



# Clinical Site Development Strategy

2017-2022



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# Introduction

The Clinical Site Development Strategy sets out our ambition for the future and provides a framework of how the Trust will retain its strong reputation by working with patients, partners, and the public to maintain and improve the delivery of high quality, integrated care.

To be able to deliver high quality and high performing, efficient and effective care we need to make best use of the facilities on each of our sites. The main clinical sites are:

**Doncaster Royal Infirmary (DRI):** A large acute hospital with over 500 beds, a 24-hour Emergency Department (ED), and trauma unit status. In addition to the full range of district general hospital care, DRI also provides some specialist services including vascular surgery. It has inpatient, day case, diagnostic and outpatient facilities.

**Bassetlaw Hospital (BH) in Worksop:** An acute hospital with over 170 beds, a 24-hour Emergency Department (ED) and the full range of district general hospital services including a breast care unit and renal dialysis. BH has inpatient, day case and outpatient facilities.

**Montagu Hospital (MH) in Mexborough:** A small non-acute hospital with over 50 inpatient beds for people who need further rehabilitation before they can be discharged. There is a nurse-led minor injuries unit, open 9am to 9pm. It also has a day surgery unit, renal dialysis, a chronic pain management unit and a wide range of outpatient clinics. Montagu is the site of our Rehabilitation Centre, Clinical Simulation Centre and the base for the abdominal aortic aneurysm screening programme.

We aim to improve pathways for patients who require planned care and we want to make sure that all of our expensive theatre, clinic and diagnostic resources are utilised to optimal levels.

We also need to respond to changes resulting from implementing national best practice that are likely to result in increased pressure on emergency capacity at the DRI site and make sure that front door emergency services on both BH and DRI sites are functioning as efficiently and effectively as possible to deliver the right care in the right place.

Over the next five years we will continue to strengthen our partnerships with our community care providers, social care and primary care services, alongside our other multi-agency partners to deliver our mission and vision and improve the health and outcomes for our local communities.

## Key Outcomes

- Improved patient experience by care being delivered in the right place, first time
- Efficient and effective use of elective services and moving more elective care to the Bassetlaw site
- Developing Urgent Care services at DRI as the second Emergency unit in the Accountable Care System
- Developing a centre of excellence for rehabilitation services at Mexborough Montagu.



Doncaster Royal Infirmary



Bassetlaw Hospital



Montagu Hospital

# Executive summary

As a Trust, we are extremely proud of the excellent improvements in the quality of care we continue to provide for our patients, an achievement we have sustained for the fourth year in a row. As part of this achievement, we have seen further reductions in severe avoidable pressure ulcers, falls and infections and our mortality rate has also reduced in comparison to last year and well within the expected range. Maintaining quality of care is fundamental to our future plans and lies at the heart of all we do.

In January 2017, we were awarded teaching hospital status, becoming Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH). We gained this accreditation due to our long-standing commitment to improving education and growing research, as well as ensuring that we are an integral partner in the training of clinical and medical staff in the region. Becoming a teaching hospital is of huge benefit to both our patients and staff, with further improvements to be made in innovative and quality health care, delivered by our professional team that is actively teaching and involved in research initiatives.

Following financial challenges which became apparent in Autumn 2015, we have also made great progress in

our cost saving and efficiency efforts and these will continue into the future. The progress we have made has been due to a number of factors, but can be mostly attributed to the 'can-do' attitude and enthusiasm of our staff, who have been working in different and innovative ways. Throughout this process it has been our goal to ensure that the patient remains our focus and we believe that, despite increased demands and challenges, we have achieved this.

Thanks to our identified savings, and a one-off support payment from NHS Improvement for our strong performance against our financial plan, we have started this planning period in a better position than expected. Like many other NHS organisations we will continue to face significant changes and challenges, and in order to meet these, we have developed our strategic direction in anticipation to ensure we work effectively both internally and with partners to develop solutions.

Over recent years we have strengthened our links with health and care partners in South Yorkshire and Bassetlaw, working as part of the Working Together Vanguard to develop new care models. We are also an integral partner of the South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) which has now become a first wave Accountable Care System (ACS).

This is thanks to established strong relationships with neighbouring trusts and clinical commissioning groups, and is built on the foundations of a proven history of working together to improve health and care for our population.

## Where are we now?

We provide a range of services and are uniquely placed in the north of the South Yorkshire and Bassetlaw area with good access routes to and from our hospital sites. Our multiple sites provide a number of benefits in terms of access and flexibility which presents opportunities for development.

