NHS
Calderdale and Huddersfield
NHS Foundation Trust

Clinical Strategy

2024 - 2029

compassionate care

June 2024

Contents

Strategic plans and development

The clinical strategy is one component of CHFT's Five Year Strategic Plan that is supported by the detailed enabling strategies shown.

Clinical Strategy | Five Year Strategic Plan | Enabling Strategies

one culture of care

Purpose of the clinical strategy

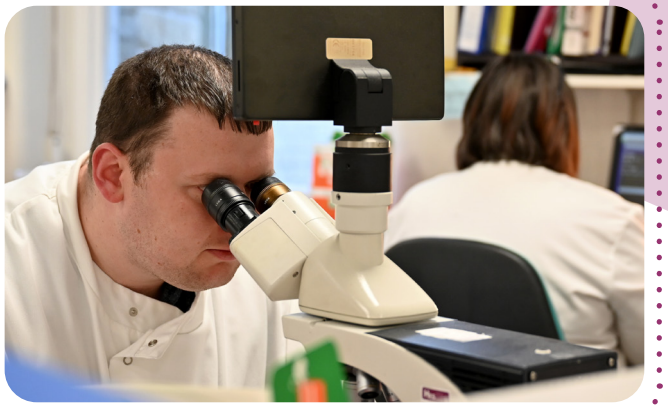
The clinical strategy describes our clinical priorities for the next five years. It states what is important to us, and our broad direction of travel. Our clinical strategy will enable us to:

- provide the most effective clinical care for patients. This will enable us to achieve optimal health outcomes for our community including reducing health inequalities
- continuously improve service resilience and patient outcomes by delivering the most effective clinical service configurations and collaborative working arrangements with partners
- provide colleagues with support and opportunities for clinical skills learning, development and research
- offer career opportunities and support in line with One Culture of Care, making CHFT a great place to work and that attracts and retains colleagues.

The delivery of the clinical strategy supports the delivery of the Trust's overall 5 Year Strategy.

The clinical strategy drives our clinical direction. We will prioritise investment to deliver the clinical strategy.

The clinical strategy provides information to potential employment candidates and to our patients.



The clinical strategy has been developed in partnership with our colleagues through divisions and through Trust-wide surveys. As part of the development, we have shared it with partners in Place, across West Yorkshire and with service users.

CHFT and the clinical strategy

Calderdale and Huddersfield NHS Foundation Trust (CHFT) delivers compassionate care from our two main hospitals, Calderdale Royal Hospital and Huddersfield Royal Infirmary, as well as in community sites, health centres and in patients' homes.

We provide healthcare and specialist services for people living in Calderdale, Huddersfield and beyond.

We work closely with our health, social care, voluntary sector, and academic partners in the Integrated Care System (ICS) across West Yorkshire, and in our local places as a member of the Calderdale Cares Partnership and Kirklees Health and Care Partnership.

We are committed to integrated working to progress our shared ambitions, to:

- Improve health outcomes for people
- Reduce health inequalities
- Support social and economic development
- Enhance productivity and value for money.

Our Vision

"Together with partners, we will deliver outstanding compassionate care to the communities we serve."

This clinical strategy sits alongside several other Trust strategy documents. This includes: Our five year strategy; Digital Strategy; the Green Plan; our Service Reconfiguration Plans; the Quality Plan; the Research and Development Strategy; the Health and Inequalities Strategy; and our Workforce and Organisational Development Plan.

This Clinical Strategy builds on our previous strategy written in 2021, and sets out our ambitions of strengthening patient care, and supporting colleagues to deliver the most effective clinical services. Our focus remains on delivering high quality, compassionate care, where and when our patients need it. Colleagues across the health and care system work incredibly hard in the face of extraordinary challenges to deliver compassionate and safe healthcare and we will support their development, value their diversity, and ensure they are listened to and have a sense of belonging in our local places.

CHFT and the clinical strategy

Some of our successes over the last four years include:

- Non-Surgical Medical Oncology service provision and the hosting of network services
- Our Elective Care Transformation Programme
- Funding for Community Diagnostic Centres (CDC) in Halifax and Huddersfield
- Application of artificial intelligence (AI) in Radiology
- A new Emergency Department (ED) in Huddersfield
- The use of robotics in surgery
- Installation of pharmacy robot
- Consensus Agreement with Primary Care
- National exemplar of the benchmarking and improvement programme Getting It Right First Time (GIRFT)
- Development of new Learning Development Centres at both CRH and HRI
- Digitalised Same Day Emergency Care department (SDEC)
- Neurology transformation through partnership working.

The delivery of excellent care will be facilitated by eight significant enablers. These are:

- One Culture of Care
- Being a learning and improvement organisation
- Working in Partnership at Place and delivering Regional Networks
- The delivery of Target Operating Models
- Service reconfiguration
- A digitally-enabled organisation
- CHFT as an anchor partner
- Reducing health inequalities.

The Trust – what we do

Our Performance

CHFT has continued to perform well in its key metrics during 2023/24, despite unprecedented levels of attendances at both emergency departments and with industrial action taking place at several points during the year.

- From April 2023 to March 2024 month-on-month CHFT was the best performing acute Trust (out of 119) in England for Cancer 62-day referral to treatment for 9 out of 12 months (2nd best in other 3 months).
- The Trust met the four hour emergency care standard during the month of March 2024 with 76.79% of patients admitted, transferred or discharged within four hours - 6th out of 119 acute Trusts for type 1 attendances.
- Our Recovery Programme meant that no patients were waiting over 52 weeks by March 2024 and 40-week waits were amongst the best in the country.
- In 2024/25 we have already seen an improvement in diagnostic waiting times, with over 90% seen within 6 weeks.

