialist expertise and equipment, Opportunities include single site service or networked waiting list. The Group will collaborate to discuss jointly delivering 7 day services and new technologies such as Spyglass. This will require significant investment.

Our ambition is to deliver diagnostic services closer to home

University Hospitals of Northamptonshire NHS Group

There is a clear ambition to deliver diagnostics services outside of the acute setting, closer to patients' homes. This will improve access and patient experience. Delivering services in the community could release capacity in the acute setting which is currently constrained.

Collaboration is an opportunity to explore the development of **Community Diagnostic Centres** across the county.

The ambition to deliver care closer to home could be achieved by delivery of Community Diagnostic Centres	The Group will collaborate to develop a strategy and delivery plan for Community Diagnostic Centres (CDC). **Initial ambitions for CDC include:** • To include GP services (including primary care cancer pathway) and outpatient services such as fracture clinic. • Diagnostics provision that could be included: CT, MRI, ultrasound and bloods. The hubs could also offer therapy provision.
There are a number of potential opportunities for location of the CDC(s)	• We are considering the opportunity to establish a CDC in Northampton, Nene Park, Isebrook or Corby.
There are benefits of delivering diagnostic care closer to home for patients and the trusts..	• Delivering care closer to home will improve patient experience and minimise unnecessary visits to the acute site. • NGH currently has limited space on site (2 CTs and MRI needed). CDC will help to reduce estate pressure. • A CDC supports delivery of the GIRFT recommendation to split elective and emergency activity. This allows better protection of elective services during periods of high emergency demand such as was seen during the pandemic.
However there a number of challenges and considerations with CDC that the Group must take into account.	• Funding has not yet been agreed • Any CDC will have to be staffed from existing workforce. This may increase workforce pressures although reducing estate capacity pressures.

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Appendix 8: Financial impact assessment

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Financial impact assessment of clinical strategy (DRAFT) 1/2

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The Group clinical strategy includes plans to co-locate and consolidate several specialties and collaborate with the system, which will require significant investment, but has potential to result in long-term efficiency and productivity savings

Ref	Theme	Description of initiative	Timing	Investment Required? (Y/N/M)	Investment Type?	Savings Possible?* (Y/N/M)	Savings Type?	Finance Support Required	Comments
1	Creating Centres of Excellence ('CoE')	Establishing CoEs for cancer and cardiology including co-locating services, delivery by single team, single governance structure	Beyond 12 months	Y (High)	Capital and revenue	Y (Medium)	Efficiency	Cost / benefit analysis support; business case support required for capital-intensive co-locations; tracking of savings from pooled workforce	Significant dependency on estates function to deliver co-locations; potential income generation from CoEs Savings from reduction in on call payment (shift system), reduced locum and agency cost, reduced length of stay.
2	System Collaboration	Working with system partners to develop strategies, set up networked services or deliver services within the community (iCAN and elective collaborative)	Beyond 12 months	Y (High)	Capital and revenue	Y (High)	Efficiency and Productivity	Financial analysis support	Significant transformation in ways of working required to deliver services in partnership Initiatives will reduce bed requirement but cost of reprovision in the community is substantial (cost transfer to community)
3	Co-location of specialised services	Co-location of highly specialised and fragile services	Beyond 12 months	Y (Medium)	Capital and revenue	Y (Low)	Efficiency	Financial analysis and business case support	Savings from reduced cost of locums, outsourcing and agency, testing and diagnostics
4	Income generation	Income generation through repatriating activity to the Group	Beyond 12 months	Y (Medium)	Capital and revenue	N	n/a	Tracking increased activity against capacity	Income generated likely to net off costs – i.e. c£1-5m income expected.

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*Savings will be against a projected baseline. Note: The above information is based on the Group Clinical Ambitions Nov 21, and assumptions on the initiatives in terms of investment need, scale, and savings.

Key							
Investment Type	• Infrastructure (Capital) • Operational Capacity (Revenue) • Both	Savings Type	• Productivity • Efficiency • Both	Scale (£ Cost)	• Low (Green): 0-1m • Medium (Amber): 1-5m • High (Red): 5-10m	Scale (£ savings)	• Low (Red): 0-1m • Medium (Amber): 1-5m • High (Green): 5-10m

Financial impact assessment of clinical strategy (DRAFT) 2/2

University Hospitals of Northamptonshire NHS Group

A key initiative is streamlining existing processes and functions, including back-office functions which, if implemented effectively, could potentially result in significant savings for the Group

Ref	Theme	Description of initiative	Timing	Investment Required? (Y/N/M)	Investment Type?	Savings Possible?* (Y/N/M)	Savings Type?	Finance Support Required	Comments
5	Alignment of systems	Implement common systems to support joint working (e.g. system for scans to be read on both sites, common performance and risk dashboard, AI technology)	Within 12 months	Y (Medium)	Capital and revenue	Y (Medium)	Efficiency and productivity	Financial analysis and business case support required for capital-intensive investments	AI technology considered longer-term and requires significant investment, however majority of initiatives are short-term Savings from reduction in duplicate tests and appointments
6	Staff retention	Aligning pay rates, extending existing roles and expanding staff support network and improving learning and development for staff	Within 12 months	Y (High)	Revenue	Y (Medium)	Efficiency and productivity	Tracking effect of increased recruitment on agency costs	Investment depends on direction of pay alignment – assumed increase in pay required. Savings from reduction in sick leave and subsequent bank agency cost, reduce costs associated with attrition rates
7	Streamlining processes and functions	Streamlining patient pathways, procedures and back office functions	Within 12 months	Y (Medium)	Revenue	Y (High)	Efficiency	Tracking of savings from pooled workforce	Single Group approach to back-office functions, including Boards, likely to save c£10m
8	Patient quality / access targets	Achieving specific patient quality / access targets such as delivering to national quality standards and improving access to specialist cardiac services.	Beyond 12 months	Y (Medium)	Revenue	Y (Medium)	Productivity	Tracking increased activity against capacity / resource available	Additional income may be available via Payment by Results (PBR) tariff Savings would largely be from GIRFT, but would be difficult to quantify

*Savings will be against a projected baseline. Note: The above information is based on the Group Clinical Ambitions Nov 21, and assumptions on the initiatives in terms of investment need, scale, and savings.

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Key							
Investment Type	• Infrastructure (Capital) • Operational Capacity (Revenue) • Both	Savings Type	• Productivity • Efficiency • Both	Scale (£ Cost)	• Low (Green): 0-1m • Medium (Amber): 1-5m • High (Red): 5-10m	Scale (£ savings)	• Low (Red): 0-1m • Medium (Amber): 1-5m • High (Green): 5-10m