



The Shrewsbury and  
Telford Hospital  
NHS Trust

# CLINICAL SERVICES STRATEGY

The Shrewsbury and Telford Hospital NHS Trust

# Introducing Our Clinical Services Strategy

**We are delighted to publish our Clinical Services Strategy that will be the principal guide for the direction of our Trust services over the next five years and beyond. This is a live document that will be continuously reviewed and refreshed to reflect our changing system and population needs.**

Against a background of increasing demand for NHS services, the pandemic and economic climate, never has there been a more important time for setting a clear direction for our clinical services.

Through working in partnership with staff, system partners and communities we will deliver high quality, safe and effective services achieving our vision of providing “excellent care for the communities we serve” as detailed in the Trust Strategy 2022/27.

The Shrewsbury and Telford Hospital NHS Trust (SATH) provides services from 2 main hospital sites, the Royal Shrewsbury Hospital (RSH) and the Princess Royal Hospital (PRH) in Telford.

Over recent years a considerable amount of work has been undertaken aligning services to meet our population needs that we continue to build upon. The NHS continues to face unprecedented challenges following the COVID-19 pandemic, the landscape in which we operate is varied, complex and multifaceted. As an organisation we continue to learn from COVID-19 pandemic focussing on restoring planned and urgent & emergency access times, working in partnership with our local and regional partners to provide excellent care for the communities we serve..

However, like many organisations we face significant financial and workforce constraints against the backdrop of a diverse and aging population, increasing demand and geographical constraints including the delivery of services across two hospital sites. We recognise the need for change within our culture, workforce and service models and the necessity of strengthening our relationships with our partners, patients and communities. It is essential that we continue to respond and evolve to meet the needs of our local population.

Therefore, the development of the clinical services strategy aligned to our overall strategic direction is an exciting opportunity for us to embark upon our transformational journey to deliver safe, sustainable services that meet the needs of our population both now and in the future.



**Dr John Jones**

*Executive Medical Director*



# The Strategic Context

## The NHS Long Term Plan

The NHS Long Term Plan, published in 2019, shifts the focus from organisation to system, from provider to place, from process targets to population health outcomes, from competition to collaboration and integration.

There are four main themes within the Long-Term Plan, which our strategy for clinical services will address:

- The development of out of hospital care
- A reduction in the pressure on emergency hospital services
- Delivery of high quality, person-centred care with improved outcomes
- Prevention of poor health and reduction in health inequalities

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## Local Context

In response to the NHS Long Term Plan, we are currently working in conjunction with our partners across the Shropshire, Telford and Wrekin Integrated Care System (ICS) to develop a five-year Integrated Care Strategy and System Improvement Plan (the Joint Forward Plan), including longer term sustainability backed by a clinical strategy. The ICS clinical strategy focuses on six priority areas; Urgent and Emergency Care (UEC), Cancer, Cardiac, Diabetes, MSK and Mental Health. In addition to these six clinical priorities the ongoing programmes of work in relation to maternity and neonatal services continue to be a priority. The ICS has also identified three central supporting pillars of work for sustainability - workforce, estate and digital technologies. Our Clinical Services Strategy fully aligns to the ICS strategy and objectives.



# Our Trust Strategy

The Trust has developed an ambitious overarching Trust Strategy that was produced in 2022.

It sets out the future direction of our organisation for the next five years – our Vision, our Values, our Strategic Goals and key Strategic Themes with defined measurable outcomes.

You can read the full document [here](#).



Whilst much work has been undertaken in response to COVID-19 we recognise that in terms of service delivery, we have historically focussed on the services that are provided within the two acute hospital sites; whilst acute hospital care will remain the core of the Trust's activity, developments are already well underway to support the realisation of the benefits achieved by the separation of planned and emergency care whilst deliver care beyond traditional boundaries. The Trust has explored further opportunities to deliver services in collaboration with our partners, in areas such as admission avoidance, early discharge, Urgent and Emergency Care programme, Long Term Conditions and the Local Care Transformation Programme. Furthermore, we will work closely with system partners as we make progress with vital enabling strategies such as quality, workforce, digital and estates.

## Our Hospitals and Services

**We are an acute, secondary care teaching hospital with academic health facilities. We are the main provider of acute secondary care services for circa half-million people in Shropshire, Telford & Wrekin and North Powys. Our main service locations are the Princess Royal Hospital (PRH) in Telford and the Royal Shrewsbury Hospital (RSH) in Shrewsbury with a number of other smaller sites providing essential clinical and support functions.**

Both hospitals currently admit unplanned (urgent & emergency) & planned care (elective) patients. We also provide community and outreach services such as:

- Consultant-led outreach clinics across Shrewsbury, Telford and Wrekin and North Powys
- Renal dialysis outreach at Ludlow Hospital; and
- Community services including audiology, heart assessment services, therapies, gynaecology and maternity services
- Outpatient and minor procedures within community settings such as Bridgnorth
- Fertility services

We assess and manage a wide range of medical and surgical conditions and arrange onward referral and treatment for some highly specialised conditions, with well-embedded pathways and clinical networks with regional tertiary hospitals to ensure our population have access to such specialist care.

We are a key partner in delivering community-based services working with primary care and community services, our two Local Authorities and the breadth of voluntary and social enterprise support we have across Shropshire, Telford & Wrekin and North Powys. We will continue to develop our integrated services with partners to bring benefits for patients through access to more specialists in the community and by improving the management of long-term conditions, meaning more, not less, availability of specialist care.

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## Delivering high quality and sustainable clinical services for our population

**The Hospitals Transformation Programme (HTP) is identified as one of the ICS's key priorities, linked directly to improvements in system quality, performance and financial sustainability within Shropshire, Telford and Wrekin.**

We have an urgent need to change how we deliver acute hospital services at our Shrewsbury and Telford sites as our current clinical model does not meet the needs of our patients. We currently have two inadequately sized Emergency Departments, with the delivery of key clinical services split across two sites (including critical care), insufficient physical capacity (particularly for planned care services), mixing of planned and unplanned care pathways, and poor clinical adjacencies. Our buildings are aging and do not have the space or flexibility for modern healthcare.