Our Financial Performance

- In 2023/24 the Trust successfully delivered a year-end deficit position of £13.4m, a £7.6m favourable variance from plan. This position included delivery of £27.3m of efficiency savings.
- For 2024/25 the Trust, and Calderdale and Kirklees systems, have significant financial challenges with drivers including delayed transfers of care, social care capacity and funding, increasing demand and inflationary costs.
- Longer term financial sustainability of the Trust will be supported by our major service reconfiguration plans to reduce structural costs associated with dual site working and to ensure value for money from the estate. These plans are in progress.
- CHFT is working closely with Kirklees and Calderdale Place leaders and partners from the West Yorkshire Association of Acute Trusts (WYAAT) to deliver system-wide joint financial recovery plans.

A typical day at CHFT

112 ambulance attendances
486 A&E attendances
69 surgeries in theatre
12 babies born
1,217 diagnostic scans
913 community therapy contacts
656 home nursing visits
642 inpatients
1,849 outpatients
2,932 calls to switchboard
14,966 pathology samples tested

The Trust – what we do

The population we serve

- The resident population of Huddersfield and Calderdale is approximately 458,000. People in Calderdale and Huddersfield are living longer lives than in the past, however more people are likely to have multiple long-term conditions, thereby increasing demands on the health and social care system. As a result, there is a growing population of people older than 65 with the younger population remaining stable, thereby leading to an increase in the dependency ratio. These patients have more complex health needs, placing greater demands on healthcare services.
- Our population is very varied and diverse and there are also significant areas of deprivation resulting in a significant difference in life expectancy of approximately 7.5 years from the most to least deprived areas, with an even greater variance in the number of years lived in good health of approximately 11 years. In Kirklees 21% of the population is from an ethnic minority background whilst in Calderdale approximately 10%, the largest minority ethnic groups across both authorities are Asian/Asian British comprising 15% and 8% of the population respectively.
- CHFT has worked hard to reduce the waiting times for treatment that occurred as a result of the Covid pandemic. Providing treatment for people that have had their care delayed is a top priority for the Trust. We will use Health Inequalities data to complement clinical prioritisation to continue to inform our system's post Covid-19 recovery to minimise the risk of treatment delays widening health inequalities in our communities.

The partners we work with

- The Trust is a member of the West Yorkshire Health and Care Partnership (Integrated Care System - ICS) which is the second largest ICS in the country, covering a population of 2.6 million people and a budget of over £5 billion. The purpose of the partnership is to deliver the best possible health and care for everyone living in the areas of: Calderdale, Kirklees, Bradford District and Craven, Leeds and Wakefield. The Partnership is made up of care providers, commissioners, voluntary organisations and Councils working closely together to plan health and care.
- The Trust plays a major role in the West Yorkshire Association of Acute Trusts (WYAAT) established in 2016 as an acute collaborative provider network comprising six local Trusts which are engaged in a number of provider to provider arrangements. The vision of WYAAT is to create a region-wide efficient and sustainable healthcare system that embraces the latest thinking and best practice consistently delivering the highest quality care and outcomes for patients. The purpose of the collaborative programme is to reduce variation and deliver sustainable services to a standardised model which are efficient and of high quality.
- In Calderdale and Kirklees CHFT works closely with local system partners at both the Integrated Care Partnerships and the Primary Care Networks.

The clinical strategy – deliverables

We will provide the most effective clinical care for patients. This will enable us to achieve optimal health outcomes for our community including reducing health inequalities – The Trust's vision is that we will deliver outstanding compassionate care to the communities we serve.

We will know we have delivered this by:

- delivery of our performance measures in emergency care, cancer, elective and diagnostic waiting times
- our SHMI/HSMR mortality metrics will remain within the expected range
- a reduction in clinical incidents
- a reduction in inequalities in access to care and ensure prioritisation promotes equitable access and outcomes
- our patient and staff feedback will tell us that care is outstanding
- the Trust being recognised for the delivery of "outstanding" care by our regulators and achieving CQC rating of Outstanding
- we will be accredited by other external bodies
- we will continue to deliver on the performance metrics focused on prompt access to care
- CHFT will be seen as an employer of choice and a reduction in the number of vacant clinical posts
- the Trust being recognised by our patients and their families for delivering effective and responsive care with an improvement in our Friends and Family results and being the place of choice for their healthcare needs
- a reduction in our formal complaints.

We will do this by:

- reducing variation (GIRFT)
- development of workforce, giving the workforce the opportunity to develop and grow in their roles
- focus on being a learning and improvement organisation
- maintaining a continuous drive for improvement, being innovative in our approach and continuing to engage in national quality improvement collaboratives including NHS Quest and the NHS Improvement Quality, Service Improvement and Redesign Programme
- ensuring compliance with NICE and other national guidance
- continuing our focus on the delivery of the Health and Inequalities Strategy, including ensuring all people are treated with respect at all times
- implementing the Medical Examiner role
- harness our role as an anchor institution and connect with our communities and partners to promote health and equity in the local population
- ensure all patients experience high-quality, compassionate, and holistic care to improve outcomes and reduce inequalities, including availability of translation services when required
- promote a diverse and inclusive workforce which reflects the populations we serve and where everyone feels valued
- and working towards a position where holistic view of mental health and psychological wellbeing is everyone's business.

The clinical strategy – deliverables

We will continuously improve service resilience and patient outcomes by delivering the most effective clinical service configurations and collaborative working arrangements.

We will know we have delivered this by:

- opening of the new A&E at HRI
- redevelopment of the Calderdale Royal site including the construction of a new clinical wing, the development of the learning centre and the addition of new car parking
- implementation of the Targeting Operating Models
- collaborative working with all our partners in the places of Kirklees and Calderdale and with our colleagues across West Yorkshire.