Regional funding is likely to be available to support capital investment requirements associated with new models and changes to pathways as part of the South Yorkshire and Bassetlaw Accountable Care System (ACS).

Whilst being a multi-site organisation provides many opportunities it can also create difficulties in providing staffing, especially given national and local shortages in appropriately qualified staff.

Our estate is mixed, with recent investment in new buildings and services, and some older facilities and infrastructure with associated costs.

Changes to clinical pathways and increased demand puts pressure on our diagnostic facilities, which we are addressing but we are also constantly looking for ways to ensure these are used as efficiently as possible.

## Strengths

- ✓ Uniquely placed in the north of the STP footprint with a large population size (420,000+) and engaged local communities with two way communication.
- ✓ Resilient leadership team – with excellent external relationships.
- ✓ Major stake holder in Doncaster and Bassetlaw Place plans.
- ✓ Increased confidence in DBTH - result of delivery of licence actions, Internal management of Financial Improvement Programme (FIP), maintaining market share with tender success and governance review showing high level of transparency/ external scrutiny.
- ✓ Continued achievement of other quality indicators and good position relative to other trusts on key target.
- ✓ Award winning established professional teams and services with committed, efficient and resilient staff and national recognition for discharge with good trust membership and governor influence.
- ✓ Increasingly specialised workforce, potentially producing better outcomes.
- ✓ Track record of working with local strategic partners to develop services including a range of specialist services. Designation as a trauma unit. AAA, satellite chemo, onsite urgent care centre and bowel screening provider.

## Opportunities

- ✓ Refreshed Board and Teaching Hospital status represents an opportunity for strategic site development.
- ✓ ACS is both an opportunity and a threat – threat mitigated by proactive involvement.
- ✓ Can optimise position in the north of the ACS footprint with a large population size (420,000+) and become an established second major emergency care site with associated specialisms.
- ✓ Recent Teaching Hospital status should attract workforce and investment.
- ✓ Recent recruitment to Quality Improvement and Innovation posts to increase Qii capability and capacity.
- ✓ Opportunity for development of new model/review utilisation of space.
- ✓ Potential to address infrastructure investment requirements through joint public/private partnerships.
- ✓ Development of screening services across local and wider areas.
- ✓ Providing a strong service offer through vibrant local hospitals and off site clinics to deliver additional catchment population for specialist services.
- ✓ Opportunities to take on services to use sites better eg. consistent dementia care across sites, additional CT capacity.
- ✓ Develop alternative staffing solutions in key specialties and services.
- ✓ Further improve our Research, Development and Innovation profile.
- ✓ Increased governors membership may benefit the Trust.
- ✓ Stability and organisational memory, high standards of care at DBTH to be benchmarked against.
- ✓ Partnership working with other Trusts/organisations and Community based services, intermediate care.

## Weaknesses

- ✗ Reputational damage from financial misreporting – still present although fading.
- ✗ Physical infrastructure and backlog maintenance requires significant investment – funding source not currently identified for all work required.
- ✗ Position of DRI site makes physical expansion for increasing emergency/ specialist services in line with ACS difficult to achieve whilst maintaining local provision for Doncaster population.
- ✗ Split site operations relatively inefficient and generate staffing challenges.
- ✗ Bassetlaw Hospital serves a population of less than 110,000 – challenge to sustain some local services especially given significant shortages of staff (especially for on call/specialist workforce) reflecting national picture.
- ✗ Elective and non-elective capacity challenges leading to RTT challenges.

## Threats

- ✗ Pace of ACS changes not sufficient to address current operational challenges and suspicions on plans with insufficient public information engagement
- ✗ Lack of identified funding for pathway changes and any physical expansion for increasing emergency/specialist services in line with ACS
- ✗ Staffing – recruitment and retention challenges mirroring national picture
- ✗ Impact of locum agency cap and impact of any local or regional non-compliance on fill rates
- ✗ Contract challenges – demand might not reduce as anticipated by commissioners
- ✗ Impact of service challenges elsewhere increasing demand for services from DBH before ACS plans are available to address this in a proactive way
- ✗ Potential changes to key commissioned services as a result of regional reviews
- ✗ Sustained financial recovery
- ✗ Priorities partnership working – ensure all partners inputting as needed (greater dependencies)

# Where do we want to be?

## Clinical Site Development Plan

In 2016 at DBTH, a detailed analysis of clinical services was conducted at speciality level, led by the Care Group Directors and supported by the senior clinical and managerial staff.

