NHS
The Leeds
Teaching Hospitals
NHS Trust

# Clinical Services Strategy

2024-2027

# FOREWORD

We are excited to publish our Clinical Services Strategy for the next three years. It will guide the development of our clinical services towards achieving our vision to provide the highest quality specialist and integrated care, and in line with our mission, to be an internationally renowned academic healthcare institution, working in partnership to deliver the highest quality, safe, effective and innovative care which improves health outcomes.

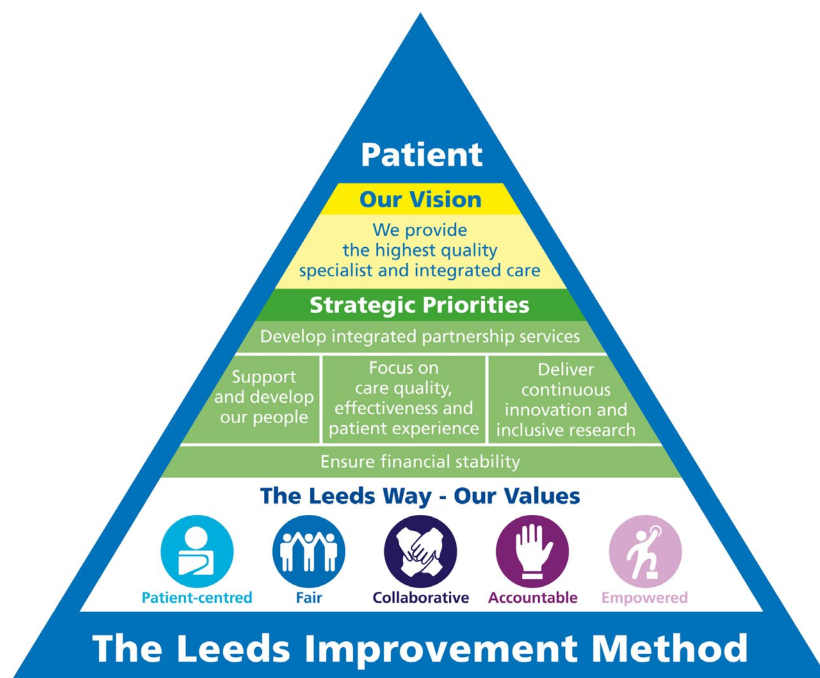
Healthcare is continually evolving through advances in biomedical knowledge, social and technological developments, and organisational change. To succeed organisations must enable their clinical teams to anticipate, influence and respond these changes. In developing our strategy, we have benefited from broad input from across our clinical professions and I am grateful to all those who have contributed. The result draws on the insights of our expert teams to set out a compelling future state for healthcare in Leeds Teaching Hospitals, and our contribution to the West Yorkshire Health and Care Partnership.

The principles for clinical service development set out will inform the development of our clinical services over the coming years and contribute to the achievement of our multi-year goals, working with our partners in the city and region.

**Dr Magnus Harrison**
Chief Medical Officer

# OUR STRATEGY

Leeds Teaching Hospitals NHS Trust is an ambitious organisation with a clear vision to provide the highest quality specialist and integrated care. Our vision, values and strategic priorities are summarised in our strategic triangle below, which shows patients at the centre of everything we do.




Our mission:

to be an internationally renowned academic healthcare institution, working in partnership to deliver the highest quality, safe, effective and innovative care which improves outcomes.

- One of the **largest teaching hospitals** in the country
- A **regional and national centre for specialist treatment** and the **local hospital for the Leeds community**
- **Seven hospitals** across **five sites** in the city
- Treat around **1.6 million patients** every year
- Spend around **£1.9 billion** each year
- Almost **22,000 staff**
- Established **Centre of Excellence** for Research and Innovation at scale and a top recruiter for clinical trials

To support delivery of the strategy, we have seven multi-year goals which drive our long term activity and seven annual commitments which are refreshed each year to consolidate our in-year priorities.

## Our multi-year goals are:

- Deliver fit for purpose healthcare.
- Deliver top quartile healthcare performance.
- Deliver a sustainable surplus by becoming the most efficient teaching hospital.
- Have an embedded culture of service improvement and innovation.
- To be a leading academic healthcare institution.
- Have a consistent, high performing and sustainable workforce.
- People receive person-centred care in the most appropriate setting.

