

Our Vision for a Better Future



Trust Strategy 2018-2021



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Our Vision

Our vision is to be an NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve

In order to achieve this, we have established a clear set of strategic objectives that are supported and underpinned by our core values. We know that the journey ahead of us can only be achieved through the collaboration and support of our staff, stakeholders and the communities with which we work. We want every patient who interacts with our services to know that we are working tirelessly to deliver safe and clinically effective services. We want them to experience the highest standards of care, and for them to feel as though we have been kind, thoughtful, respectful, caring, compassionate and above all listened to throughout their patient journey. If we can achieve this, then we are confident that we can enhance our reputation and be seen by others as a beacon of good practice and leader for innovation.

Our strategic direction over the next three years is driven by the fact that the health and care system needs to change in order to meet the needs of our communities and the wider population. In its simplest form, the current configuration of services cannot cope with the level of demand, has too much overlap and unnecessary bureaucracy, has an ageing workforce with shortfalls in current and future recruitment and, fundamentally, is financially unsustainable.

We therefore recognise that we have to make brave decisions and develop innovative solutions to ensure that our patients and wider communities continue to receive the highest levels of care.

Strategic Objectives

Accordingly, we have based our strategy around the following six key objectives:

1. Create a culture of compassion, safety and quality
2. Proactively seek opportunities to develop our services
3. To have an effective and well integrated local health and care system that operates efficiently
4. Attract, retain and develop our staff, and improve employee engagement
5. Maintain financial health - Appropriate investment to patient services
6. Be in the top 25% of all key performance indicators

We have already begun this journey, and we are working closely with our health and social care partners to develop an Accountable Care System (ACS). This will enable us to make the most effective use of all of the available resources, and ensure that we consider the health and wellbeing of the community, and not simply intervene during periods of ill health. Our approach will see greater community based care. Services will be integrated and based on the principle of multi-disciplinary working among health and care professionals. Our patients will be supported to manage their own care, and will no longer be passed from one organisation to another as they seek to identify the care they support and require.

We believe that this approach will enable us to remove unnecessary duplication, and ensure resources are used effectively.

Separate organisations will cease to have competing agendas as we will work together to put the patient at the centre of all we do. Together, we will be mutually accountable for the delivery of services as we share all available resources. We believe that this is the most appropriate, safe and financially responsible solution for the future of health and care provision in Wolverhampton and beyond.

Collaboration will also extend beyond the city as we look to work with other providers of care. We know that safe services are those that are well resourced and have adequate clinical support. Making best use of collective resources to achieve this goal is a positive step for patients. Dialogue has already commenced with providers in Staffordshire, Shropshire and the Black Country and we expect to progress this over the coming years. In the short term, we will look to identify solutions for Pathology, Stroke and Vascular services.

Our history suggests that we have adapted well to the challenges we have faced.

We must continue on this path if we are to remain financially and clinically resilient. Similar to all healthcare providers, perhaps the biggest challenge we face over the coming years concerns our workforce, and the ability to successfully attract and retain appropriate staff. We know that as different generations enter the workforce we need to adapt and provide career paths that satisfy their needs. We will respond to this challenge through innovative and creative career development pathways, working collaboratively with academic institutes. We will look to develop a sustainable workforce in a caring, supportive and exciting environment.

We recognise that our patients and the communities we serve want to interact with us in many ways, and that technology has an important role to play in this. We will use digitally enabled solutions so that people can book appointments, see clinical staff and safely monitor their own health. We will embrace this change, and work with partners across the whole health care system to automate processes and information sharing. We will help create a system where patients feel supported to live healthier and more independent lives.

We will continue to work with our communities, patients, partners and staff as we evolve. Understanding the need and requirements of the diverse communities of Wolverhampton, Staffordshire and the Black Country is fundamental in our vision. Our approach will always be inclusive, and we will share, discuss and consult on all major service reconfiguration.

We have a proud tradition of being a clinically safe and financially stable organisation. Our track record of delivering innovative changes to the way healthcare is delivered has been nationally recognised.

We are still viewed as a national pioneer for the work we have done around Healthcare Associated Infections and have won the inaugural Carter Award for Innovation for the ground breaking work with the patient tracking system SafeHands. However, given the challenges that lie ahead of all healthcare providers we must continue to evolve and develop in order to remain clinically safe and financially secure.

This vision, our values and the strategic objectives provides the narrative for this journey.

What Success looks like in 2021

- We will be part of an Accountable Care System and offer integrated services for our communities
- Patients will experience improved services through better collaboration between providers of care
- We will be rated (at least) as 'Good' overall by the CQC
- We will be financially stable
- Staff and patient experience scores will be in the top quartile nationally

Trust Overview

The Royal Wolverhampton NHS Trust is one of the largest healthcare providers in the Black Country and West Midlands, providing primary, secondary, community and tertiary care services to a combined population of 450,000 people.

We provide 850 beds at our New Cross site (including intensive care beds and neonatal cots), 56 rehab beds at West Park Hospital, and 54 beds at Cannock Chase Hospital.