Using the information, statistics and outcomes from the analysis each Care Group determined their priority objectives for the strategy over the next five years. This has enabled detailed plans for each of the services to be developed in line with our vision and objectives.

Our strategic objectives are:

- We will work with patients to continue to develop accessible, high quality and responsive services.
- As a Teaching Hospital we are committed to continuously developing the skills, innovation and leadership of our staff to provide high quality, efficient and effective care.
- We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.
- We will increase partnership working to benefit people and communities.
- We will support the development of enhanced community based services, prevention and self-care.

The analysis of services on each main site used a set of principles which were adhered to throughout the review.

- Patient centred, safe services
- Maximise the efficiency and effectiveness of Trust sites
- Work in partnership with other providers to improve outcomes
- Standardised approach to pathway delivery across CCGs and hospitals
- Senior clinical triage with access to multi-disciplinary triage where appropriate

- Diagnostics ordered once and only when clinically necessary
- One stop services/co location to improve patient experience
- Follow up once and only when necessary
- Increase the use of Integrated IT/information.

The analysis undertaken by each of the six Care Groups provide the basis of a framework for the Clinical Site Strategy, in line with the Strategic Direction, that takes into account staff views, engagement with clinical commissioners, partners and the wider community.

Each Care Group assessed services based on the above principles, taking into account the following:

- Patient experience, complaints/compliment information.
- Workforce sustainability, locum/agency spend as a percentage of permanent staff.
- Clinical sustainability, based on best practice clinical guidelines.
- Financial sustainability, efficiency and effectiveness.
- Opportunities to work better together, internal and external to the organisation.
- Bassetlaw and Doncaster Place Plans and the South Yorkshire and Bassetlaw Accountable Care System.

The analysis has been used to plan for each service element within Care Groups a number of options such as development/expansion, partnership working, providing it in a different way, or understanding when service provision at DBTH does not add value to patients and communities.

A key element of this is to ensure our three main sites are utilised effectively and efficiently in delivering services, which might include considering single site working for some specialities.

Services on each site have been categorised into:

### **Core Services/ Interdependent**

These services are essential for the delivery of the hospitals fundamental purpose of providing rapid access to acute care for the local and tertiary population. Core services define the Trust's priorities for development and further investment.

### Partnership with interdependent services

These services are closely linked to the provision of core services, example chemotherapy, provided locally for patient experience but supported by Sheffield Teaching Hospital or internal synergies between elective and trauma services.

Partnership with a purpose is vital in ensuring local provision in the wider ACS and is a key objective for a number of specialties for them to remain sustainable.

### Minimal interdependencies

Those services which are important to our role in providing a comprehensive range of services to our population, but that stand alone and not necessarily required on site for other services to be maintained.

The following tables identify the category of each service that are provided on the three main sites:

Doncaster Royal Infirmary	Care group	Core/ Interdependent	Partnership with interdependencies	Minimal interdependencies
	<b>Emergency</b>	Emergency Dept Acute Medicine Respiratory Medicine Gastroenterology		
	<b>Frailty</b>	COTE Trauma Acute Physiotherapy	Elective Orthopaedics complex Physiotherapy Occupational Therapy Dietetics Speech and Language	Rheumatology
	<b>Surgery</b>	Emergency Surgery Endoscopy ENT Anaesthesia DCC	Colorectal Upper GI Bariatric, complex	Audiology Pain Management Ophthalmology Elective/complex and paediatrics
	<b>Specialist Services</b>	Vascular Access Cardiology Stroke Haematology	Urology Elective Vascular Breast Services Palliative Care Oncology/Chemotherapy Diabetes and Endocrine Neurology	Dermatology
	<b>Families</b>	Acute Paediatrics Neonatal Services Maternity Services Acute Gynaecology	Elective Paediatric surgery Elective Gynaecology	
	<b>Diagnostics and Pharmacy</b>	Pharmacy Interventional radiology Radiology DSA CT Ultrasound Blood Sciences Transfusion Services	Nuclear Medicine Fluoroscopy Histopathology MRI Microbiology	