We will do this by:

- investing in both our hospitals to provide state-of-the-art healthcare facilities that will enable essential clinical adjacencies to improve quality and safety
- delivery of the TOMs. Eight future Target Operating Models (TOMs) for inpatient hospital pathways have been agreed. The TOMs provide clarity on the clinical and operating model we aspire to deliver that will transform services and enable each speciality to provide outstanding compassionate care. The TOMs are a blueprint that are an enabler for delivery of CHFT's 5 Year Strategy and the Clinical Strategy
- working with our own Community Division to be an exemplar for care in the community and adopt innovative practice
- increasing the use of technology to offer virtual consultations and review
- reducing the number of appointments each patient needs to attend by offering one-stop clinic models combining diagnostics and management in the same visit or by implementing patient initiated follow up models
- positive patient and carer feedback on their experience of services
- making every contact count. This approach enables the delivery of consistent and concise health and wellbeing information and encourages individuals to engage in conversations about their health at scale across organisations and populations
- continue to support work in priority areas for lived experience: learning disability, maternity and mental health.

The clinical strategy – deliverables

We will provide colleagues with support and opportunities for clinical skills learning, development and research.

We will know we have delivered this by:

- using our redeveloped learning centre at CRH to support staff in all development areas
- developing a dedicated research hub to expand our research capability, capacity and delivery
- expanding our commercial research portfolio of studies
- increasing our number of clinical staff as Principal and Chief Investigators
- increasing the number of patients able to access and participate in clinical trials
- forging greater collaboration with our academic and industry partners to generate successful research grants.

We will do this by:

- Providing a bespoke research hub with a robust infrastructure to deliver research.
- Widening the research base by setting up research in new clinical specialities.
- Placing emphasis on research when appointing to new clinical posts.
- Re-investing research income for continuous research improvement
- Meeting high level objectives for performance and delivery thereby growing our reputation as a centre for excellence
- Pro-actively engaging with academia and industry partners to explore opportunities for research and joint appointments as part of the hub model.

This will result in:

- Greater access and opportunity for our patients to participate in research studies.
- Offering cutting-edge treatments, therapy and access to novel trial drugs for our patients.
- Attracting and retaining high quality and expert staff.
- Attracting new research sponsors by creating a strong base for delivery via the hub model.
- The Trust's reputation and performance as a centre for research excellence.
- Improved measurable outcomes for all our patients.

The clinical strategy – deliverables

We will offer career opportunities and support that will attract and retain clinical colleagues to work at CHFT.

We will know we have delivered this by:

- staff surveys consistently demonstrate CHFT as a place where people are pleased to work, and where they recommend family and friends receive medical treatment
- CHFT becomes a place where colleagues aim to work
- reduction in number of colleagues leaving the organisation
- increase in applications working in the organisation.

Our priorities are:

- to achieve compliance with Royal College of Emergency Medicine workforce recommendations and the standards for Children and Young People in Emergency Care settings with regards to having ready access to paediatric specialist trained staff
- to achieve compliance with Guidelines for the Provision of Intensive Care Services 2015 (GPICS) standards
- to strengthen clinical rotas and enable specialised rotas to be provided
- to provide models of service that are attractive to staff and will improve recruitment and retention reducing the Trust's reliance on locum and agency staff (particularly in Emergency Medicine, Gastroenterology, Urology, Radiology, Dermatology, Rheumatology, Ophthalmology, Critical Care, and Acute Medicine)
- to provide models of service that support community pathways of care and the recruitment of colleagues providing care in community settings
- to separate unplanned inpatient care from planned services to make it easier to run efficient surgical services.

We will do this by

- investing in both our hospitals to provide state-of-the-art healthcare facilities that will enable essential clinical adjacencies to improve quality and safety
- delivering recruitment and retention strategies to facilitate staff choosing CHFT as a place to work
- we have meaningful clinical career pathways for all professional groups and consider how professional diversity at board level can support CHFT in navigating the health complexities we often face.

The clinical strategy – enablers

The following enablers will support the delivery of the clinical strategy:

One Culture of Care

- We will work together to create an organisation that is known for one culture of care: that means we care for colleagues in the same way we care for our patients. This will also help us ensure that colleagues are able to develop as professionals throughout their career at the Trust, with opportunities for gaining new skills and taking on new roles and responsibilities.
- We have meaningful clinical career pathways for all professional groups and consider how professional diversity at board level can support CHFT in navigating the health complexities we often face.
- We recognise the growing issue of poverty in the workplace. We will support the financial wellbeing of our staff, including through providing financial advice and support where appropriate.
- We use development tools such as Working Together to Get Results (WTGR) and Team Engagement and Development (TED) to empower our teams to develop and support each other.

Working in partnership at Place and delivering regional networks

- We collaborate with partners across West Yorkshire through WYAAT to improve the resilience of acute hospital services, patient safety and clinical outcomes through the establishment of speciality clinical networks and centres of excellence.
- We also collaborate vertically through place, through partnerships with primary care, community and mental health providers, social care providers and third sector organisations including local hospices and other charities supporting specific population groups.
- We work in partnership with local colleges, schools and universities ensuring education programmes for our local populations and developing the healthcare providers of the future. Through this work we provide social value for the local population, creating opportunity for meaningful careers in the local community.
- We work with partners across the system focusing on preventative healthcare, providing social value, and supporting public health.