We are the largest employer in Wolverhampton, with more than 8,000 staff, providing services from the following locations:

- New Cross Hospital - Secondary and tertiary services, Maternity, Accident & Emergency, Critical Care and Outpatients
- West Park Hospital - Rehabilitation, Inpatient and Day Care services, Therapy services, and Outpatients
- Community Services - More than 20 community sites providing services for children and adults, Walk-in Centres, and Therapy and Rehabilitation services
- Cannock Chase Hospital - General Surgery, Orthopaedics, Breast Surgery, Urology, Dermatology, and Medical Day Case investigations and treatment (including Neurology and Endoscopy) Inpatient rehabilitation beds
- Primary Care - Eight GP practices have now joined us, and will be opening extended opening hours

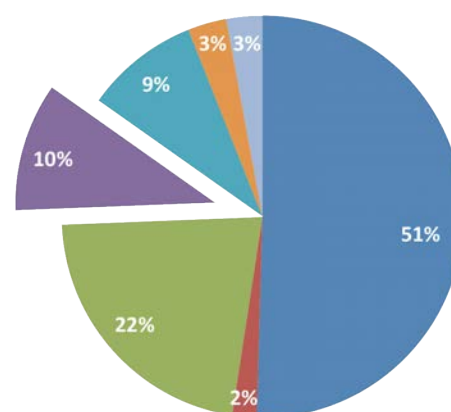
We also successfully host the West Midlands Local Clinical Research Network (WMCRN), and have done since its establishment in April 2014.

How our patient profile is changing

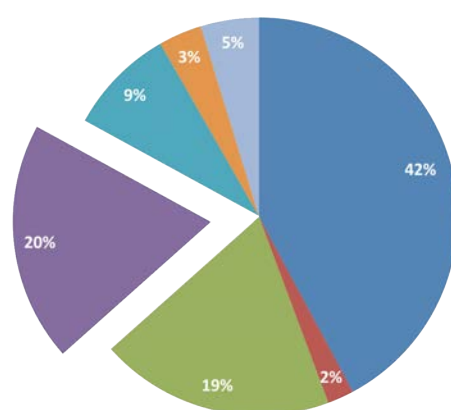
The last three years has seen a significant increase in the number of patients who reside within Staffordshire. The charts below show how our patient income has changed over this period.

This demonstrates the importance of Staffordshire to us and how we need to reflect the Staffordshire impact in our future strategic choices.

2013/14 Patient Income £336.5M



2016/17 Patient Income £447.6M



- Wolverhampton CCG
- Wolverhampton Council
- Specialised Services
- Staffordshire CCGs
- Other Black Country CCGs
- NHS England
- Other

Building on a solid foundation and driving innovation

As a Trust, we foster a culture that embraces innovation in the work place. We recognise that if the NHS is to meet rising demand, we must continue to innovate and develop new technologies that enhance and improve patient care.

Transforming Community Services

In 2012, RWT acquired all of the community services provision for Wolverhampton. This followed the changes to the commissioning landscape, and saw RWT become a truly integrated provider of healthcare across the city. We now provide a comprehensive range of care across the community, including District Nurses, Health Visitors and the Rapid Intervention Team.

Research and Development Network

RWT was successful in 2014 in bidding to become the host for one of only 15 research networks across the country. This prestigious honour recognises the commitment we place on R&D, and supports our ambition to seek opportunities to develop our services. The R&D network, who oversee the activity for 28 trusts and a further 11 CCGs, has an ambition to have over 60,000 participants recruited into a study every year.

Mid-Staffordshire NHS Foundation Trust (MSFT) Reconfiguration

In 2015, RWT was a significant partner in the transition work following the dissolution of MSFT. We worked alongside the Office of the Trust Special Administrator, and other providers to ensure safe and secure services could be maintained for the population of Staffordshire. We acquired significant additional work across a number of specialties, including General Surgery, Orthopaedics, Ophthalmology and Dermatology along with a significant increase in staff and the Cannock Chase Hospital site.

Having invested over £30m in the Cannock site since the transition, we are continuing to improve access and services for Staffordshire residents.

Innovation

The Trust has established a reputation for innovative practice, and developing alternative models to improve patient care. We pioneered new approaches around dementia care and infection prevention, and hold the record for the longest consecutive period without a case of MRSA across all hospitals in England. We won the national Carter Innovation Award for our pioneering healthcare project SafeHands. This provides real time information on bed status, patient pathway tracking and asset management and has provided numerous benefits.

How are we improving patient experience and outcomes?

Over the last three years we have seen a number of developments that have supported our ambitions to improve the outcomes and experiences of patients.

Vertical Integration

2016 saw the launch of the Royal Wolverhampton Trust Primary Care Programme. This is a Vertically Integrated (VI) model where GPs and Primary Care teams work closely with Community and Secondary Care teams to reduce fragmentation in care delivery.

In conjunction with our partners, we are also currently looking at ways of extending the model to include the development of Primary Care led integrated care hubs across the city as part of our plans to develop an Accountable Care System.

As of October 2017, eight GP Practices are now part of the Trust. This means that we are directly responsible for the delivery of primary care. This vertical integration offers a unique opportunity to redesign services from initial patient contact, through ongoing management to end of life care.

As a single organisation, the issues of scope of responsibility, funding, differing objectives and drivers will be removed, and clinicians will be in a position to design effective, high quality clinical pathways which will improve appropriate access and positively impact on patient outcomes.

'Physician A' Model

We opened the new Emergency Department in November 2015 which saw a much improved physical facility for patients, staff and ambulance crews. We have continued to look at ways that the ED can evolve and improve the experience for patients by developing new clinical practice that is revolutionary in its approach.

The Physician A model was introduced in early 2016, and sees a consultant physician permanently based in ED, working alongside ED consultants to assess, investigate and treat patients before discharge or referral for on going care. Their overall role is to assess medical patients in the Emergency Department, with the aim to reduce admissions, refer to community services, and start treatment earlier. This has been extremely successful with a 15% reduction in admissions avoided since its development. We are now looking to build on this success and look to develop an ambulatory emergency care pathway for frail elderly patients.