**Bassetlaw Hospital**

Care group	Core/ Interdependent	Partnership with interdependencies	Minimal interdependencies
<b>Emergency</b>	Emergency Dept Acute Medicine Respiratory Medicine Gastroenterology		
<b>Frailty</b>	Trauma Acute Physiotherapy	Intermediate Care Elective Orthopaedics Physiotherapy Occupational Therapy Dietetics Speech and Language	Rheumatology
<b>Surgery</b>	Endoscopy DCC Anaesthesia	Colorectal Upper GI Bariatric	Audiology Ophthalmology Pain Management
<b>Specialist Services</b>	Cardiology	Urology Breast Services Palliative Care Stroke Rehab Diabetes and Endocrine Haematology	Dermatology
<b>Families</b>	Acute Paediatrics Neonatal Services Maternity Services Acute Gynaecology	Elective Paediatric surgery Elective Gynaecology	
<b>Diagnostics and Pharmacy</b>	Pharmacy Radiology MRI CT Ultrasound Blood Sciences Transfusion Services Microbiology		Breast Screening

**Mexborough Montagu Hospital**

Care group	Core/ Interdependent	Partnership with interdependencies	Minimal interdependencies
<b>Emergency</b>	Minor Injuries OPD services		
<b>Frailty</b>	Rehabilitation Stroke Rehabilitation	Physiotherapy Occupational Therapy Dietetics Speech and Language	
<b>Surgery</b>	Day Surgery Anaesthesia OPD services	Ophthalmology	Pain Management Maxillofacial Orthodontics
<b>Specialist Services</b>	OPD services		Dermatology
<b>Diagnostics and Pharmacy</b>	Pharmacy Radiology		

The Trust is a major stakeholder in the Doncaster and Bassetlaw place based plans as well as the South Yorkshire and Bassetlaw Accountable Care System (ACS). As key partners we are working jointly with our commissioners to ensure that our services meet the needs of the population we serve for the next five years.

# Objectives and Goals

## What this will look like

The place plans are focused on urgent and emergency care, intermediate care, key elective services and early years to ensure the population are treated effectively in the right place, first time. Examples of some of the ways we will work together include:

### Urgent and Emergency Care

The Trust will continue to develop the Emergency Department (ED) at DRI which is the second largest in South Yorkshire. In addition to the further development of front door streaming and co-located urgent care facilities, the Trust plans to transfer minor injuries to a separate area to create additional space in the main department to expand the ED. Dependent on national funding, the expanded area will include a nine bedded resuscitation room and a further 10 cubicles in the majors area to address the demand of the service as pathways to DRI increase with the proposed changes to the South Yorkshire and Bassetlaw stroke pathways and the potential impact from ACS developments. Part of this development will be the colocation of a CT scanner to improve patient pathways within emergency care.

At Bassetlaw Hospital we are committed to a 24/7 ED and will continue to work with the CCG to review streaming pathways and develop greater access to other urgent care services from ED. Funding has been agreed for improvements to the front door and streaming environment. In addition we will plan to develop our acute medical service increasing the provision of acute physicians and developing a dedicated facility which combines acute assessment, short stay beds and ambulatory care.

We constantly aim to provide care for the whole person and we continue to work in partnership with Rotherham, Doncaster and South Humber (RDASH) and Nottinghamshire Healthcare NHS Foundation Trusts to further enhance the mental health urgent care offer at both DRI and BH. We will also continue to develop services to respond specifically to the needs of frail older people, including access to specialist assessment skills and appropriate assessment areas.

We will continue to provide the well-used minor injuries service at MH and look to enhance the nurse led model in this area.

### Intermediate Care

Identified within both Doncaster and Bassetlaw Place Plans the requirements for intermediate care are being reviewed. As a key stakeholder DBTH is committed to improving the provision of Intermediate Care.

Within the Doncaster Place Plan we are working with partners to ensure that alternatives to admission and appropriate non acute bed based pathways are effective. These plans will assist with capacity on the DRI site. The further improvements in the frailty pathways play a key role in this plan.

Within the Bassetlaw Place Plan the need to enhance the provision of frailty assessment is pivotal in improving the pathways across primary and secondary care. The Trust is committed to supporting the provision of intermediate care on the Bassetlaw site.

### Rehabilitation

Montagu Hospital provides medically led rehabilitation and offers excellent facilities for patients. With the Trust's Teaching Hospital status we are exploring the opportunities to develop the site as a rehabilitation educational facility, offering enhanced services for staff and patients.

### Planned Care

DBTH will continue to deliver a comprehensive portfolio of planned care which is complementary to the delivery of our core acute services. As part of our efficiency programme we will improve the utilisation and productivity of our out-patient services and theatres.