The clinical strategy – enablers

The following enablers will support the delivery of the clinical strategy:

A learning and improvement organisation

- CHFT is a learning and improvement organisation. We will build on our strong track record of research (in particular our award-winning work on the Covid-19 Recovery Trials) to make the Trust a national exemplar for applying research findings to clinical practice and in improving the health of our population.
- Through this research and also our review of operational and strategic planning we will ensure our preparedness for another pandemic or catastrophic event.
- The Trust Quality Strategy 24/25 describes that together we will deliver the best quality and safest care to the communities we serve.
- CHFT use the Patient Safety Incident Response Framework (PSIRF) that sets out the Trust's approach to developing and maintaining effective systems and processes for responding to patient safety events and issues for the purpose of learning and improving patient safety.
- The PSIRF advocates a co-ordinated and data-driven response to patient safety events. It embeds patient safety event responses within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.
- We continue to learn from complaints and from staff and patients' views.
- We will continue to embed the "Getting it Right First Time" (GIRFT) programme at CHFT and also use Model Hospital to benchmark our services against peers. The GIRFT programme has been highly successful and CHFT is a recognised national thought-leader. The programme is clinically led and involves doctors, nurses and therapists in peer review to identify and reduce unwarranted variation in working practices and apply evidence-based practice to their clinical care to achieve improvements in clinical quality.

The clinical strategy – enablers

The following enablers will support the delivery of the clinical strategy:

Target Operating Models (TOMs)

An extensive process has been carried out to engage and involve clinical colleagues in the design of the future operating model across CHFT. Eight future Target Operating Models (TOMs) for in-patient hospital pathways have been agreed. The TOMs provide clarity on the clinical and operating model we aspire to deliver that will transform services and enable each speciality to provide outstanding compassionate care. The TOMs are a blueprint that are an enabler for delivery of CHFT's 5 Year Strategy and the Clinical Strategy.

Service Reconfiguration

We will invest at CRH to expand the hospital providing additional wards, theatres and a new emergency department including a special paediatric A&E. At HRI investment has already enabled the build of a new A&E department and the adaptation of existing buildings. These developments will provide state-of-the-art healthcare facilities and enable essential clinical adjacencies to improve quality and safety.

CHFT as an anchor partner

CHFT is a major employer in Calderdale and Kirklees, both through its own workforce and through its partnership with other organisations including the public sector, private sector and third sector. As such its focus is:

- To harness our role as an anchor institution and connect with our communities and partners to promote health and equity in the local population
- To reduce inequalities in access to care and ensure prioritisation promotes equitable access and outcomes
- To ensure all patients experience high-quality, compassionate, and holistic care to improve outcomes and reduce inequalities
- To promote a diverse and inclusive workforce which reflects the populations we serve and where everyone feels valued.

The clinical strategy – enablers

The following enablers will support the delivery of the clinical strategy:

Digitally Enabled

- We will ensure that data and decision support tools are available at the fingertips of our doctors, nurses and therapists to drive safety, quality improvement, and research. We will also use data to gain insight into the way people access services and use this to inform how we can make care more personalised and relevant to individual patients and communities to reduce health inequalities. Examples include e-consent, MEWs, sCDR, Discharge mPage to improve discharges, SDEC will improve visibility to patients, virtual wards, remote monitoring.
- We will use digital services to facilitate patient access to services, their knowledge about their healthcare and ensure we prioritise patients with greatest need. Examples include both the introduction of digital outpatients, the patient portal and also our use of KP+ and Cerner Millenium. Whilst doing this we remain mindful of the public who do not routinely access technology, and ensure they are not disadvantaged by our adoption of advances in technology and in fact benefit from our strategy.
- We will ensure we use all up to date technology to improve patient care and the experience of both our patients and staff. For example our work in introducing Artificial Intelligence (AI) into diagnostics is leading the acute hospital sector.
- We recognise it is critical our digital journey is in partnership with our local healthcare providers both in primary care, community services and other acute trusts. This is how we will ensure delivery of outstanding care to our patients.

Reduce Health Inequalities

Health inequalities are not inevitable; they are preventable. These inequalities can be reduced but doing so requires deliberate and sustained action from all parts of society and public services, not least the NHS. We will work with partners and communities and use population health data to understand and take action that will reduce health inequalities. We will:

- Reduce inequalities in access to care and ensure prioritisation promotes equitable access and outcomes.
- Play a leading role locally in improving population health and tackling inequalities, taking bold action, and working with our partners to deliver impactful change for the communities we serve.
- Deliver the four priority areas for action in our Population Health and Inequalities Strategy 2022-2024. These are:
  - Connecting with our communities and partners
  - Access and prioritisation
  - Lived experience and outcomes
  - Diverse and inclusive workforce

Clinical networks and host services

Listed below are services where there is opportunity to work in clinical networks or for CHFT to host services. These include the potential for CHFT to provide a centre of excellence delivery model for the following specialist services.

- Bariatric Surgery
- Primary Percutaneous Coronary Intervention (PPCI)
- Non-Surgical Medical Oncology service provision and the hosting of network services
- Hyper acute stroke services and the hosting of network services
- Revision joint surgery and ambulatory day case arthroplasty
- Development of Respiratory Medicine to include centres of excellence for sleep
- Complex asthma and idiopathic pulmonary fibrosis
- Development of Community Diagnostic network Hub and Spoke models
- Huddersfield Pharmacy Specials (HPS)

Bibliography

- CHFT 5 year strategy 2023-2028
- Health Inequalities strategy 22-24
- Digital Strategy
- Target Operating Models

Clinical strategy objectives by specialty

Community services

Division-wide

We will optimise delivery of planned and unplanned care services, ensuring every contact counts, across our acute footprint (Calderdale and Huddersfield), our place (Calderdale) and our 5 neighbourhoods.

We will focus on use of risk stratification to support crisis prevention and admissions avoidance across our communities.

We will work with partners, to explore learning from within the UK and Internationally to identify community health and care models that deliver against the strategic health and care challenges evident within our communities (ageing populations, lack of resilience in primary care and adult social care models, rising urgent and emergency care demand, health and education inequalities).