Other significant developments across the Trust include:

- Agreement, in principle, for a joint partnership for a Black Country wide Pathology service
- Early implementers of 7 day services which was achieved by March 2017. One of only 20 Trusts nationally
- Pioneer site for SafeHands – A Trust project developed to help track patients, beds and equipment in real time to support effective and efficient patient flow
- New ED centre with additional capacity and a co-located Urgent Care Centre on site

Quality Overview

The Trust has highlighted three key quality priorities that will help ensure that the experience a person has of their care, treatment and support will be of high quality, clinically effective and safe. These priorities are:

- Nurse Staffing
- Safer Care
- Patient Experience

We acknowledge that more work is required to deliver adequate staffing levels. We recognise this as our biggest risk and we are developing creating innovative solutions to try and mitigate this risk.

The work we are doing to achieve these priorities is described in more detail in the Strategic Objectives and Enabling Strategies sections of this document.

Workforce Overview

We employ over 8,000 people, which makes us the largest single employer in Wolverhampton.

More than 60% of our staff live in Wolverhampton, and speak highly of us both as an employer and as a service provider. This is reflected within the national Friends and Family Test scores.

Employees work across three hospital sites, 20+ health centres and primary care sites and walk-in-centres. We invest heavily in education and training for staff, and foster learning through links with the Academic Institute of Medicine (AiM), University of Wolverhampton, and other education partners. We have our own library, and Education and Training centre, as well as a Clinical Research Network. During 2016, we were voted as the best place to train by Junior Doctors, and the 12 month nursing preceptorship programme is a model of best practice.

Our values underpin the culture of the Trust. We have embraced the national 'Freedom to Speak Up' framework and we are signed up to the 'National Call to Action' on bullying and harassment. We are in the process of implementing the NHS 'Equality Delivery System' which helps to strategically embed equality, diversity and inclusion across our workforce and services.

Our Vision

An NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve

Our Values

Safe and Effective

We will work collaboratively to prioritise the safety of all within our care environment

Kind and Caring

We will act in the best interest of others at all times

Exceeding Expectation

We will grow a reputation for excellence as our norm

Finance Overview

The need for fiscal discipline has possibly never been more important than it is now for the NHS. The last few years have seen national financial settlements that are historically low, and this is set to continue for at least the length of the current parliament.

The demands on the service continue, whether this is the cost of new technology, or the cost of an ageing population living longer with chronic diseases. As a result, the NHS needs to strive to be as efficient as possible.

Based on the assumption that the Trust delivers the financial plan in 2017/18, the table below shows the income and expenditure forecast and required cost improvement plan to 2020/21:

	2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m
Income	534.4*	539.2*	537.4	547.3
Operating Expenditure	506.0	510.0	504.5	514.6
Non-operating Expenditure	26.8	27.6	27.5	27.2
Surplus	1.6*	1.6*	5.4	5.5
Memo line – the above plan includes:				
CIP Total	26.9	30.0	29.5	21.1
CIP as % of operating expenditure	5.3%	5.9%	5.8%	4.1%

*The figures are presented excluding Sustainability and Transformation Funding. If this were included, then both the income and the surplus would be £10m higher in 2017/18 and 2018/19.

- High-level assumptions on inflation, pay awards and increments, and demographic growth have been built into the model, with a 2% efficiency assumption on tariff prices
- CIP totals in the table are based on the level of savings needed under these assumptions to achieve Trust financial targets
- It is recognised that the CIP levels shown for 2018/19 and 2019/20 are at the high end of what would normally be seen as deliverable. This indicates the scale of the financial challenge facing the Trust in the medium term

External Landscape

National Picture

The national and local picture for the healthcare system is very much defined and directed by the needs of patients and the level of resource available to meet this demand. The NHS has clarified the challenges facing organisations, nationally, with the 2014 publication of the NHS Five Year Forward View (5YFV). This document provided a synopsis of the key issues facing the health and care sector, and recognised that fundamental change is required across the health system in order to adequately meet the changing health needs of the population.

The key drivers contained within this document are wider than individual organisational concerns. However, they do reflect the issues and concerns facing Wolverhampton as a city. They are:

- How we can work collaboratively to prevent illness and then support patients and users before they enter the acute care system, and, ultimately facilitating a smooth and effective discharge
- How care is delivered across the city, and whether the formal distinctions between primary, secondary and community based care need to be made more integrated
- The level of resource that is available across the city to meet the existing and future demand needs to be put to best use to support the whole of the health economy

External Analysis and Assumptions

We have examined our external environment using an analysis of the Political, Economic, Societal, Technological, Legal, and Environmental (PESTLE) framework.

From this assessment, the key issues are described as:

- **Political Stability** - At time of writing, there is no clear understanding of the terms for the UK exit from the European Union. This creates difficulty in planning for future workforce and predicting the likely financial implications for the NHS and the Trust. It is unlikely that further enabling legislation in the short term will be delivered to support some of the proposed changes being suggested as part of the 5YFV work
- **Alternative models of care** - Most health economies across the country are now looking at versions of an Accountable Care arrangement. This potentially removes the existing barriers between commissioners and providers and enables local areas to plan and deliver health care in a more cohesive and joined up way. However, the models and governance arrangements for this approach are still evolving
- **Funding** - The government has been clear that there is no planned increase in funding beyond the current spending review. STPs (Sustainability & Transformation Partnerships) are being encouraged to look at innovative ways to manage the funding model which could include looking for local deals around 'Prime Provider' model, and potentially moving away from Payment by Results (PbR) to capitated budgets

- **Workforce** - The NHS has an ageing workforce, and there is an inability to recruit sufficient new entrants. Concerns are already materialising following Brexit around workforce applications from abroad. We need to review career pathways, and the total recruitment offer as Generation Z enters the workforce
- **Digital** - Patients and service users access care through many different portals. Digital technology offers new opportunities to interact with users and potentially changes the way in which healthcare can be delivered in the future. This includes how users want to access/book services to how current data can be used to redesign care pathways

Local Picture and STPs

Wolverhampton is part of the Black Country STP. This comprises 18 local health and social care organisations across the Black Country. The STP has developed a region wide plan to address the concerns identified within the 5YFV and recognises the importance for the Black Country of working collaboratively and innovatively in order to achieve the best outcomes for the populations covered.