The key benefits of the HTP include:

- Dedicated Emergency Department with immediate access to medical and surgical specialities

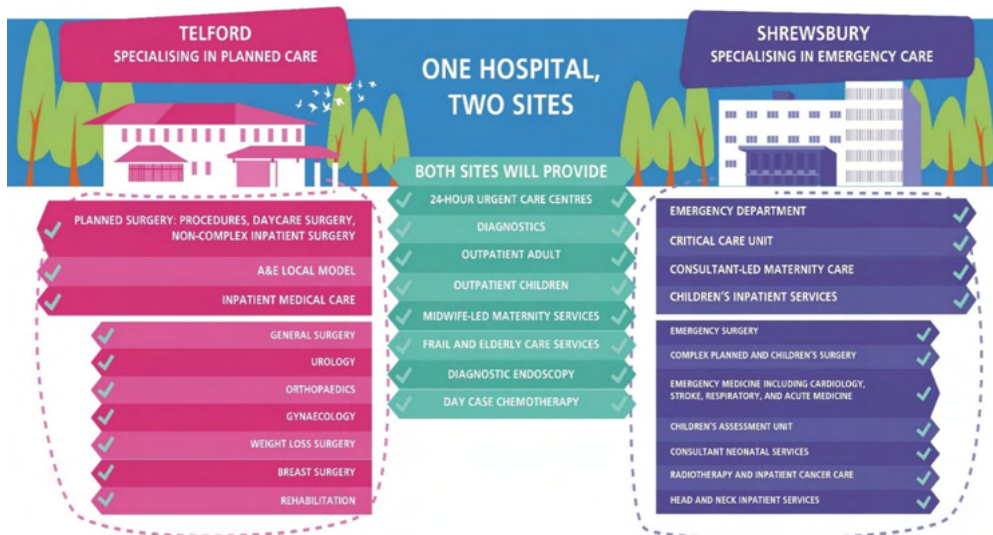


- Timely access to the right specialist teams and consultants
- Reduced ambulance waiting times
- Shorter hospital stays
- Ring-fenced planned care capacity supporting the needs of our population
- Fewer procedures cancelled
- Improved cancer waiting times
- Resilient to peaks in emergency demand
- A much better environment for patients, families and staff
- Modern, well-designed facilities
- A better experience of care
- Positive impact on staff experience and morale
- Integrated services for local people

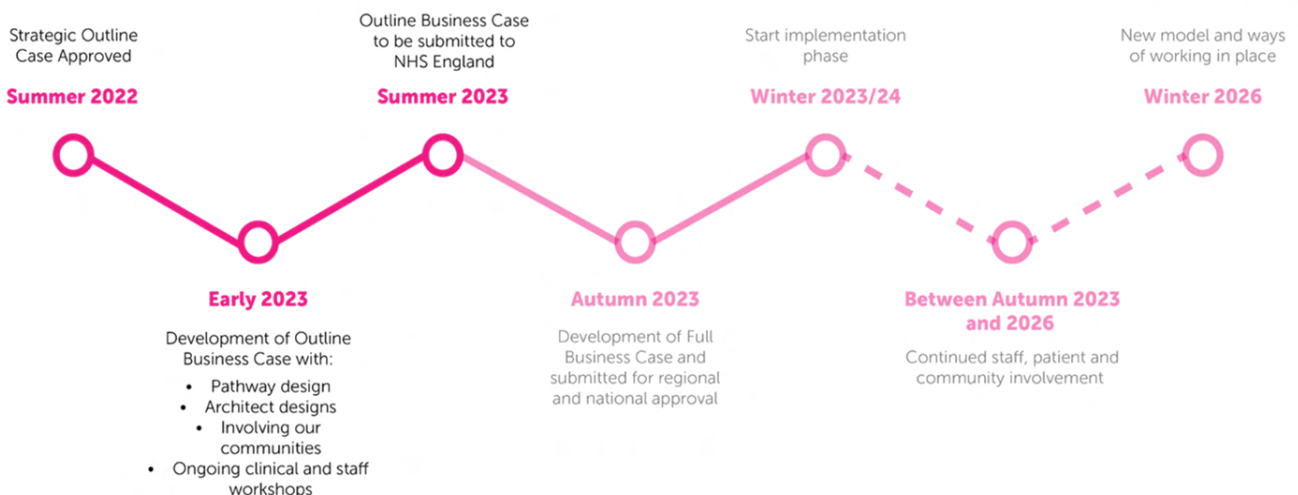
- Simpler and more effective patient pathways
- Working seamlessly across our health and social care partners
- Better access to health and care services

Our plans and strategic ambitions will ensure that we deliver two thriving hospital sites that will improve care for everyone (the services that we provide to all our communities will be improved).

*The diagram below illustrates the clinical configuration of services under the Hospital Transformation Programme:*



## Progressing our Hospitals Transformation Programme to improve care for all



## Working Together - Provider Collaboration

National guidance promotes Provider collaboratives, along with place-based partnerships, to be a key component of ICSs, enabling them to deliver their core purpose and meet the triple aim of better health for everyone, better care for all and efficient use of NHS resources. All Trusts providing acute and mental health services are expected to be part of one or more Provider collaboratives. Effective collaboratives can help streamline the relationships between ICSs, Providers and wider partners to integrate care and respond to needs of local communities.

As an organisation we recognise the importance of maintaining and developing our partnership working arrangements to ensure we are delivering high quality sustainable services together for our communities. We will continue to develop strong provider collaboratives to harness the benefits of working together at scale, to build greater resilience for services, reduce unwarranted variation in patient's outcomes, access and experience. A national maturity matrix has been produced outlining ambitious attributes within three domains – outcomes and benefits, governance & leadership, and system working.

The matrix can be applied to all types and sizes of collaboratives, operating across one or more systems with varied geographies i.e., urban or rural, horizontal or vertical. We will use this matrix as an assurance toolkit as part of our own strategic ambitions previously highlighted. By working in partnership with other more specialist provider(s), we will ensure that the residents of our population can access all services including those that are more specialised, delivered as local to people as possible, to the highest standard of care and securing the best outcomes.

We plan to develop and extend collaboration with all ICS partners such as Robert Jones and Agnes Hunt NHS Trust, Shropshire Community Health NHS Trust and Midlands Partnership University NHS Foundation Trust, as well as with our Local Authorities. Programmes such as Musculo-skeletal and Virtual ward are existing areas of joint development.

Building on collaboration within the ICS, we also have several collaboratives and service agreements with our partners in the West Midlands region who provide some of the tertiary, specialist services our patients receive: -

Provider	Services
<b>The Royal Wolverhampton Trust</b>	Cancer services, particularly gynaecology and neurology services - enables the delivery of statutory NHS Cancer standards (2 week wait standards); network partner for cardiology and heart attack centres
<b>Birmingham Children's Hospital</b>	Children's Trauma services
<b>University Hospitals of North Midlands UHNM</b>	A range of tertiary and networked services such as cancer services, including upper gastrointestinal tract, urology and thoracic surgery; a network approach to Trauma care with UHNM providing care via their Major Trauma Centre and SaTH providing care via their local Trauma service; primary partner within the network for Neonatal Intensive Care Services; network partner for cardiology and heart attack centres; pathology network partner; a mutual aid agreement with critical care bed capacity as part of adult critical care network.

Working collaboratively with other regional partners we will ensure we have a sustainable service delivering high volume of activity, supported by networked service infrastructure and digital reporting systems to meet the future population needs.

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## Clinical Networks

**As a Trust we recognise the value of our clinical networks in assisting us in prioritising areas for health system change, identifying and supporting the implementation of strategies to promote evidence-based practice, and improve appropriateness of care and outcomes.**

We will continue to play a significant role in a wide variety of clinical networks for adult, children & young people and neonatal patients, many of which are mature such as major trauma, critical care, burns and neonatal. We will continue to support the growth of our developing networks such as pathology and paediatrics, and identify and establish our emerging networks such as imaging.

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## Specialised Commissioning

**We currently offer a range of specialised services and work collectively with commissioners, local providers, networks and alliances to ensure our community receives timely access to the most appropriate treatment for their condition.**

We will continue to work with both local and specialised commissioners to develop and implement evidence and outcome based clinical pathways ensuring investment in supporting infrastructure such as estate, workforce and equipment is addressed.