We will continue to engage with Journey to Outstanding (J2O), supporting refresh of our quality strategy internally and externally with partners. We will also work with partners on upcoming SEND and OFSTED inspection to ensure we deliver quality children's and young people's services to our communities

We will continue to supplement our performance KPIs in Knowledge Portal Plus with quality indicators (i.e. functional, activation, outcomes, experience) across service level dashboards).

We will embed nursing and AHP workforce manager, clinical practice education and legacy mentorship roles into business as usual quality improvement across our services. We will also focus in 24/25 of non-clinical career pathways across our operational and admin teams in division.

We will alongside the workforce, educator and mentor roles to create an identity around CHFT Community as a place to be, to work and to be fulfilled in your career.

Therapies

We will continue to focus on our 'grow our own' workforce strategy by embedding and expanding apprenticeship, preceptorship and advancing practice models across all our services. With a focus in 24/25 on clarifying advanced practice opportunities for community (i.e. community specific ACPs, nurse/AHP consultant roles).

We will empower individuals to self-manage their condition, remaining as healthy as possible in their own home. Focusing our specialist resource and capacity on those individuals with higher levels of need and complexity but lower levels of activation. We will also work with referrers to reduce unwarranted demand across services.

We will work closely with corporate colleagues to capture learning needs analyses and conversion of those needs into a clear development plan across services, professions and colleagues. Ensuring all therapy colleagues are competent and empowered to deliver care to our patients that is of optimal clinical standards.

We will continue to expand our research portfolio by working with trust, academic and system partners. Focusing in 24/25 on therapy specialties with limited engagement to date in formal research and audit experience. Embedding research and best practice for the ongoing improvement of clinical care across therapy services and linked into all patient focussed pathways.

Clinical strategy objectives by specialty

Community services

Nursing
We will optimise self-care and patient activation across our community nursing services. Focusing on areas of unsustainable growth in demand initially but rolling out as a principle across our services. We will also work with referrers to reduce unwarranted demand across services.
We will implement safer care and safe staffing insights via Allocate and incorporate insights from national audit and benchmarking of caseload levels across DN services. Working with e-roster and corporate nursing teams to operationalise use of those insights across services.
We will embed nursing and AHP workforce manager, clinical practice education and legacy mentorship roles into business as usual quality improvement across our services. We will also focus in 24/25 of non-clinical career pathways across our operational and admin teams in division.
We will continue to focus, alongside the community nursing workforce on our 'grow our own' community nursing workforce strategy by embedding and expanding apprenticeship, preceptorship and advancing practice models across all our community nursing services. With a focus in 24/25 on clarifying advanced practice opportunities for community (i.e. community specific ACPs, nurse consultant roles).
We will continue to focus on wider recruitment and retention of our community nursing workforce by ensuring we have a voice in all recruitment forums with additional focus in 24/25 on our next generation of community nursing workforce through engagement with local schools and colleges.
We will continue to expand our research and audit portfolio by working with trust, academic and system partners. Focusing in 24/25 on community nursing teams and specialties with limited engagement to date in formal research and audit experience.
We will in reviewing pathway transformation opportunities look to optimise community nursing skill mix across planned and unplanned care services. Ensuring specialist skills are sustainable across footprint, place and neighbourhood services and all opportunities for optimising utilisation of non-clinical and non-specialist capacity are explored and implemented.

Clinical strategy objectives by specialty

Medicine services

Cardiology

- Twin catheter lab and daycase unit development. Work towards a weekend PCI service. Begin progression towards primary PCI.
- Implement and establish CPAP provision on CCU.
- Development of community services such as Arrhythmia clinics.
- Development of stress cardiac MR service.
- Development of combined physiologist and heart failure specialist nurse-led service for Cardiac Resynchronisation Therapy.
- Enhancement of allied health professionals led services.
- Virtual ward and CDC pathway developments.

Respiratiory

- Establishment of ARCU in line with trust reconfiguration plans.
- Sleep service development, bringing care closer to home for patients who currently attend Leeds for management.
- Establish biologics service at CHFT for ILD patients who are currently managed at Leeds.
- Pleural service development.
- Best practice time pathway – Lung Cancer.
- Virtual ward and CDC pathway developments.

Nephrology

- Expansion of workforce.
- Development of acute renal services.
- Collaboration with WYAAT AKI networks.
- Virtual ward and CDC pathway developments.

Stroke

- Increase use of community services for care of stroke patients supporting further early supported discharge and enhancements to community rehab services.
- Review workforce to establish substantive workforce.
- Development of specialist roles i.e. therapists, thrombolysis nurses and leadership roles.
- Stroke hub development.
- Best practice time pathway – Lung Cancer.
- Virtual ward and CDC pathway developments.

Clinical strategy objectives by specialty

Medicine services

Diabetes and Endocrinology

- Regional work linked to increased availability and rollout of CGM and insulin pump technology.
- Enhanced specialist training within existing workforce to support advances in technology and diabetes management.
- Capacity and demand review of elective work.
- Merge multi-skilled team together rather than working in silos.
- Link to COW modelling for general medicine.

Gastroenterology

- EUS Progression and development towards FNA and therapeutics.
- Development of hepatology pathway.
- Explore CDC options and potential for fibro scanning.
- Aim to recruit 11th consultant.

Acute & Care of the Elderly

- Continue DTOC ward project and progress the 100 beds piece.
- Continue enhancement of SDEC services with direct links to ED such as pathways, capacity & demand review and improved community access.
- Expansion of virtual and remote services within frailty, elderly, acute and general medicine.
- To develop an orthogeriatric led fracture neck of femur model of care supported by Orthopaedic Surgery in-reach.