The STP presents a new opportunity for all organisations to look at the way health and social care services are delivered for the population. Focusing on delivering health and social care that can be defined by local area boundaries, not by local organisational boundaries, and by looking at how services could be integrated and not run independently in order to maximise efficiencies and outcomes for patients.

The aims are to:

- Improve the health and wellbeing of local people
- Improve the quality of local health and care services
- Deliver financial stability and efficiencies throughout the local health care system

However, as we have a hospital site located in Cannock and deliver services that provide care for patients across Staffordshire, we also play an active role in the Staffordshire STP. We recognise the financial challenges that the Staffordshire health economy faces and need to work in close collaboration with commissioner and provider partners to identify ways in which services could be delivered in a safer and more cost effective way.

The very fact that we offer a broad range of tertiary services means we cannot sit in isolation within Wolverhampton. Patients routinely travel to one of our many locations from across the whole of the Black Country, Staffordshire, Shropshire and as far afield as Wales, Worcester and Gloucester.

Changes to the way Specialised Services are commissioned means that we will become one of a smaller number of providers. We will play a lead role in deciding how these services are commissioned in the future across the Black Country.

Our Patients

We serve a number of communities and our main Trust site resides in the heart of a diverse city with a CCG registered population of 255,000 people. Recognising the close proximity to neighbouring areas, the wider population that we serve is closer to 450,000. This covers patients from across the three Staffordshire CCGs (South East Staffordshire and Seisdon Peninsula, Cannock Chase and Stafford & Surrounds), Walsall, and, to a lesser extent, patients from other areas of the Black Country and Shropshire.

The Office of National Statistics (ONS) estimates that the population of Wolverhampton will grow to 260,000 in 2019 and 268,000 in 2024, an overall increase of 5%. The population of Cannock Chase will grow slightly from 99,000 in 2014 to 100,000 in 2019 and 102,000 in 2024, an increase of 3%.

Whilst the current age profile shows a slight outlier in terms of national comparison for the number of children (20.4% v 19%) and fewer older people (16.8% v 17.7%) compared to England respectively, the ONS projections demonstrate that this trend is likely to change, and Wolverhampton will begin to close this gap.

A key challenge will be on the rise in numbers, locally, of older people. The ONS predict that the population aged over 65 in Wolverhampton will increase from 42,000 in 2014 to 45,000 in 2019 and 47,000 in 2024, an increase of 12%. The Cannock Chase population aged over 65 will grow from 18,000 in 2014 to 20,000 in 2019 and 22,000 in 2024, a 22% increase.

Wolverhampton and Staffordshire's Health Needs

We serve very diverse communities with areas of high levels of deprivation in Wolverhampton, and more prosperous and less ethnically diverse communities in South Staffordshire. As a Trust, we work closely with colleagues in Commissioning and the Local Authority to develop the Health and Wellbeing Strategy. We also contribute to the Joint Strategic Needs Assessment (JSNA) that defines the health considerations across our communities.

The key considerations from this analysis are:

	Wolverhampton	South Staffordshire
Population	¹ c255k	³ c108k
Ethnic Background	² White: 68% BME: 32%	⁴ White: 94.6% BME: 5.4%
Life Expectancy	¹ Males: 77.6 Females: 81.8 Below national average	³ Males: 80.3 Females: 84.0 Slightly above national average
Quality of Life (Disability free life expectancy)	² Males: 58 years (lower than national average) Females: 61 years (lower than national average)	⁵ Males: 71 years (higher than national average) Females: 73 years (higher than national average)
Deprivation	² 21st most deprived LA 51.3% of population amongst the 20% most deprived nationally	⁵ 250th most deprived district 9% of population amongst the 20% most deprived nationally
Morbidity	² 27.7% suffer from one or more LTCs Single greatest cause of years of life lost: Cardiovascular Disease	⁴ 18.7% suffer from one or more LTCs Single greatest cause of years of life lost: circulatory diseases

Taken from:

¹ Health Profile 2016, Public Health England

² Wolverhampton JSNA

³ Health Profile 2017, Public Health England

⁴ Health & Wellbeing Profile 2015 for South Staffordshire

⁵ South Staffordshire E-JSNA

Internal Analysis

We have used a SWOT tool to complete the internal analysis. The key themes that have emerged from this are:

Strengths

- Experienced and well established Board with over 200 years of experience at board level. This gives the Trust stability and confidence to deal with the current and future challenges facing the health sector
- Members of the Board and other leaders, both clinically and operationally, also hold regional or national roles that provide excellent opportunities to develop partnerships, share good practice and support innovation across the Trust
- Strong reputation for delivery, in terms of operational performance, quality and financial. This is evidenced by our Standard Oversight Framework (SoF) rating of 2, and a reference cost benchmark that is lower than national average
- We are a combined acute, community and primary care service provider which enables us to consider the total pathway of care for all our patients when planning our services. This gives us the opportunity to develop new services and work to prevent patients from attending hospital unnecessarily
- RWT has an enviable reputation for innovation and development. The Vertical Integration programme has progressed at a faster pace than many of the national vanguard programmes and new service delivery models, such as Physician A, are making tangible differences to the way care is delivered for patients. This approach is an integral element of our culture as we continue to explore new ways of working and consider new models of care

Weaknesses

Much like every Trust, we have a shortage of staff in key areas. This is felt most obviously in those areas where there are national shortages, for example consultant staff in Emergency Care.