In addition, we will continue to play a significant role in the West Midlands Cancer Alliance, working with Integrated Care Boards (ICBs) and NHS providers to improve the delivery of cancer services across the West Midlands to ensure patients get the highest standard of care in the right place at the right time.

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## Our Principles for Those Who Access Our Care

1. Whole person, consistent care
2. People at the heart of all we do
3. Accessible, flexible, recovery focused and inclusive
4. Equality-focused and inclusive
5. Kind, collaborative and relationship-focussed
6. Best evidence and outcome focused
7. Safe, open, trustworthy and transparent



# Our Clinical Services Strategy

At the heart of our clinical strategy is provision of high-quality clinical care right across our system, with our Trust services integrating seamlessly with the services provided across all our healthcare providers. The boundaries between primary, secondary, community and social care have become and will continue to be blurred and we see this as a positive opportunity for maximising the availability and quality of healthcare service to our population.

From our work with our specialty teams, and our stakeholders, we have identified four key priority areas that shape our future:



Access to services is a cross cutting theme throughout our clinical services strategy: faster access to more responsive services; access to more care delivered closer to home; greater digitally enabled access to allow people to access information and services online, immediately, in their own homes, places of work and leisure.

Our philosophy is right care, right time, right people, right place and right experience of care. Patients will receive their care as close to home whenever possible and appropriate more specialised care via our partner networks. We will ensure the right capacity and people are in the right place to deliver our planned care services that are responsive and timely. We will ensure all our Services provide the right outcomes and experience of care sustainably for all our community. The initial phase of our clinical services strategy will support improvement in access and outcomes for our patients and in its later phases our services will evolve to support improvement in overall population health and outcomes.

This strategy is closely aligned to the principles set out as part of the consultation process that led to the development of our Hospital Transformation Programme (HTP) and supported by the Local Community Transformation Programme (LCTP).

Over the forthcoming months we will undertake a detailed Clinical Services Strategic Review with the aim of developing directorate level clinical objectives, outcomes and plans for

implementation. In addition we have developed a number of supporting strategies through further discussion with our clinical staff. Our plans will be reviewed annually and form an essential part of the organisations annual planning process to ensure continuous alignment to both the system and organisation's overarching strategy, priorities and the four key clinical priority areas detailed above.

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## **1** *Urgent and Emergency Care*

**Everyday thousands of people in our communities need urgent and emergency care and in January 2023 the Department of Health & Social Care and NHS England published a Delivery Plan for recovering Urgent and Emergency Services. In response to this, we have developed a number of system-wide clinical programmes of work and initiatives.**

Our clinical strategy is for this care to be provided as quickly and as efficiently and as close to home as the clinical situation requires.

For the most serious clinical situations (emergency care), we will introduce a single, purpose-built Emergency Department on the Royal Shrewsbury site, aligned with all emergency, medical and surgical specialities on the same site, meaning that patients will be seen more quickly, by the right specialist with shorter stays and better recovery. The Emergency Department will be led by consultants, open 24 hours a day, 7 days a week, covering all ages and with bedded resuscitation facilities.

For the less serious, yet still urgent clinical situations, we will provide 24/7 urgent care services on both hospital sites, including same day emergency care for defined clinical situations where safe care can be provided without the need for full range of major Emergency Department services.

Maximising our services available to our community will mean redesigning our workforce arrangements to provide a wider range of services and more consistent level of care over 7 days.

To support these "front door" services we will provide a range of pathways to avoid patients being unnecessarily admitted to or unnecessarily being kept in hospital including enhanced frailty services, hot clinics, rapid access to diagnostics and broader use of the multi-disciplinary workforce.

All this will be supplemented by closer relationships with community-based providers to support the single Emergency Department and urgent care services provided on both sites; this will be based on wider pathway development ensuring patients are supported in their own home with appropriate clinical supervision backed by stronger relationships with primary care, community and secondary care clinicians. This will include system-wide clinical initiatives such as the social care discharge improvement plan which will deliver capacity for additional simple and complex discharges, the acute discharge improvement plan which focusses on same day emergency care, first 72 hours in hospital assessment, embedding the home-first principles, the implementation of virtual wards and other similar higher level care arrangements for those in the community, especially with long term conditions.

We will continue to build on pathway improvements for Children and young people, developing urgent and emergency care pathways at both sites. Furthermore, we recognise the importance of robust support and care for Mental health patients, and we will continue development of pathways, access and capacity on both hospital sites, working with a variety of partners such as Midlands Partnership University Foundation Trust, Shropshire Community Health Trust, primary care and our Local Authorities.



## 2

## *Acute and Specialist Planned Care*

### *Protecting Planned Services*

Our focus on providing planned care will be in a collaborative relationship with our patients. Access to cancer and elective treatment is stressful for our patients, exacerbated by the Covid pandemic, and we need to provide specialist care that is modern, described and delivered in a way that patients understand, and timed in a predictable and reliable way.

This means separating the impact of Emergency demand pressures across the 2 hospital sites from the day-to-day work provided through our planned care pathways. Planned pathways of care should be how the majority of our routine and urgent treatment (including cancer) should be carried out - our strategy addresses the expectations of the National Elective (Planned Care) Recovery Plans for delivery of 130% of pre-Covid activity without relying on the diminishing opportunities for using independent provider capacity.

In the short-term, we have begun the work of redesigning our services. We have been successful in obtaining £24M capital funding to build a planned care day-case hub at Princess Royal Hospital, Telford which is additional to our existing theatre and bed capacity to achieve the waiting list targets from 2022-2025, urgent cancer referrals standards and work towards the 30% uplift of planned care activity by 2024/25. This has the distinct advantage of being safer for patients, safer for staff whilst providing necessary capacity to address the planned care backlog and improve future productivity & efficiency. This new build now in construction is being completed in two Phases - Phase 1 will be operational from later in 2023, with Phase 2 implemented in early 2024, and will enable a ring-fenced fully functioning Day-Case Surgery



Unit complex for 52 weeks a year. Planned care services will be available throughout the year leading to fewer cancellations and delays for operations.

The planned care day-case hub will be utilised for high volume, low complexity (HVLC) specialties accounting for majority of day-case demand within SaTH: it will be key to reducing waiting lists and support standardised best practice clinical pathways central to achieving the quality, outcomes & productivity benefits of a new surgical centre.

### *Reconfiguration*

We will plan for the appropriate capacity to meet the predicted increase in planned care from the changing demographics of our population in key specialties such as Trauma & Orthopaedic, Urology, Ophthalmology and General Surgery.

As part of the HTP developments, further improvements in planned care capacity will be achieved with the reconfiguration of services, with Princess Royal Hospital Telford becoming the site specialising in planned care. This will include physical capacity and innovative service models as well as demand management solutions. In line with our proposed new clinical model, we will increase the number and range of surgical services delivered at PRH e.g., orthopaedics, breast, gynaecology, benign upper GI surgery, vascular, ambulatory trauma and the range of day case and short stay activity.