Our 7 annual commitments are available on our website.

# The Leeds Way

The Leeds Way is what we stand for and what we want to achieve. It is how we do things around here and what makes Leeds Teaching Hospitals different to other organisations. The Leeds Way is described in our strategic triangle; it encompasses our ambition through our vision and strategic priorities and our culture through our values, as created by our staff. It sets out what our stakeholders can expect from us as a Trust.

Patient-centred

Fair

Collaborative

Accountable

Empowered

# The Leeds Improvement Method

The Leeds Improvement Method (LIM) is our philosophy of continuous improvement that underpins all our organisational strategies. It brings the principles of daily management methods, improvement methodology, respectful behaviours and the removal of waste from processes together.

# Our strategy framework

This strategy is part of a wider suite of strategies that work together to support the Trust to meet its overarching vision. At the centre of this is the Trust's corporate strategy, supported by three core strategies and ten enabling strategies. This strategy framework enables us to ensure our strategies align and are updated appropriately to reflect and support the overall Trust strategy.

# METHODOLOGY

To develop the strategy, we have conducted a series of engagements and reviewed Trust documents. Each clinical specialty undertook an environmental scanning exercise and developed a strategic summary of their main challenges and ambitions over the next ten years. A thematic analysis was undertaken to identify the key themes, and these were refined through a workshop between lead clinicians and the Trust Board. The strategy's content and structure were further developed through a Task and Finish Group, comprised of senior medical, nursing, and allied health professional leads from across the Trust. The Task and Finish Group has engaged with our Patient Reference Group to understand patients' priorities for clinical services. The strategy was aligned to other Trust strategies, including the Trust Strategy, the Operational Transformation Strategy and Health Inequalities Action Plan. Further feedback was obtained through engagements with wider partners within the Trust, and from across the West Yorkshire Health and Care Partnership.

# OUR CLINICAL SERVICE STRATEGY

Our core purpose is to provide outstanding healthcare for patients in the Leeds Way. We care for people across their lives from pre-natal care, birth, and childhood, through adulthood to end of life care. Our expert multi-professional clinical teams work with patients, their families, and carers to take a person-centred, holistic approach, recognising the biological, social, and behavioural factors that contribute to health. Our ambition is to provide the highest quality care for our patients, reducing barriers to access, health inequalities and disparities in outcomes. Our clinical strategy represents our contribution to the West Yorkshire Health and Care Partnership's Ten Big Ambitions.

As a large academic healthcare institution, our clinical strategy addresses our dual role: providing specialist care for complex patients using cutting edge diagnostics and treatments not available elsewhere in the region; and providing secondary care for our local population in Leeds to improve the health of local communities. Our clinical service models reflect this, recognising that some of our services provide care across all three categories.

## Local services (Secondary)

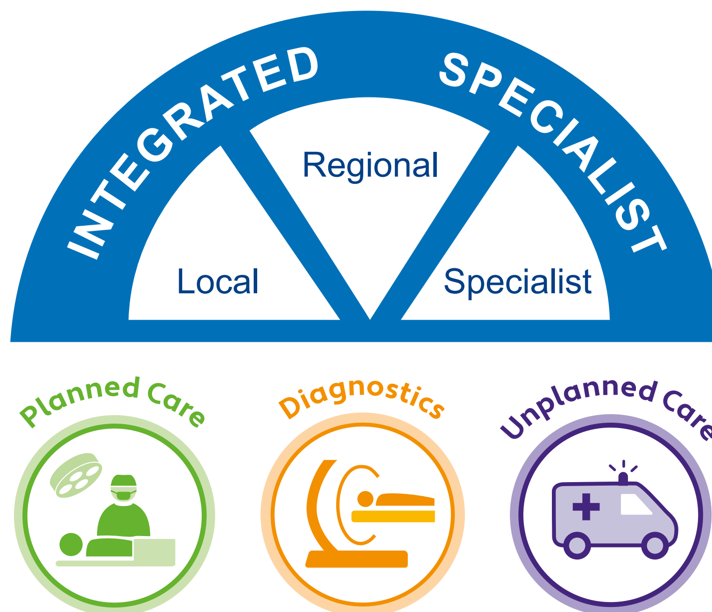
Care is organised locally to patients, reflecting our core hospital services, and working closely with primary and community care partners to coordinate the care with patients.