- The Trust has a workforce profile that mirrors the national position. This means we have a high proportion of staff that are experienced and skilled, but are due to retire over the next 5-10 years
- Despite a number of our services being rated as 'Outstanding', we are currently rated as 'Requires Improvement' by the CQC. Though we do not believe this reflects the quality of care provided it remains as the CQC assessment rating of the Trust. We are due for re-inspection during 2018
- RWT has a significant capital programme in place to support the delivery of the strategic objectives. This is underpinned by a medium to long term financial model. The level of investment required may not be achievable if the financial plan is not delivered

Opportunities

The local healthcare systems need to consider alternative models of care for the future that are affordable and address concerns over quality and gaps in care.

- The Black Country STP recognises the inefficiencies in running duplicate clinical support services from more than one location. Efficiencies could be made through reduced costs if Trusts collaborate effectively. We are currently working on a model to provide Pathology services for the whole of the Black Country and are in exploratory discussions around other back office functions
- The Black Country also recognises that closer collaborative working for clinical services could be of benefit for both efficiency and safety reasons
- Further growth opportunities exist across the wider geographical footprint for us to consider. We are aware of the pressures faced by a number of providers in key clinical areas. Likewise, the Staffordshire STP is currently reviewing the provider landscape which may present opportunities in the mid-term. This is predicated on being able to offer sufficient capacity in a number of key specialities
- Enhanced use of IT to promote Population Health Management and the Digital Agenda. We have begun to explore the potential benefits of providing services differently, and using digitally enhanced services to improve the patient interface. There is ongoing development that will lead to improved patient experience and wider efficiencies
- Model Hospital and the Getting it Right First Time (GIRFT) programmes present a different data set and way of working, this gives us an opportunity to redesign care pathways to benefit patients which could also enable additional savings to be delivered

Threats

- The workforce challenge remains RWT's biggest concern. Attracting new entrants to the sector is a wider issue than the Trust's in isolation. This is coupled with the fact that traditional career pathways and the remuneration package may not be suitable for Generation Z who will be joining the workforce over the next five years
- Delivering the financial plan remains a challenge. The expectation on us to continually deliver a significant CIP whilst demand for services increases puts considerable pressure into the system. We have looked to external expertise to provide some support with this
- Financial pressures faced by other partners in the health and social care sector, could have a de-stabilising effect. This puts pressure elsewhere in the system, and creates inefficiencies and poorer health outcomes
- There is a risk associated with future income levels as a result of commissioners choosing to put current and/or existing services out to tender
- Demand growth may outstrip the ability of the health economy to adequately cope. If commissioner QIPP schemes fail to materialise or fragile services fall down regionally, we will need to respond, and potentially support patients. This has recently materialised in Maternity services and whilst we endeavour to do the right thing for patients, it does result in emergent costs and issues that must be managed

Achieving Our Vision - Strategic Objectives

We have previously consulted on our strategic objectives and we are using this opportunity to revisit and refresh these objectives to ensure they align with our vision and values.

Our strategic objectives underpin all of the work we do across the Trust and help us to remain focused. All of the key decisions identified within this strategy will support our strategic objectives as we build the foundations that will enable us to deliver our vision.

Our Values

Safe and Effective

We will work collaboratively to prioritise the safety of all within our care environment

Kind and Caring

We will act in the best interest of others at all times

Exceeding Expectation

We will grow a reputation for excellence as our norm

Trust Strategic Objectives 2018-2021

To have an effective and well integrated health and care system that operates efficiently



Proactively seek opportunities to develop our services



Create a culture of compassion, safety and quality



Attract, retain and develop our staff and improve employee engagement



Maintain financial health - appropriate investment to patient services



Be in the top 25% for key performance measures





Create a culture of compassion, safety & quality

We already know from demographic data that the population we serve is getting older. We also know that there is improved understanding of public health, and our population are aware of the high levels of care they should receive. Our vision is to ensure that we improve the outcomes and experiences of the community we serve. We can only do this by having a relentless focus on providing safe, high quality care in every patient interaction. We want our patients to be treated in accordance to our values, and to be able to feel cared for, experience effective services, and know that the organisation prioritises their safety. We will achieve this by continually driving standards and looking for innovative and improved ways of delivery care.

Our three quality priorities support this vision:

- Safe Staffing
- Safer Care
- Patient Experience and Satisfaction

We have built a strong reputation for fighting Healthcare Associated Infections and have recently passed two years across the trust without having a case of MRSA. We have invested in the pioneering SafeHands technology to track infection prevention, and collect data on every interaction between a staff member and inpatients throughout their whole patient journey.

This enables us to identify best practice and broaden knowledge of infections through collection and analysis of good quality surveillance data.

We will look to build on this as we develop an infection prevention system in the wider healthcare community setting, to include care agencies and hospice settings.

We have made positive strides in better understanding our patients' and staff needs by establishing an Equality and Diversity Steering Group. We continue to look for ways we can improve involvement, and have meaningful engagement with our patients to ensure we put them at the centre of the services we provide.

We offer all our service users, their families, and carers the opportunity to provide feedback on the services and care they receive. We continue to improve this by implementing a broad range of initiatives to encourage their involvement. This includes reviewing how we can improve patient information including involving the public in working groups, and inviting them to participate in the design, planning and delivery of any new services.