### *Diagnostics and Community Diagnostic Centre (CDC)*

Capacity for diagnostics will be critical for improving timely diagnosis and treatment, and the Trust has continued to invest in diagnostic equipment and workforce. Both Endoscopy and Radiology capacity has been increased, and we will continue to build the necessary capacity to meet demand. As part of the national strategy and integral to our strategic vision, is providing linked services in the same "place". Place-based care is the reason for Telford being chosen as the site for our first community diagnostic centre, opened in October 2023, which will support the diagnostics required for the planned care facilities in the same "place". This will help to begin to address the known health inequalities (e.g. cancer survivorship) related to early access to health services and potentially protects these services by separating them from any future pandemics. We will continue to improve pathways and work with ICS partners on further plans for community diagnostics services.

### *Outpatients*

Innovative approaches and ways of providing outpatient service have commenced both internally and as part of a systemwide five year transformation programme running until 2026. Examples of successes to date includes, addressing health inequalities as part of waiting list recovery, increased use of advice and guidance, virtual consultation, one stop clinics and validation of waiting lists. We will continue to work with our partners in addressing inequalities and improving our patients experience by ensuring we provide safe, effective care within the most appropriate setting, whilst managing demand with supported and sustainable teams ensuring seamless pathways and clear communication.

### *Surgery and related procedures*

We will provide services that make use of new and existing clinical arrangements throughout



our system in conjunction with national guidance for best practice and “getting it right first time” (GIRFT) recommendations. For some specialist services this will mean increasing the capacity for services at our planned care site e.g., orthopaedics, breast, gynaecology, benign upper GI surgery, vascular, ambulatory trauma and the range of day case and short stay activity. For some it will mean new pathways for specialist services in line with reconfigurations to improve recruitment into specialist roles, quality and proximity of our emergency services which builds on the work done to deliver HTP.

Overall, the proposed configuration of services will streamline and simplify patient care pathways. The proposed clinical model develops planned care and emergency care acute hospital centres, leading to a coordinated and cohorted flow of patients. This separation of flows will ensure patients with acute illness and injury are treated appropriately and lead to improvements in clinical effectiveness.

### *Providing the best outcomes for patients*

We will always be a Trust that must provide district general hospital services to our population but must also keep as many specialist services as possible that can continue to be provided safely in our hospitals. We are responsible for a broader range of specialist care than would typically be expected in a local secondary care hospital with many excellent outcomes for our patients. This is because we do not want travel distance to be a barrier to the access to specialist care. As care becomes more specialised we therefore need to strengthen our partnerships with other secondary or tertiary care providers to ensure enough activity and expertise for safe care, as required by national service specifications and guidance and other recommendations. Our decision will be driven by what will deliver the best outcomes for patients and providing a sustainable accessible service for future population needs.

# 3

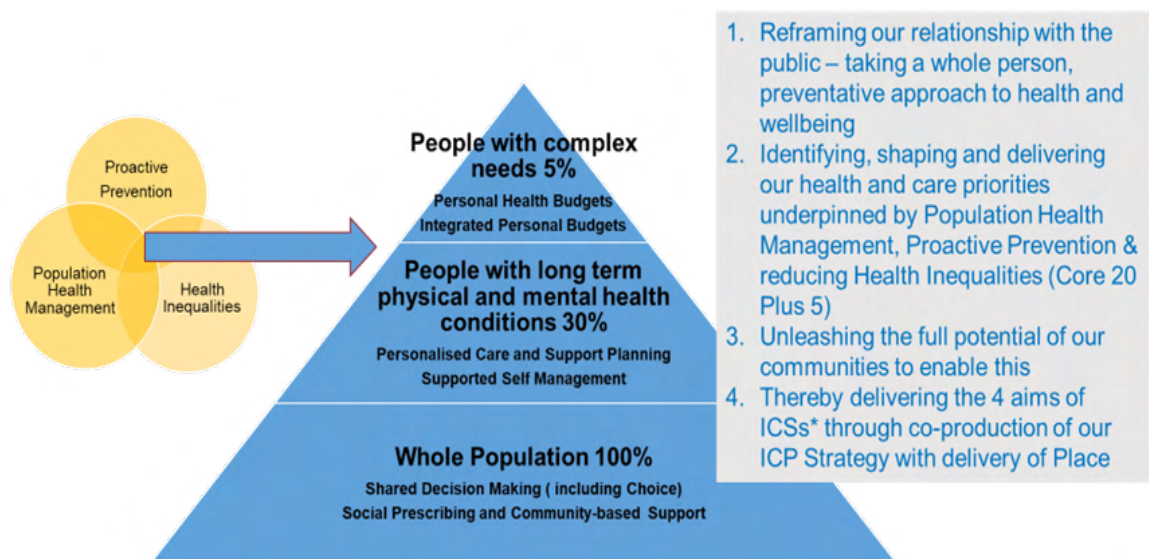
## Person Centred Approach to Integrated Care

To achieve our ambition of providing “excellent care to the communities we serve” we are committed to supporting the implementation of our systemwide person centred care approach and provide sustainable integrated care pathways across our system.

### Person Centred

We are committed to delivering the most appropriate care in the right place, at the right time, in the most appropriate setting and fully support the strong and evidenced link between non-clinical, community support in the improvement of our communities health and wellbeing. As such when accessing our services we will ensure that our patients/service users will be treated as an expert of their own experience and at the centre of planning their care and support, ensuring it meets their needs, goals and outcomes.

The diagram below summarises how we will support the implementation of our systems person-centred approach.



- \*Integrated Care Systems exist to achieve 4 aims:
- Improve outcomes in population health and healthcare
  - Tackle inequalities in outcomes, experience and access
  - Enhance productivity and value for money
  - Help the NHS support broader social and economic development

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### Integrated Care

Integrated care focusses on the strengths of people and communities and utilises this as a cornerstone of how we will work with people, communities and public services. We will work collaboratively to support people to build the foundations for a healthy and fulfilling life.

The diagrams below demonstrates the systems integrated plan and the people and community centered approach.



## Shropshire Telford and Wrekin Integrated Care Strategy Plan on a Page

We want everyone in Shropshire, Telford and Wrekin to live happy, healthy and fulfilled lives.

### Improve Outcomes

In population health and outcomes

### Tackle Inequalities

Outcomes, experience and access

### Enhance productivity and value for money

### Support broader social and economic development

We will improve <b>safety and quality</b>	We will integrate services at <b>place and neighbourhood level</b>	We will tackle the problems of <b>ill health and access to health care</b>	We will tackle improvements in <b>mental health, learning disability and autism provision</b>	We will support economic regeneration to help improve the <b>health and wellbeing of our population</b>	We will respond to the threat of <b>climate change</b>	We will <b>strengthen our leadership and governance</b>	We will increase our <b>engagement and accountability</b>	We will create a <b>financially sustainable system</b>	We will make our ICS a <b>great place to work</b> so that we can attract and keep the <b>very best workforce</b>
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### Reducing Health Inequalities

- Wider determinants
- Tackling Healthcare Inequalities

### Improving Population Health

- Best start in life
- Healthy Weight
- Alcohol, drugs & domestic abuse
- Mental Health & Wellbeing

### Improving Health & Care

- Strengthen prevention, early detection and improve treatment outcomes - Mental Health, Heart Disease, Diabetes, Cancers, Musculoskeletal disease
- Urgent and Emergency Care
- Integrated person centred care within communities - strong focus on primary & community care

Equitable access to care & services	Workforce Culture & OD	Engagement, co-design and co-production	Live within our means	Subsidiarity & Self-Care	Population Health Management & Wider determinants of Health	Person Centred Care
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## People and community centred approach



## *Our priority pathways for integrated care:*

As a key part of the ICS Clinical Strategy and in alignment to the Local Care Transformation Programme (LCTP) we will establish new more active relationships with the primary care networks and neighbourhood teams to support agreed clinically-led programmes of work. Priority programmes for integrated service delivery/ development and more care outside of hospital include:

- Frailty
- End of life care
- Diabetes
- Respiratory
- Cardiovascular disease

The prevalence of frailty is increasing, as and outlined in the ICS Ageing Well Strategy, we will work with partners to delay or prevent onset of frailty and ensure early diagnosis is recognised and managed. People living with frailty are vulnerable to hospital-acquired functional decline.