Palliative medicine

- Recruit to the vacant consultant post.
- Improve links between inpatient and hospice work - joint collaboration.
- Integration between palliative and other specialties - increase senior palliative leadership within bedbase.
- Improve use of technology around remote reviews.

Neurology

- Service redesign and continuing to engage in WYAAT service reconfiguration.
- Work towards collaborative approach Focusing on joint posts.
- Take staff through CESR programme where possible.
- Establish condition specific clinics.

Neurophysiology

- Ensure full substantive workforce to deliver 6 week diagnostic services.
- Work towards reinstating regional trainees within the department
- Look into new treatment/clinic options such as ophthalmology links
- Maintain IQIPS accreditation

Clinical strategy objectives by specialty

Medicine services

Emergency medicine

Provide 24/7 consultant-led A&E services across both sites as part of the reconfiguration.

Specialist Paeds and frailty ED departments with a skilled workforce.

Improve our staff survey and ensure a trauma-informed approach is used for staff to ensure physical and psychological needs are met.

Through colocation and workforce we will optimise SDEC services.

Be innovative with the patient portal towards patient feedback and learning.

Rheumatology

Continue to develop specialist pharmacy services.

Expand the workforce to deliver new specialist services.

Dermatology

Develop consistent substantive workforce including both medical and nursing.

Develop CESR posts.

Teledermatology/AI – 2/3 year aim to implement.

Oncology

Operational/governance structure review.

Workforce review.

Work towards implementation of NSO model supporting the wider programme to implement a strong governance structure.

Haematology

Strategy for increasing non medical workforce.

High risk specialty - cancer, outpatients, inpatient etc.

Continue to develop and improve specialist pharmacy services.

Continue work towards 6th consultant.

Clinical psychology

Adopt a prioritised strategic development approach with 3 phases:
1. Paeds, neurophysiology and ICU
2. Cardiology, chronic pain and HIV
3. Adult diabetes, paeds diabetes, gastroenterology, bariatric surgery, stroke, respiratory, oncology and long covid.

To promote the development and provision of psychological care as a routine part of a patients physical health care.

To address issues of parity of esteem.

To promote and enhance physical health outcomes through supporting psychological needs.

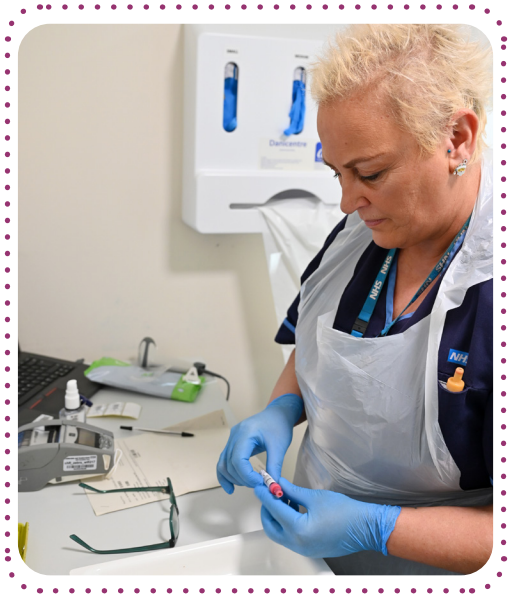
To ensure equity of access for patients of C&H.

To reduce the inequalities in care currently faced by patients at C&H whereby there are many areas in which patients at CHFT have no access to clinical health psychology that is available across the rest of WYAAT e.g. neuropsychology; paediatrics; chronic pain; ICU; neonates etc.

Clinical strategy objectives by specialty

Families and specialist services

Women's
Ensure as a Directorate we meet Local and National KPIs for screening and Cancer pathways.
Ensure we have the right staff in the right place to deliver the right care at the right time across nursing, midwifery, medical and allied health professional pathways.
Embed the service user voice into the directorate by making sure all service improvements have been co-designed and sharing lived experience is embedded in key forums.
Continue on the Directorates digital journey to ensure that digitalisation is an enabler to safer more efficient care.
Continue to meet the safety and Quality actions that form the Maternity, Neonatal and women's transformational plan ensuring a two-way floor to board culture.
Maintain and work as an MDT to ensure CQC preparedness for all services including NICU Gynaecology and TOP.
Develop plans for delivering continuity of carer to most vulnerable group working with the MNVP and internal and external partners.
Implement and monitor the agreed model of delivery for all 4 birth options, continuing to ensure safety, sustainability and choice.
Be proactive and collaborate internally within the Trust and with partners across the region to provide equitable and seamless patient pathways.
Implement a Same Day Emergency Care (SDEC) model for gynaecology services.



Clinical strategy objectives by specialty

Families and specialist services

Radiology
Together with imaging departments across WYAAT, we will develop future models of service delivery, enabled through digital technology and shared information systems.
CHFT's establishment of 2 Community Diagnostic Centres, one in Halifax town centre and one in Huddersfield town centre, will: 1.provide additional capacity for planned diagnostic services 2.enable improvements in patient pathways 3.ensure better access to acute diagnostics 4.enable the creation of dynamic hybrid roles.
Radiographic workforce transformation will take place through collaboration with our local higher education institute, creating new diagnostic radiography courses and associated placements.
Detailed planning for all service delivery developments and all capital replacement schemes will tie in with trust wide reconfiguration plans.
The service will consistently retain accreditation through the Quality Standards for Imaging scheme by establishing optimum levels of safety and quality.