## Regional services (Tertiary)

Care is organised on a hub and spoke clinical network model between Leeds Teaching Hospitals and our partner hospitals. Leeds Teaching Hospitals focuses on higher complexity work with lower acuity higher volume work being done in patients' local hospitals.

## Highly specialised services (Quaternary)

Care is organised on a centralised model drawing in patients from a wide geography with a high level of clinical specialisation recognising that volume of care is associated with superior patient outcomes.



# PRINCIPLES FOR CLINICAL SERVICE DEVELOPMENT

In developing our clinical service strategy our clinical leaders have identified principles to guide the development of clinical services within Leeds Teaching Hospitals in service of our vision to provide the highest quality specialist and integrated care. These principles describe how clinical service development will contribute to the achievement of our overarching multi-year goals, our desire to improve health and reduce health inequalities and will be used to inform specific clinical service strategies.

## 1. Leading edge care

a. Patients can access leading edge, high quality, clinically effective, diagnostics, therapies, and technologies.

b. Patients and staff are supported to gain the knowledge and skills to deliver outstanding care through our learning, education and training.

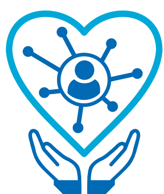
c. Our research and innovation portfolio creates opportunities to access leading edge care.

## 2. Multi-professional care

a. The importance of developing strong multi-professional teams.

b. Valuing our expert generalist and specialist clinicians.

c. Continuing to diversify our workforce to meet patients' needs.



## 3. Networked care

a. Care is organised in clinical networks underpinned by effective governance, digital communications, infrastructure and workforce models.

## 4. Equitable care

a. Patients are partners in their care; we engage with individuals and communities including those who have previously been underserved, to meet their healthcare needs.

b. We work to ensure equitable access to, and outcomes from healthcare for all patients.

c. Patient care is informed by health data analytics at both a patient and population level.

# THE FUTURE OF UNPLANNED CARE

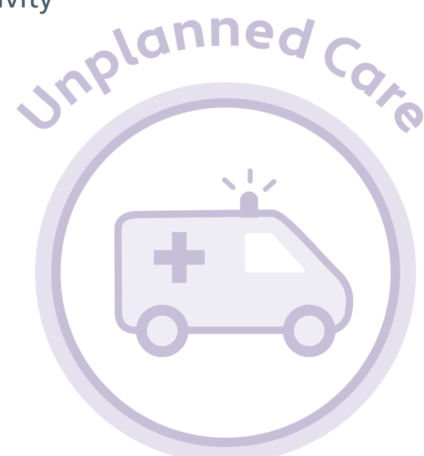
Our unplanned care offering comprises urgent and emergency care services for patients in Leeds and tertiary urgent care services for people in West Yorkshire. Urgent care is also provided by our teams for patients under their care who have an escalation in their condition.

Early identification of patient deterioration, rapid diagnosis and personalised treatment informed by evidence-based stratification of patients will support improved outcomes in unplanned care. This will be enabled by improvements in diagnostics, such as increased point of care testing, data analytics and personalised therapies, for example, the selection of antibiotics to mitigate antimicrobial resistance.

Our population health data sets help us to understand the health needs of our communities and reduce health inequalities of access or outcomes. We are working with partners to develop preventative and anticipatory care to support people to stay well and reduce the need for admission to hospital.

Within hospital, our expert teams across acute, general, and elderly medicine and emergency general surgery provide coordinated, holistic care for patients, complemented by care from specialist clinical teams determined by clear pathways of care. New models of care outside hospital will support patients in a community setting, including rapid community response and an increase in virtual wards providing hospital care from home. We will ensure collaborative working with our Primary Care and Community Health partners to integrate models of care throughout patients' pathways, and share our patients records to improve the communication of information across patient settings.

Within the region, we will enhance our role providing urgent care (including major trauma, specialist surgical services, intestinal failure, and primary percutaneous coronary intervention) through standardised pathways and shared protocols with our partner hospitals to reduce variation in patient management. Our workforce models will support clinical sustainability across the region by providing access to specialist clinical activity and professional development ensuring clinicians in partner hospitals maintain a breadth of skills.



Where a patient receiving specialist care experiences an escalation, we balance the immediacy of access to specialist advice and treatment with distance to travel, maximising the use of technology to provide care close to home or via their local hospital where possible. Where a patient does need to come to Leeds, we enable direct speciality access.