Within our hospitals, we will adopt a frailty sensitive approach making assessment of frailty a standard part of every patient's admission and in-reach to ensure frailty management is an integral part of their acute care. We have a very limited frailty specialist workforce and in light of the scarcity there is an urgent need to develop a collaborative approach to our workforce to





support our a more integrated approach to care for older people.

Often people die in hospital, even when a plan of care indicates their preference is to die at home or in a hospice. To respect patients' choices, we will work with partners to increase the proportion of people identified as being in the last year of life so we can work as a system to deliver personalised care. The Voluntary Community and Social Enterprise sector (charitable and voluntary) has a specific and expert role to play.

We will continue to develop and integrate acute and rehabilitation pathways e.g., the hip fracture pathway and stroke rehabilitation pathways with the aim of creating a single provider model for stroke care pathways.

Appropriate sharing of patient information is essential to our ambitions to integrate service delivery. We will work with partners across the ICS to create the appropriate platforms and policies for information sharing and improved patient care.

### **Local Care Transformation Programme (LCTP)**

The Local Care Transformation Programme forms a key part of supporting the realisation of both our Trust and ICS overarching Strategy. It is intrinsically linked to our vision and ability provide sustainable services to our population in the right place at the right time.

The LCTP intends to deliver five critical programmes of work as detailed below:

Prog.	Action
1	Avoiding hospital admissions through provision of community based services including rapid response.
2	Implementing an integrated discharging team to enable timely discharge home with access to the appropriate range of services in the community
3	Opening 250 'Virtual Ward' beds to enable patients to return to the place they call home to receive medical care that would otherwise be delivered in an acute bed
4	Developing our approach to creating neighbourhood teams - teams of staff from primary care, community care, social care and the voluntary sector working together to deliver more joined up, person-centred and proactive care.
5	Reviewing community-based services for sub-acute care and reablement, both hospital and home based, to make best use of our available resources including our staff and our physical assets such as community care settings.

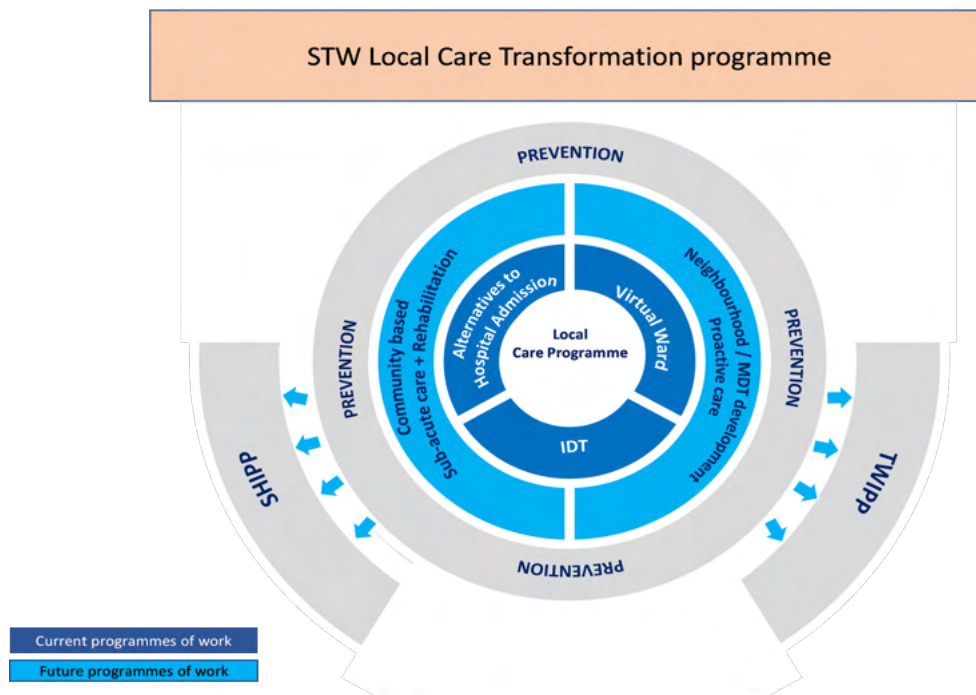
By implementing these services the LCTP will 'stem the demand' for further acute services that would otherwise lead to an extra c150 acute beds for care that would be better provided outside of an acute setting with improved outcomes and experience for patients.

The LCTP is inextricably linked to our Hospital Transformation Programme (HTP) with Alternatives to Hospital Admission, Integrated Discharge Team and virtual ward, identified as the



initial priority areas for joint development. We will continue to work collaboratively with partners in the development and implementation of new ways of working.

The scope of the programme is summarised in the diagram below.



By supporting the five critical programmes of work below we will:

- Expand community-based services and provide suitable alternatives to hospital-based care.
- Support people with long-term conditions and those with a range of health and wellbeing needs to be empowered in the delivery of their care.
- Respond swiftly to those in crisis to avoid unplanned hospital admissions.
- Ensure a focus on proactive care and early intervention that promotes good health and wellbeing.
- Develop a deeper understanding of the needs of our population and make demonstrable progress in tackling health inequalities.
- Focus rehabilitation services to help people maximise their functional outcomes and independence, focusing on the personal goals that matter most to patients.
- Enable our staff to work flexibly across organisational boundaries in more integrated and joined up ways that enables staff to deliver high quality care for their patients; thereby supporting staff wellbeing and job satisfaction.

# 4

## Prevention & Reducing Health Inequalities

### Prevention

Alongside our partners we are unified in our vision to improve prevention for people living in Shropshire, Telford & Wrekin. By working together at Place, with Primary Care, the voluntary and community sector, community services, care and council services, business and people themselves, we will take a proactive approach to identifying risk in the population and supporting people to reduce their risk.

Proactive prevention through the life course is threaded through the systems place-based programmes of work alongside developing resilient communities. As a key partner we will continue to support the system wide Proactive Prevention approach building on what is already in place across Shropshire and Telford & Wrekin.