We also look to develop a Council of Members to drive forward and actively contribute to:

- Providing a patient and carer perspective on Trust patient related strategies and initiatives
- Reviewing the implementation of the patient experience and engagement strategies for effectiveness
- Advising the organisation on how patient experience could be improved

We are committed to a further service development with the Ambulatory Emergency Care (AEC) and Frailty facility. This will significantly enhance the pathway and experience of care for patients, and help to reduce the pressure in the Emergency Department. The concepts of AEC and Frailty care are similar in that suitable patients are identified early in the emergency pathway, and are referred to appropriate clinicians for a model of care that aims to reduce time spent in a hospital bed down to hours or not at all. This is achieved by providing care within a short term treatment facility backed up, where necessary, with community and primary care services.

This new approach will benefit patients attending ED or identified as requiring urgent treatment from another portal such as an Outpatient clinic or by a community clinician such as a GP or Community Nurse. This approach may also be beneficial for patients who have required a short stay in hospital for stabilisation, but are now clinically safe for discharge home, with the intention of returning to an ambulatory service for the continuation of their urgent care. At presentation in ED, frail patients will receive with a holistic assessment, aiming to diagnose the underlying causes rather than just treat the presenting condition. In this way re-attendance avoidance at an acute facility is promoted alongside admission avoidance.

Providing this new service will afford improved flow in ED, enabling us to see patients in a more responsive timeframe. It will also mean fewer patients will be required to be admitted to a hospital bed for a short length of stay. The facility will give us an opportunity to ensure an increased number of patients can have a Comprehensive Geriatric Assessment (CGA) signposted to supportive care in the community, reducing the number of frail patients being exposed to hospital acquired infections, reducing the risk of falls, and suffering from muscle wastage, and a reduction in bed requirements around the Trust.

Key KPI: All patients will be treated with dignity and respect and will not have to share a ward space with patients of the opposite sex



Attract, retain and develop our staff, and improve employee engagement

We are acutely aware that there is a national shortage of suitably qualified staff. We recognise this issue as one of our quality priorities, and realise that there needs to be a number of different methods of approach. This is particularly important for our workforce planning and organisational design, so that we can effectively plan future requirements to provide a workforce that is fit for the future.

Nurse recruitment has been made more difficult with changes to the number of applicants into new training places for nurses from both the UK and overseas. The Trust is tackling these issues head on, working in partnership with higher education establishments to attract suitable candidates. We provide high quality placements, and have a commitment to employ students who can demonstrate the required competencies upon completion of their course.

Whilst we are looking to create a continuous pipeline of students from all professions, we should acknowledge the different demands and requirements of individuals as they enter the workforce. We will soon be in the unique position of having four different generations in the workplace at the same time, all with different expectations and needs. Our strategy seeks to attract, retain and enable staff as we look to retain the skills within the Trust, enabling us to provide safe and effective care for our patients.

We have also made positive strides with this aspiration in terms of our commitment to apprenticeships. We know from the evidence base that apprenticeships develop a motivated, skilled and qualified workforce. We have an ambition to take on 100 new apprentices over the next 12 months, across a number of different areas from nursing and medicine, to estates and facilities, to business administration. We believe that investment in the use of the apprenticeships can demonstrate the

value we place in our people, and thus develop and retain our future workforce. Given the difficulties in attracting staff, we have developed a two-staged approach for introducing apprenticeships into the organisation:

- Attract new talent to the Trust through apprentice training opportunities
- Develop the talent of existing staff through the use of apprenticeship training

We have also developed the Clinical Fellowship Programme in partnership with The University of Wolverhampton, Academic Institute of Medicine (AIM). This is a high quality training programme for junior doctors seeking experiential service based learning outside of the standard UK training programmes.

This means that we are looking to attract Fellowship posts to work across acute/ general medicine and its specialties. This is an exciting programme that is targeting doctors at several stages of their career.

The primary goals of the programme are to attract high quality medical staff with desirable training and contract conditions. This will help to support patient safety and care, and reduce reliance upon costly short term locum staff to support service delivery.

We have successfully recruited 85 Clinical Fellows since the scheme was developed, and plan to continue with the programme into the future. Our short term goal is to completely replace all junior agency locums with Clinical Fellows in the main medical specialties, and continue to utilise the Clinical Fellowship Programme to fill key specialist gaps.

Key KPI: We will be in the top 25% of all trusts in staff survey response for satisfaction and engagement



Proactively seek opportunities to develop our services

We know that there are opportunities across the Black Country to bring services together. This can help improve clinical effectiveness, and drive greater efficiency. Previous attempts to develop a combined Pathology solution for the Black Country have never come to fruition. However, there is now a renewed vigour from across the Black Country to work collaboratively and identify a solution that optimises service efficiency, and delivers savings for all trusts.

Evidence from NHSI benchmarking suggests that significant efficiencies can be achieved where groups of laboratories work together in a 'hub and spoke' arrangement. We are fully supportive of this approach, and have proposed the New Cross site as the potential for the hub in this arrangement.

We are now working with all providers across the Black Country as partners, and have established a single management team across the four trusts. This will ensure that all trusts receive appropriate diagnostic support, regardless of the solution identified. This proposal will also allow the future pathology service to be shaped and developed by existing pathology staff, working collaboratively.

We also plan to work collaboratively with providers across the whole of the Black Country on a number of other key projects. The first of these will be Stroke services.