We will transfer day cases to outpatient procedures and inpatient work to day-case in line with best practice to be top performing in all areas. As part of the Care Group review we plan to move appropriate services to Bassetlaw and Mexborough Montagu sites to ensure high quality estate and theatre capacity is used effectively at the same time as developing urgent surgical and trauma capacity at DRI.

Demand and capacity work has been undertaken to review how services will be delivered, in line with our strategic objective:

We will ensure our services are high performing, developing and enhancing elective care facilities at Bassetlaw Hospital and Montagu Hospital and ensuring the appropriate capacity for increasing specialist and emergency care at Doncaster Royal Infirmary.

The Trust is planning on increasing the capacity for key diagnostic imaging as the demand for these services increases.

The delivery of effective cancer care remains a core service for the hospital. We will continue to work as part of the Cancer Alliance seeking to deliver as much care locally where possible. The development of a second CT scanner is planned to ensure timely scans for the detection and staging of cancer patients.

#### **Acute Paediatrics and Maternity Services**

As a Trust we are committed to providing both maternity and children's services on both DRI and BH sites.

#### **Acute Paediatrics**

The Trust will continue to provide assessment and treatment of paediatrics on both the DRI and BH sites. Future models of paediatric care as identified in the Facing the Future document are being reviewed in the Accountable Care System and the Trust is an active stakeholder in reviewing the provision of safe, effective, paediatric care for our local population.

The Trust is working with commissioners and primary care to review paediatric services across the whole pathway to improve outcomes for children.

#### **Maternity Services**

The Trust will continue to provide a maternity service on both DRI and BH sites. These services will offer women a choice for local delivery including the increased provision for home births, depending on their needs. The Trust is working with the Accountable Care System to review the impact of the Better Births plan and how this may influence the services provided within South Yorkshire and Bassetlaw.

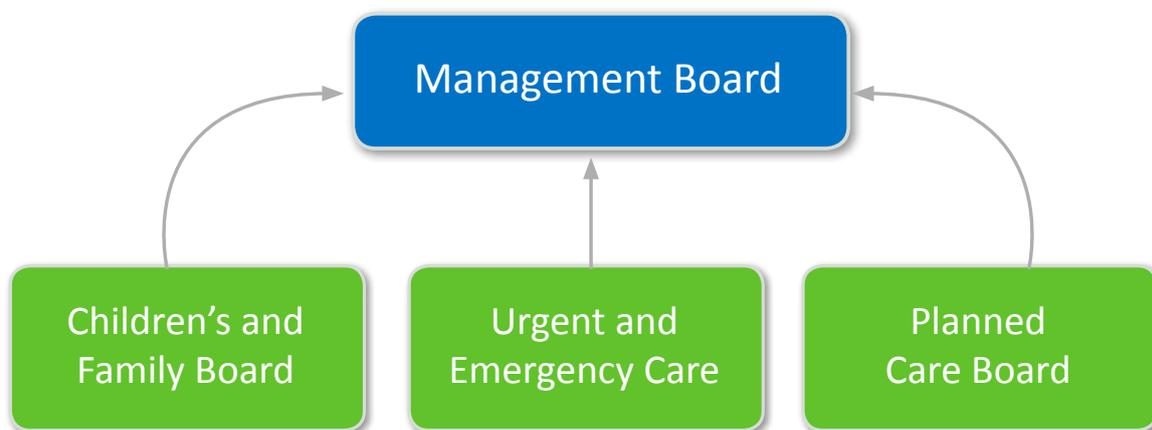
# Evaluation and Monitoring

## Implementing the Clinical Site Strategy

The Trust has set up three strategic steering boards in order to operationalise the clinical site development strategy.

- Urgent and Emergency Care
- Planned Care
- Families and Paediatric Care

Each Board is chaired by a Care Group Director and include members of the Executive Team, CCG representatives, care group staff and governors. Work plans are developed to ensure that the Trust meets the objectives set in the strategic direction. The 3 steering boards fit into the governance structures within the Trust and feed into the Management Board, with escalation to the Board of Directors.



The three Boards have work plans which will deliver the key strategic changes, examples are the transfer of elective work from Doncaster to Bassetlaw to improve Theatre and bed utilisation at Bassetlaw, the development of the out of hours workforce at Bassetlaw and the Tier 2 paediatric surgery designation requirements for Doncaster. Each element of the work plans have been agreed by the Boards with identified leads and timescales to ensure delivery of outcomes of the groups, which are aligned to the Trust Strategic Direction.