### Long-Term Conditions

As long-term conditions become more prevalent, we need to adapt our approach to supporting the health needs of our community, moving from episodic “sick care” to longitudinal “health and well-being”—focusing our services predominantly on acute needs is unsustainable. We will do more in partnership with other partners to actively support individuals to improve their wellbeing and prevent the onset of disease, and support patients with long-term conditions to stay well by:

#### Offering services that are accessible:

- **On-site care** provided in community settings, primary care, ambulatory care sites, drop-in centres and other non-healthcare settings
- **Virtual care** delivered through video, phone, text, app/chat, internet, connecting into a comprehensive patient portal
- **At-home or mobile care** (e.g., vans) delivered in-person

#### Collaborating with our partners to deliver seamless care:

- Patients shouldn't be able to tell where primary care ends and secondary care begins
- Much greater blurring of physical, process, and organisational boundaries between partners
- Seamless work / information sharing across the system allowing active and prompt identification & management of needs
- Partners work together to simplify journey for patient (e.g., GP referrals, NHS 111 pathway optimisation)

#### Making the most of every opportunity to promote healthy behaviours:

- Focus on tackling the well-established risk factors for chronic disease (e.g., diet, physical activity, weight, smoking, alcohol use)
- Empower patients to co-manage their health and wellbeing and if necessary, to try and avert the onset of preventable disease (e.g., education/information, patient portal, PIFU, etc.)

#### Promote rapid flow through our services and a bias away from admission, within strict safety controls:

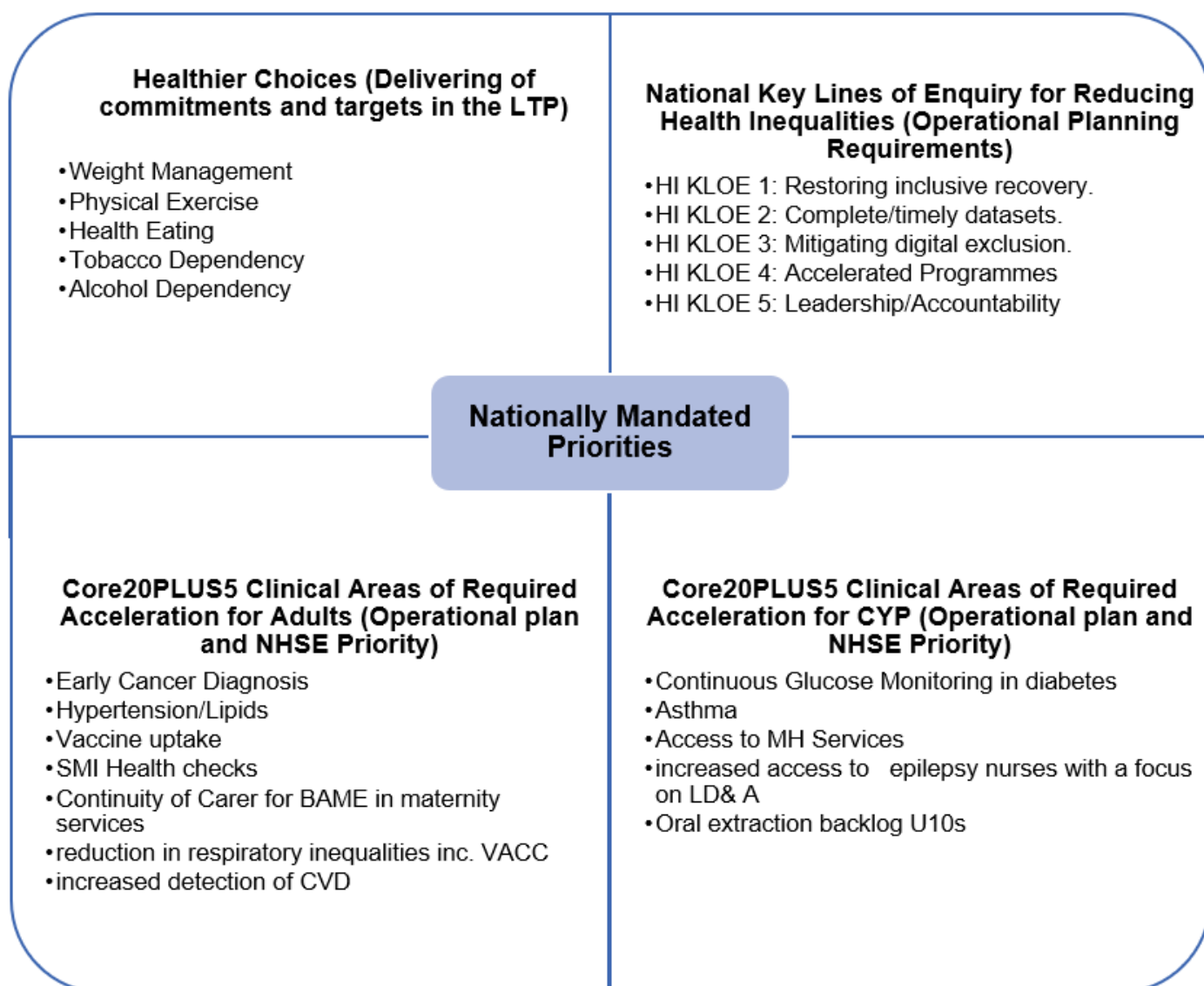
- Prevent unnecessary escalation in the acuity level of a patient's treatment
- Minimise potential for hospital-acquired conditions
- Avoid “institutionalisation” (e.g., support investment in same day emergency care, rapid community discharge, direct admission)

## Tackling Inequalities and Reducing Health Inequalities

There is an increasing national policy focus on health inequalities and a commitment to addressing them. Tackling inequalities in outcomes, experience and access is one of the four key objectives for all Integrated Care Boards. NHSE identified five key priority areas relating to tackling health inequalities in the Operational Planning Guidance:

- Restoring NHS services with a particular emphasis on Elective Care
- Mitigating against digital exclusion
- Ensuring Data sets are timely and complete
- Accelerating prevention programmes to proactively target those at greater risk of poor outcomes (Core20Plus55 below)
- Strengthen leadership and accountability

Aligned to our system plans we are committed to targeting the following priority areas in relation to health inequalities:



Whilst we recognise that healthcare services may only impact partially on wider health inequalities, but the Trust will do all we can to narrow the gap in major clinical areas of disparity in healthcare outcomes for excluded and disadvantaged communities.



Currently aligned to the [ICS Five Year Joint Forward Plan and Clinical Strategy](#), there are several specific interventions that the Trust will support directly as part of our planned care, urgent and emergency care, integrated pathways, and prevention and screening programmes. In addition it is noted that further work in relation to health inequalities for Respiratory, Urology and Gynaecology is required particularly pertaining to demand and capacity.

The development of the community diagnostic centre at Telford is a key component in our collective ICS ambition to significantly reduce health inequalities in STW and improve health outcomes for all our population by offering screening and early detection of cancer, with the national objective of 75% of cases diagnosed at stage 1 or 2 by 2028.

Similarly, our prevention approach will look at smoking cessation in pregnancy and in young people, and weight management for all ages of population.

As part of the hospital transformation programme a cardiology centre at PRH is proposed which will provide cardiovascular screening and local health checks that will help to reduce and prevent the need for acute care. In addition this will support patients with cardiovascular disease, mortality inequalities and improve health outcomes.