Where a patient needs rehabilitation post-acute care, integrated pathways with community partners will support them to maximise their independence and quality of life, including the self-management of any residual illness or long-term condition.

Our workforce will be highly skilled and work closely with other providers. We will ensure that patients have access to specialist teams in an emergency, with sufficient technology in place to complement the new models of care.

## Case study example:

## **Leeds Teaching Hospitals Major Trauma Centre**

Leeds Teaching Hospitals is the second largest Major Trauma Centre (MTC) in the UK and ranks second for its outcomes. MTCs are specialist units that provide specialised trauma care for patients suffering major trauma and are supported by a local network of smaller Major Trauma Units (MTUs). The MTC has a multi-disciplinary trauma team led by an A&E Consultant immediately available 24/7. The trauma team includes doctors from many specialties and a Trauma Coordinator who fulfils a critical role in coordinating team members. The Trust's MTC data is used by the Trauma Audit Research Network (TARN) to drive improvements in patient care and share best practice. This is used on a trust basis and across the West Yorkshire Major Trauma Network as a multi-disciplinary, data-led, and networked approach to ensure that all patients experiencing major trauma get equitable access to the best possible care as quickly as possible.

# THE FUTURE OF PLANNED CARE

We have a comprehensive planned care offering for children and adults ranging from specialist surgery to the ongoing management of long-term conditions in outpatient settings.

There is an increasing prevalence of chronic diseases and co-morbidities. Therefore, our teams need to work closely with primary and community care colleagues to coordinate person-centred care, ensuring timely and equitable access to specialist advice, excellent patient experience, and optimal outcomes for all. We will work with our health and care system partners to ensure patients are a partner in their care, empowered to set goals based on their individual needs and preferences and with the skills confidence and knowledge to manage their health. Digital communication tools support this, for example, the Trust's Patient Portal provides a patient with access to their electronic health record and the ability to manage appointments. We will provide the education and training to maximise the use of these tools and ensure no one is digitally excluded. We will share electronic health records with our health and care partners to support seamless care for patients.

The improving quality of our data will support the population health approach to planned care and contribute towards reducing health inequalities. Engagement with underserved communities and risk stratification of patients earlier in their planned care pathways will improve the efficiency of allocated resources to improve care outcomes for example identifying patients who will benefit from prehabilitation through our Shape Up 4 Surgery programme.  We will understand why people Do Not Attend or why children are 'Not Brought' for appointment to improve equitable access to services.

When a patient requires a planned treatment or procedure, they can expect to access leading edge, clinically effective, therapies and technologies to treat their condition. Advances such as robotic surgery, will be more widely adopted to support safe, high-quality, procedures whilst the advent of personalised medicine will enable tailored therapeutics to treat disease. Access to leading edge developments is supported by our broad portfolio of research and innovation. We work closely with industry and academic partners to develop and evaluate novel medicines and technologies to improve patient care. For example, Leeds Cancer Centre is one of the largest cancer centres in the country, offering specialist cancer services and is recognised as a leader in cancer research and innovation.

We anticipate even closer clinical collaboration with our partners across West Yorkshire to create networked models of care for patients, facilitated by common clinical governance, standardised pathways, shared infrastructure and joint workforce models for example the West Yorkshire Vascular Service.

Multi-professional healthcare teams will continue to diversify with new roles, task shifting and teams that span organisational boundaries to maintain important skillsets across the regional workforce. Effective teamwork will be essential to deliver optimal patient outcomes as part of an integrated hospital system. We will increasingly share our data to provide regional access to health records, ensuring there is interoperability across our networks.

## Case study example:
## **Transcatheter Mitral Valve Repair**

Leeds Teaching Hospitals offers one of the biggest heart valve interventional services in the UK. Alongside its established surgical approaches for mitral and aortic valve disease, the Trust provides transcatheter mitral valve repair to the wider Northeast region. Transcatheter Edge to Edge Repair of the mitral valve is a minimally invasive, specialist procedure to repair mitral valves in selected patients when alternative treatment options aren't possible or appropriate. The Trust's supra-regional service works closely with Sheffield, Middlesbrough, and Hull, and a multi-disciplinary team (MDT) meets regularly to review cases and assign treatment modality, ensuring patients are offered the appropriate intervention and receive the most appropriate intervention for their mitral valve disease. The service is also enhancing its virtual regional MDT offering to provide further guidance for district hospitals and is setting up a single point of referral for surgical and catheter-based heart valve intervention. This networked approach provides novel and broad-based treatment options for patients and ensures patients can receive individually prescribed cutting-edge treatment at a specialist centre, whilst receiving pre-procedural investigation closer to home.