The Stroke Transformation Programme led by NHS England is designed to improve the quality and outcomes of stroke services across the region in a number of ways including implementing an optimum number of stroke units that would receive stroke patients and provide the diagnosis and initial treatment phase (0-3 days).

We are working with Walsall Healthcare NHS Trust to develop a proposal that sees RWT deliver hyper acute and acute stroke services for the populations of Wolverhampton, Walsall, Seisdon, Cannock and parts of Stafford and North Birmingham.

The new service which offers a combined HASU and ASU service will be collocated on the New Cross Hospital site. Following acute care, patients will be discharged to community services for rehabilitation and follow up in Walsall or Wolverhampton depending on the patient's home address.

There are obvious patient benefits to this approach, not least of which being the national data which suggests that patients are 25% more likely to recover or survive from a stroke if they are seen in a specialist centre. There is also an expectation that stroke thrombolysis rates will increase significantly for all patients after rationalisation, in line with the experience of others such as the amalgamated hyper acute services in London, who saw rates improved to over 20%.

This proposal also addresses some of the concerns identified within the 5YFV around the variance in care which is evidenced between providers. This proposal will help to transform and standardise stroke care according to best practice guidelines and to deliver improved outcomes on a scale not deliverable by individual providers.

We are also intending to proactively respond to the outcomes of a review, commissioned by specialised services commissioners across NHS England Midland and East, around the future configuration of vascular services.

We believe that these services should return to the New Cross site as they clinically align with existing services, and provide a more specialist service provision for our patients. We are currently exploring this potential, and will make every effort to secure vascular services at RWT.

As a Trust, we know that there is a wealth of information and data that is generated on a daily basis. We also recognise that we could use this information in more effective ways to help us to transform our services.

In order to achieve this, we are committed to investing in a data warehouse solution with enhanced Business Intelligence (BI) tools. This will give us the opportunity to provide automated standard information requirements readily available at analysts and manager's fingertips and, more importantly, it will free up analytic time to support managers in making quicker decisions to help patient care.

We also recognise that the BI software will support us with our numerous strategic projects including:

- Clinical metrics/indicators through analysis of SafeHands and other clinical systems
- Additional support to Carter and Costing Transformation Programme
- Additional analytical support to Divisions
- Digitisation
- Pathway projects such as Ambulatory Emergency Care (AEC) and stroke
- Integration projects such as VI and the ACS

Key KPI: We will deliver the national standard for patients admitted with a diagnosis of stroke receiving their care on a dedicated stroke ward



To have an effective and well integrated local health and care system that operates efficiently

We are a committed partner across the local health economy and the STPs, and are working collaboratively on a number of strategic priorities which we are looking to progress over the next three years.

We recognise the challenges that all providers face in the current climate in relation to the current configuration of services. We have already begun to respond to this by developing innovative models of delivery with primary care and seeking broader collaboration with other providers. With this in mind, it is widely acknowledged that the traditional split between primary and secondary care can act as a barrier to the personalised and coordinated health services patients need, just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services, even though people increasingly need a combination of all of these services.

In June 2016 we embarked on an ambitious Primary Care Programme (Vertical Integration) whose aim was to address these issues. We already have nearly 60,000 patients registered with our GPs, and the Trust is directly responsible for the delivery of primary care.

Our ambitions for the programme are:

- To support, champion and invest in primary care, redesigning service delivery with the combined intelligence of a unified clinical workforce
- To ensure primary, secondary and community clinicians have aligned financial incentives under one umbrella
- Redistribute resources away from hospital based services to primary and community care services

We are already seeing the benefits of this approach as longer opening hours are being offered to patients, and we begin to identify and intervene at an early stage with those individuals who otherwise would require hospital admission. We are now looking to extend this programme of work, and look to work more collaboratively with Wolverhampton Clinical Commissioning Group, Wolverhampton Local Authority, and other partners across the Black Country STP to develop a locally integrated health system. This approach will see us move towards an Accountable Care System (ACS) model.

We believe that collective responsibility for resources and wider population health through coordinated, joined up care will help people to live healthier for longer and improve the health and wellbeing of the communities we serve, in the context of rising demand and financial pressures.

Our vision is for a system of integrated services founded on multi-disciplinary working among health and care professionals. This will encompass:

- Joined up strategy and delivery across all partners, ensuring improvements in health and wellbeing, and the collective use of resources to achieve this
- Sustainable providers that share a common framework of outcomes, objectives and incentives, and support each other through clinical networks

Work on the ACS has already commenced, and this will form the backbone of our future strategic direction around collaboration and new models of care. This could include further vertical and horizontal integration of providers.

Whilst we are firmly committed to this agenda, we also recognise that the quality of care we deliver needs to be of the highest standard and, importantly, recognised as such.

As a result, we are committed to improving our current CQC rating to 'Good'. We are already working on this and plan to be assessed in 2018.

We are also looking to embrace the potential benefits from the 'Getting it Right First Time' (GIRFT) process. This is a clinically led approach that explores the current practice and outcomes of services to identify and quantify variation. The process covers areas such as clinical outcomes, patient experience, patient pathways, financial impacts and waiting times.

From the early work in this area, we know that there is potential for us to make a number of improvements. This includes both quality of delivery (through adopting best practice) and efficiency savings (reducing supplier costs). We have established a Clinical Lead for the GIRFT programme, and have already received outputs for Orthopaedics, General Surgery, Cardiothoracic, Urology and Obstetrics & Gynaecology.

We now intend to continue with this work across other clinical areas as we seek to ensure all of our services are the most effective and efficient as they can be.