Children and Young People
Work collaboratively with all other Trust Divisions to progress efficient and clear pathways of care for children and young people.
Review and embed SDEC working across Paediatric assessment unit and outpatients.
Review 'virtual ward' model to enable more children and young people to be cared for in the community.
Ensure equity of service for all children and young people who travel through our outpatient service in hospital or in the community and help to address health inequalities.
Continue to work in partnership with children, young people, their families and carers to understand their individual needs and to advocate on their behalf to improve the care that we provide. Developing family friendly methods to capture feedback.
Ensure improved advanced care planning/end of life care for children's young people and their families.
Ensure equity in out of hours access to senior decision making clinical staff for in patients as defined in National standards (facing the future) without delay and also have access for appropriate second opinion if needed (Martha's rule).
Ensure workforce models are used effectively to reflect national standards and support the safety and efficiency of Children's services.
Progress our journey to outstanding to ensure CQC preparedness for all services through the CYP Transformation plan, Children's Board and a two-way floor to board culture.

Clinical strategy objectives by specialty

Families and specialist services

Pathology
Development and implementation of the joint WYATT Pathology LIMS.
Implement NICE guidelines for patient testing pathways include M. genitalium/TV testing and the implementation of NT proBNP.
To develop new models of delivering phlebotomy services to our ward, out-patient and community outreach services.
Delivering on the NHSI data collection requirements including Pathology Quality Assurance Board (PQAD). Working with our WYAAT Pathology network to develop common approaches to data collection.
Interfacing results from Point of Care Testing devices into patient records.
Addition of batched products to our Haemonetics Blood Track system, ensuring all products have full traceability.
Maintain UKAS accreditation against IS015189:2012 for all our Pathology Network and foster collaborative working.

Pharmacy
Finalise the implementation of robotic and digital solutions for dispensing of medications and electronic controlled drug recording. We will work towards closed loop administration of medication.
Continue to work with WYAAT colleagues to deliver aseptic service transformation and as a trailblazer site, establish aseptic hub and spoke model.
Support development and employment of ICS-based consultant pharmacist and advanced practice pharmacist and tech roles.
Strengthen 7-day pharmacy service, review weekend pharmacy workforce provision and consider additional ODP opening hours and additional inpatient pharmacy staffing.
Scope options for prescription collection medication lockers to improve patient experience and reduce parking issues.
Develop WY South Sector pharmacy service and governance systems to optimise medicines usage for non-surgical oncology patients utilising non-medical roles for pharmacy staff to work at the top of their registration.
To meet new initial education and training standards for undergraduate pharmacists and provide designated prescribing practitioner capacity to support WY ICS to enable all pharmacists to qualify as prescribers.
To strive towards the expansion of pharmacy services to meet the needs of our patient population, workforce challenges and to: Enhance roles of non-registrants / Optimise use of registered staff to their top of their registration. Adapt to propose change to pharmacy supervision legalisation.
Ensure appropriate use of clinical / non clinical waste streams and optimise recycling.

Clinical strategy objectives by specialty

Surgery

Ear, Nose and Throat (ENT) & Head and Neck Cancer

To continue working collaboratively with our WYAAT partners.

To ensure that patients are seen at the right time, by the most appropriate clinicians and practitioners.

Create Same Day Emergency Care capacity for the ENT team to enable prompt assessment.

Develop workforce modelling to encourage career progression with core trainees and specialty doctors.

Clinical review of medical staff model to reduce outsourcing of services and improve continuity of care.

Develop the role of the Clinical Nurse Specialist in Aural care and development opportunities and improve patient pathways.

To continue providing a Head and Neck Cancer service for CHFT population.

Continue to adapt and deliver in line with GIRFT and Further Faster recommendations.

Audiology

Improve our offer for patients with learning disabilities, delirium and dementia.

Reinstate balance testing pathways led by the audiology team.

Implementing direct access tinnitus clinics.

To integrate the Audiology patient information system onto EPR.

To review and improve paediatric clinics.

To attain IQIPS (improving quality in physiological services) accreditation.

To implement recall (for hearing aids) for vulnerable patient cohorts.

Oral Surgery

Separate the service from maxillofacial surgery including coding for better evaluation of services and understanding of demand.

CHFT to provide estate and surgical support to community services for paediatric dentistry and dental services for patients with Special Needs.

Relaunch and improve sedation service for anxious dental patients.

To improve the estate, resources and staff to make this area more flexible, with staff of transferable skills and efficient.

Referrals to the service will need to be via an electronic portal.

Making CHFT Oral surgery a centre of excellence for West Yorkshire with links to the Leeds School of Dentistry.

CHFT oral surgeons will provide training and support to community and Tier 2 dental services.

To strengthen links with other medical specialities eg Cardiology and ENT to optimise patient outcomes.

Continue to adapt and deliver in line with GIRFT.

Clinical strategy objectives by specialty

Surgery

Maxillofacial surgery

Maxillofacial surgery services are to focus on Head and Neck Fast track cancers in 2 week wait capacity and to support skin cancer services with 30 and 62 day targets.

Maxillofacial surgery consultants to support the oral surgery team with reviewing Head and Neck Cancers.

Ophthalmology, Orthoptics, Optometry

Improved data sharing and transparency with primary care (GPs and OPtoms) across Trusts (IPTs) and patients through further digital transformation.

Development and encourage of current workforce to provide a sustainable workforce for the future. Internal support for competencies and promotions to improve retention.

CHFT aims to maintain or improve where possible quality assurance standards.

Continue to adapt and deliver in line with GIRFT and Further Faster recommendations.

Develop workforce modelling to encourage career progression with core trainees and specialty doctors.

Clinical review of medical staff model to reduce outsourcing of services and improve continuity of care.

Trauma and Orthopaedics

To create a regional centre of excellence for elective orthopaedic care with a dedicated outpatient setting that is ring fenced from A+E pressures. A ring fenced elective unit with high proportion of same day surgery. An ability to evidence the high quality care we provide by truly integrating PROMs feedback within EPR e.g. on initial referral registration process a baseline Oxford score must be completed by patient to allow an appointment to be booked; subsequent 6 and 12month PROMs to be collected using automated system - this should facilitate a true transformation of OP services by providing a route for truly digitised elective follow up.