We will also address identification and support for people with severe mental illness who present to our services with acute psychiatric liaison available at our sites and to meet the needs for children and young people.



# Key Enabling Strategies

Our key enabling strategies to enable us to deliver our future clinical model of high-quality, safe and effective care, treatment and experience are detailed below.

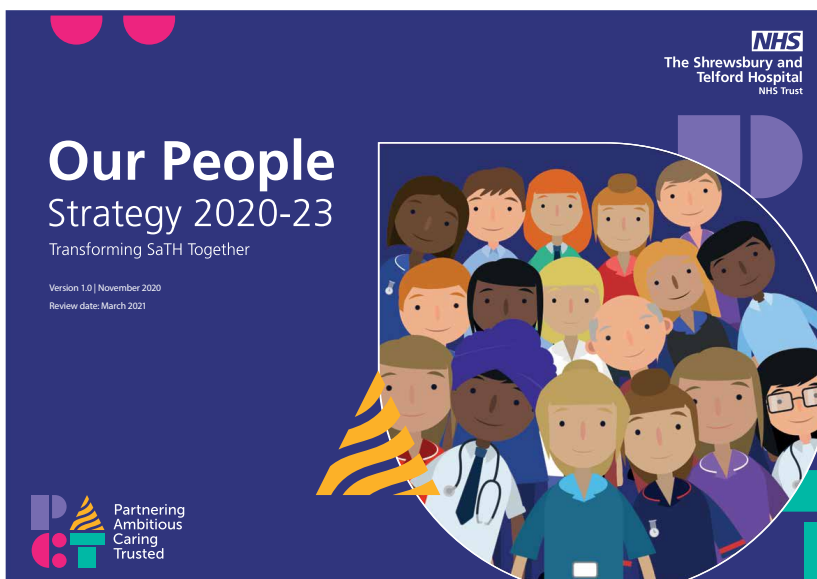


## Our People Strategies

We currently face multifaceted and complex workforce challenges that must urgently be addressed to provide sustainable acute clinical services in the future, as well as operate in the increasingly integrated care environments.

We recognise that our people are at the heart of everything we do and are key to providing high quality care to our patients. Our people strategies (Our People, Equality, Diversity and Inclusion and Recruitment and Retention) are critical in developing our culture and underpinning all we do to attract, recruit, develop, retain, support and reward our people and teams to meet our future service needs. Significant work done as part of HTP will provide detailed plans for the Trust to implement.

We want to make the Trust a great place to work and encourage people to spend their career here or within STW. You can read the full People Strategy [here](#).





# Education, Research and Innovation

**To drive health innovation through world class education, teaching and research.**

The Education and Research Strategies support the delivery of the Clinical Services Strategy by ensuring we provide high quality education for our students and staff, and we provide a wide range of accessible research and innovation projects. There is robust evidence that leading healthcare organisations that maximise recruitment of patients to clinical trials and other research studies deliver higher quality care.

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## *Education*

**To ensure that patients receive the best care, it is necessary to constantly, learn, develop and change. The primary objectives of our education strategy are:**

- To deliver and support education and training for our current and future workforce
- To ensure the current workforce are safe and meeting their statutory and mandatory training requirements
- To support staff to embrace new technology and flexible ways of learning, prioritising patient safety and learning from incidents
- To extend our education and training offer to healthcare staff locally, regionally, nationally and internationally

We are seeking to achieve University Hospital status for our Trust and the clinical services we offer. The Trust is a major provider of undergraduate medical education, and in line with our plans for future medical student expansion numbers in SaTH we are also seeking to increase Foundation Doctor numbers.

The overall aim of our Postgraduate Medical Education Team is to help shape and support the delivery of up-to-date work-related training for Postgraduate Doctors in Training and Clinical Fellows within SaTH. The outcome measure for Postgraduate Medical Education and Training will be in line with Health Education England's Quality Framework.

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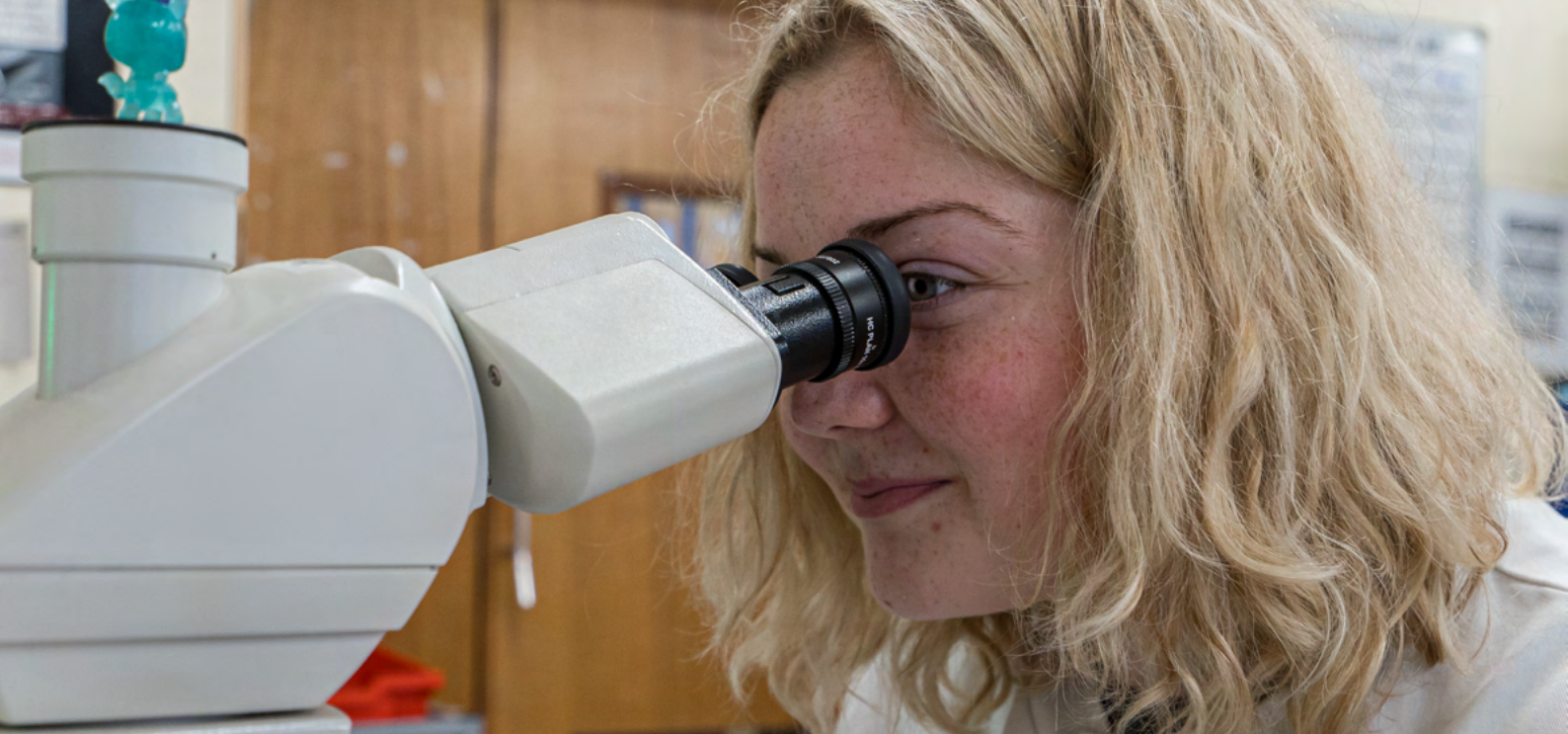
## *Social and Healthcare Support Worker Academy*

**The academy was set up in conjunction with the ICS to deliver induction training to Health Care Support Workers (HCSW) to ensure all HCSWs have the right basic skills in place before entering a care environment.**

Since the Academy was established, it has trained many new HCSWs, reducing vacancies in this staff group by 22%. There has been a 40% increase in HCSWs on the Bank, we have seen significant reduction in leavers since the start of the Academy and new starters have increased.