## Case study example:
## **Robotic surgery**

Leeds Teaching Hospitals has had a successful robotic surgery programme in place since 2011. This high profile, highly skilled type of surgery has demonstrated improved patient outcomes, reduced length of stay, fewer complications and reduced re-admission rates. Moreover, the technology attracts high calibre healthcare professionals to work and train at LTHT and improves the retention of existing staff. The Trust is a regional 'Robotic Centre of Excellence' and made investments to renew and expand our surgical robot provision to provide leading edge innovation in treatment and care for our patients."

# THE FUTURE OF DIAGNOSTICS

Our diagnostic services enable our teams to identify ill health including the early detection of disease, monitoring disease progression, and personalising treatment plans for patients. Our commitment to research and innovation means that we have access to a wealth of diagnostic technologies and expertise across our clinicians and scientists and can share these technologies across the system through our role as an education and training provider.

The development of community diagnostic hubs will increase diagnostic capacity and support access for patients closer to their homes. They will be located based on population health needs thereby reducing barriers to access resulting in health inequalities. Digital will support the sharing of workflows, diagnostic reporting and sharing results across our health system, both in WYAAT and with our partners in primary care. There are already examples of this underway, including the Yorkshire Imaging Collaborative, National Pathology Imaging Cooperative and tele-dermatology. Artificial intelligence augmenting clinician decision making will also become more widespread. Non-invasive diagnostics will continue to be developed through a combination of new technologies and sophisticated data analysis e.g. electronic frailty index, faecal immunochemical tests, and capsule endoscopy.

Our research and innovation infrastructure and collaboration with university partners mean we are well placed to translate and adopt new diagnostics. Our role as the genomic laboratory hub already supports personalised diagnosis and management of cancers. In the future, genomic medicine will be applied to a much wider range of disease groups, whilst the application of multi-omics and understanding of the microbiome will increasingly have diagnostic utility.

Ensuring patients receive timely and accurate diagnosis requires guarding against unnecessary diagnostic procedures, reducing unwarranted variation, and improving the quality and accuracy of our diagnostics.

Where appropriate we expect diagnostics to move from intermittent testing to continuous monitoring both within the hospital and from patients' homes. The further development of point of care testing, and wearables connected to patients' mobile phones will support patients to self-manage long term conditions and access specialist clinicians when needed. We will provide the education, support, and training to ensure patients are confident at monitoring their condition remotely.

Getting the best from the advances in diagnostics will require increased knowledge and awareness for clinicians and patients. As a specialist teaching hospital, we are well placed to provide this working with our university partners. We will support and develop our people so that they can provide the highest quality care for patients.

## Case study example:
## Early diagnosis of Chronic Kidney Disease

Chronic Kidney Disease (CKD) affects one in ten people and is often the result of several long-term health conditions, including high blood pressure, diabetes, and obesity. Prevention and early diagnosis of the disease is important, as CKD can lead to kidney failure if left untreated or poorly managed. The Renal Team has used population health data to identify a positive correlation between socioeconomic deprivation and late-stage presentation of CKD. Results from this analysis are being used to inform the West Yorkshire Renal network's approach to improve the city's data records, develop new models of care to integrate pathways across multiple long-term conditions, and improve patient education and awareness of CKD. A population health approach to CKD diagnosis and treatment will improve healthy life expectancy and contribute towards reducing health inequalities in West Yorkshire.

## Case study example:
## Equitable access to 2ww breast appointments

The corporate cancer team has conducted a pilot study to improve non-attendance within the breast two week wait (2ww) across different population groups. Levels of non-attendance are positively correlated with socioeconomic deprivation, and across ethnic minority populations. The pilot involved contacting each patient a week before their appointment and those who had recently not attended to explore the reasons. Over a nine-month study, median non-attendance reduced from 16% to 3%. Moreover, ethnic minorities experienced a greater improvement in non-attendance rate. This study highlighted the importance of using population health data to develop interventions and contribute towards reducing health inequalities.