To have an acute on call T&O service in the fracture clinic where all the on call staff are with x ray and plaster room and treatment room with supporting staff in the same area.

To develop an orthogeriatric led fracture neck of femur model of care supported by Orthopaedic Surgery in-reach.

To create a Same Day Emergency Care model.

Clinical strategy objectives by specialty

Surgery

Plastics and Breast Services
Single site breast service
Develop lipoedema/ lymphoedema pathway and research with nursing services in plastic services.
Develop workforce modelling to encourage career progression to include nursing workforce.
Continue to adapt and deliver in line with GIRFT and Further Faster recommendations.
Review Genomics pathways for breast services
Increase of workforce to meet demand at consultant level by introducing specialist registrar posts.
To introduce new pathways, techniques, and technologies to improve patients' outcomes.

General surgery, Colorectal, Bariatric Services, Paediatrics and Endoscopy
To continue working collaboratively with our WYATT partners
To provide acute upper GI and colorectal services across the network as a cancer centre in west Yorkshire.
The trust aspires to be the centre of excellence for Bariatric services.
CHFT to maintain, has an award winning 24/7 consultant delivered acute service.
To ensure that patients are seen at the right time, by the most appropriate clinicians and practitioners.
Develop workforce modelling to encourage career progression to include nursing workforce.
Continue to adapt and deliver in line with GIRFT and Further Faster recommendations.
All minimally invasive colorectal surgery to involve robotic surgery.
All laparoscopic consultants to be trained in robotic service
Build and expand our robotic systems
Continue to improve with post op rehabilitation and discharges from ward areas.
To introduce new pathways, techniques, and technologies to improve patient care and outcomes.
Introduce digital processes to improve clinical validations.

Clinical strategy objectives by specialty

Surgery

Urology
Expand the Urology diagnostic unit.
To introduce new pathways, techniques, and technologies to improve patient care and outcomes.
All laparoscopic consultants to be trained in robotic service.
To improve the estate, resources, and staff to make this area more flexible, with staff of transferable skills and efficient.
To continue working collaboratively with our WYAAT partners.
Introduce one stop clinics for LUTS working with LMC to improve referral.
Continue to adapt and deliver in line with GIRFT and further faster recommendations.
Develop workforce modelling to encourage career progression to include nursing workforce.
Maintain fertility services.
Provide cystoscopy procedures in an outpatient setting where possible.
Consider expanding less invasive daycase procedure into the Urology diagnostic unit.
Introduce digital processes to improve clinical validations.
Explore opportunity for community-based care for catheters.

Vascular
Ensure we continue to contribute to the continuous improvement of care delivered at the arterial centre for patients from our catchment, including clinical and operational elements.
Expand the delivery of OPD clinics in line with reconfiguration.
Consider expanding the remit of our day lists to prevent the transfer of patients to BRI and cancellations.
Expand the scope of vascular access (fistula formation) procedures we can offer at HRI.
Continue to adapt and deliver in line with GIRFT and Further Faster recommendations. One stop MDT joint clinics with Medicine / community (leg ulcer clinics).

Clinical strategy objectives by specialty

Surgery

Operating Services (Theatres and Pre-Assessment)

Acute Theatres

Further development of our STUGs (Speciality Theatre User Groups) for CEPOD.

Elective Theatres

Enhanced processes and mechanisms which support and enable highly efficient and productive use of our theatres using our 6-4-2 model.

Pre-assessment

- Further development of digital transformation to enable more efficient patient appointments and processing of information to and from patients.
- Linking in with local Community Diagnostic Centres to deliver pre-assessment services close to home.

Critical Care, CVAD (central venous access devices) and pain

Critical Care

- To achieve GPICS/ACSA accreditation.
- To prepare our service and our workforce for reconfiguration our service onto a single site.

CVAD

- To develop a robust Vascular Access Service, which supports base ward staff to safely manage and access lines.
- To review the Vascular access service to incorporate increasing the PICC insertion capacity to 5 days cross site, supporting base ward staff to safely manage and access lines.
- Increasing the PICC insertion capacity will improve patient experience, aim to reduce LOS and improve patient flow and limit impact on theatre time.

Chronic Pain

- To maintain our position of delivering treatment to our patients which meets the 18 week RTT target
- To develop further digital transformation to aid in the delivery of appointments and information to patients

Clinical strategy objectives by specialty

Operational Management

Operational Site Management

Patient Flow

- Enhanced processes and mechanisms which support and enable highly efficient patient flow, maintaining performance and quality metrics.
- Develop digital capabilities to support and enhance efficiencies in patient flow.
- Maintain senior on-site presence 24/7 at a tactical command level.
- Challenge clinical decision making to maintain patient safety.

Discharge Lounge

- Promote early discharge and create good patient flow.
- To maintain safety during the discharge process by checking appropriate provisions have been made for a patient going home.
- To provide an appropriate environment whilst patients are waiting to go home.

Acute Response Team

- To respond to the need of the deteriorating patient and improve clinical outcomes.
- To work alongside clinical colleagues supporting education and training for staff.
- To provide knowledge and expertise and maintain critical friend relationships.
- To deliver Martha's Rule objectives.

Integrated Flow Hub

- Create co-located facilities, a discharge lounge, Medical SDEC, Frailty SDEC and Digital Command Centre.
- Increasing the ability to manage non-elective patients without the need for admission.
- To speed up the pathway for patients on discharge releasing beds for new admissions earlier in the day.
- Providing a digital operations hub that enables the site management team to have live data on all key areas of the hospital to support efficient and effective patient flow. It will ensure agreed pathways are complied with and will have early warning of bottlenecks and the tools to enact escalation plans.