In order to improve retention, Education Practice Support Workers have also been introduced to pastorally support the new HCSWs as they join the Trust, and buddy training for established HCSWs.





## *Research and Innovation*

**Our vision is to make research & innovation a fundamental part of care at SATH by supporting the delivery of patient and staff-focused Research & Innovation (R&I) projects collaboratively across Shropshire, Telford & Wrekin and Staffordshire.** The Staffordshire & Shropshire Health Economy Partnership (SSHERP) was established from a collaborative proposal led by MPFT in partnership with and funded by WM CRN. SSHERP brought together over 17 organisations incorporating all our NHS partners, our Medical School, Local Authorities, ICBs (CCGs) and WM NIHR Clinical Research Network and WM AHSN.

Our research strategy has the following strategic aims which support the delivery of our Trust Clinical Strategy:

- To continue building the capability and capacity within the Trust to lead and deliver high quality research and innovation and offer our patients greater access, an enhanced experience and better care through access to research, clinical trials and innovative treatment and approaches.
- Forge better links to our local/partner Higher Educational Institutions (HEIs) and significantly increase clinical academic appointments at all levels in the Trust.
- Academic partnerships in will be developed, joint clinical/research roles created and research/research education supported to enhance services and support service development opportunities for homegrown research that meet the needs of the local population.
- To increase the presence and profile of R&I in the Trust and in doing so the opportunities for staff, patients and the public to engage with the research agenda and provide a route for them to direct and influence Trust research and innovation priorities.
- Significantly enhance research quality and infrastructure and develop a full operational governance framework for R&I that feed into the Workforce and Education and Trust level governance, effectively and appropriately.
- Develop a commercial and innovation strategy for R&I that feed into the Trust's plans for commercialisation
- To develop an Innovation Hub for Education, Training and Research.
- To partner and complement the Trust's plans for Improvement, both continuous (CI) and Service (SI).

## Quality

**Providing a high quality experience, that is safe and effective to the communities we serve is at the heart of everything we do.** Every year, we set the quality priorities based on our strategic objectives and areas for development. These relate to the three dimensions of quality – patient safety, clinical effectiveness and patient experience.

*“High quality care is only being achieved when all three dimensions are present - not just one or two of them. When we strive for high quality care, we must do so for everyone, including those who are vulnerable, who live in poverty and who are isolated. By seeking to deliver high quality care for all, we are striving to reduce inequalities in access to health services and in the outcomes from care”.*

You can read the full Quality Strategy [here](#).

Our quality strategy focusses on the following priorities:



Ongoing development of our education provision along with support and enablement to ensure all staff are confident and capable in this area.

## *Estates*

**Our ability to provide high, quality care for all is currently constrained by our outdated estates footprint and service configuration. We currently provide services over two hospital sites which require immediate and essential replacement/upgrades to our current buildings to provide us with the right environment and capacity to deliver both emergency and planned care.**

The future estates strategy encompasses the Hospital Transformation Programme (HTP), which will be a catalyst for improving our outcomes, clinical pathways and providing a much improved hospital environment to work in and care for our patients.

We expect these new models of service will deliver significant quality improvement and operational performance benefits, whilst also improving workforce sustainability and generating recurrent cost savings for our system.

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## *Medium Term Finance Plan*

Whilst the financial landscape is challenging across the NHS, it is the realisation of the clinical strategy that will ensure we are using our finite resources most effectively and efficiently because we know that receiving the right care, in the right place, at the right time for the patient is best for the patient and is also in most cases the most cost-effective way to deliver healthcare.

To support this we need to proactively plan for the future and we need to take decisions that strengthen the underlying financial position. The Trust has set a medium-term financial plan which aligns with the Hospital Transformation Programme and which is now being refreshed in the light of the STW approach to integrated healthcare and preventing and reducing health inequalities. This plan will see the Trust return to financial balance over a number of years.

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## *Digital*

Our digital strategy will provide us with numerous advantages to delivering care, some of which include:

- Timely and reliable information to inform our care records.
- Utilise digitally-enhanced technology to improve direct care in clinical advancements i.e. robotically assisted surgery and telemedicine to provide access to services without attending hospitals and community facilities.
- Enhance the digital experience for all staff ensuring they have access to effective, emergent technologies to improve the care we provide wherever and whenever required, including the ability to work from within and beyond the hospital walls.
- Develop our population health approach sharing all the data, intelligence and insight from our partner organisations to make collective decisions and prioritise key issues aimed at reducing health inequalities & improving the health and wellbeing of people living in STW and Powys.
- Increase system productivity and efficiency by reducing duplication, automating and



- streamlining corporate processes, clinical pathways and patient flows, where appropriate.
- State of the art and sustainable digital infrastructure for the future

Our immediate priority will be to address our core information, technological and digital capabilities necessary to create a Trust single electronic patient record that can be accessible for all the appropriate range of professionals involved in delivery of care. We have established a digital roadmap defining our timetable from replacement of our Patient Administration System (PAS) and replacement of outdated departmental systems to replace with new digital platforms and integrated systems to digitally connect the patient's journey.

Our enablers align with the three pillars of focus for the ICS to deliver the Integrated Care Strategy.



# Moving Forward

## Trust Principles of Involvement

We want to ensure our citizens are part of our journey in designing and implementing our Clinical Services Strategy in the ways that we provide Services and in helping them to support their own health and well-being. Our Public Participation Plan outlines our Principles of Involvement:

 <p>We will listen and involve the public, seeking views from all parts of our community.</p>	 <p>We will take time to seek the views of our seldom heard communities and provide them the opportunities to #GetInvolved in ways that are supportive and meaningful.</p>
 <p>We will collaborate with our stakeholders and community partners.</p>	 <p>We will work with our partners across health and social care to avoid duplication and overloading the public.</p>
 <p>We will strive to involve our stakeholders early in our decision-making process.</p>	 <p>We will listen to our communities and when they give us their views we will feedback and "close the loop".</p>
 <p>Engagement will have a purpose and be clear and concise - it will not be a "tick box" exercise or tokenistic.</p>	 <p>We will evaluate our work – do more of what works well and stop what doesn't.</p>
 <p>Engagement is an ongoing process, not a one-off exercise.</p>	 <p>We will be compassionate in everything we do.</p>
 <p>We will go out to seek views, not depend on people coming to us.</p>	