We were one of only 20 trusts nationally who were early implementers of 7 day services. This now means that patients will be reviewed by a consultant within 14 hours of emergency admission, and also receive a daily review of care regardless of the day of the week they are admitted. We recognise that this leads to improved safety, quality and efficiency of care, as we can ensure that senior decision makers are available to provide the same level of assessment, diagnosis, treatment and intervention on every day of the week. The initial evidence from this has shown reduced length of stay for patients admitted at the weekend, coupled with an increased discharge rate.

We know our patients like the changes made, as is indicated in the results from our Friends and Family Test scores.

Whilst we know this is beneficial, we also recognise that there is variation across directorates which need to be addressed. Further work is planned to ensure that a further six standards are met, including liaison with Mental Health and Local Authority agencies. The next stage in the programme plan will be to embed and maintain compliance, and to work with community and support services so that they too are providing full 7 day services, where essential.

Key KPI: We will deliver the national target for delayed transfers of care



Be in the top 25% for all key performance measures

We are not currently delivering the required operational standard at this moment in time. It would be wrong to state that this is down to any one single reason. We intend to improve our performance so that we can deliver the best possible services for our patients and our communities.

Urgent Care – We have made significant investment over the past two years in urgent care. This has seen the opening of a new ED facility, and the development of a privately provided, co-located, Urgent Care Centre. Our current performance puts us in the top half of all trusts in the country, but we want to improve upon this. Our ambition is to be in the top 25% of all Trusts nationally.

We have already made a number of positive and innovative changes to the way we deliver care in ED. This has seen considerable patient benefits as fewer patients now require admission, and we are able to triage patients to the most appropriate point of care upon arrival. We are now planning to develop an Ambulatory Emergency Care and Frailty facility which will specifically support identified patients. This will afford greater opportunity to provide appropriate and enhanced care for patients and should, again, result in the requirement for fewer patients to have a hospital admission.

We also recognise the importance of high quality care and the impact that any interaction with a health professional has on a patient journey. For this reason we will develop a programme so that all professional standards are monitored and embedded within the department.

Referral to Treatment – The Trust delivers a comprehensive range of services, and takes referrals from a catchment population that extends far beyond Wolverhampton and the Black Country, into Staffordshire, Shropshire and Wales. Our RTT performance is similar to the England average, but not at the levels where we would like. We are committed to achieving the RTT standard in 2018, and have set ourselves a challenging, but deliverable target to deliver this. The key actions we will take include:

- Improving theatre efficiency to enable us to deliver more procedures
- Review of clinical pathways so that every appointment adds value in the patient journey
- Developing an outpatient evaluation programme so that all slots are maximised and patients are seen at the earliest available opportunity

Delivery of the cancer waiting times standards remains one of biggest priorities moving forward. There is a suite of performance measures and we routinely deliver against the majority of these.

However, our performance against the 62 day cancer standard is not at the levels we would wish it to be. We recognise that in addition to the patients referred directly to us, as a tertiary provider of cancer care, we will receive referrals from a number of other providers. This provides additional complexities and delays across the pathway of care between providers. We therefore need to be more creative and innovative in our approach so that we can achieve this target.

We will commit to the following actions:

- Work collaboratively with neighbouring Trusts to develop improved patient pathways that minimise disruption and potential delays
- Develop relationships with other providers to identify best practice and opportunities to change the way we work
- Undertake peer review and assessment so that we know the service we provide is effective, efficient, and above all else delivers excellent patient care

Our overall performance as a Trust against the key NHS constitutional targets and standards is good. We will commit to maintaining this and ensure that the Trust is rated as not requiring formal intervention by any regulator as part of the Standard Oversight Framework assessment tool.

Key KPI: We will be in the Top 25% for all Trusts for A&E performance, RTT and Diagnostic services



Maintain financial health - Appropriate investment to patient services

Like most trusts across the country, the Trust is faced with increasing demands on its resources. We, like others, find ourselves trying to achieve financial balance, whilst at the same time treating an increasing number of patients with increasingly complex health conditions. We have seen that the population of the city and surrounding areas is predicted to grow, alongside the number of health related conditions that will require intervention.

This will put pressure on the Trust and the system in a number of ways:

- Increased demand leads to increased costs – contrasted with a scenario when there is little extra money to fund this
- Services will need to change significantly to reflect the change in demand, and capital resource is already stretched
- It assumes that the workforce is available and affordable, at a time when we already have vacancies and are struggling to appoint to key clinical posts

The scale of the financial challenge described means we will need to consider innovative and radically different ways of delivering care. The current configuration of services and organisations is no longer fit for purpose. As a result, we will need to work collaboratively with other commissioners, providers, and the voluntary sector across the city to develop new models of care are effective and safe for patients whilst maintaining a level of affordability.

The commitment to establish an Accountable Care System (ACS) is a positive step forward in this regard, as we look to build new ways for patients to receive care without the need to create organisational boundaries and infrastructure costs. We recognise the need to deliver care closer to home and have effective community services. It is our intention, through the ACS, to create a seamless care service. We will work with primary care, public health, and mental health colleagues so that the new model of care focuses on prevention and wellbeing, helps to manage demand, and ensures any intervention with a care provider adds value, is effective, and is financially affordable.

We will also work with provider and commissioner colleagues across the Black Country and Staffordshire STPs as we look to establish more effective services for patients through collaborative working. We know that duplication and inefficiency currently exist as services are replicated, often less than 3-5 miles away. Trying to deliver comparable services without having the necessary resources available can lead to poor clinical experiences and create financial pressures. We are committed to having a mature dialogue with all partners to create a health system that offers the best experience for all patients that is affordable. Again, a strong commitment has already been established as the work around creating a joint pathology solution for the Black Country is progressing well. We intend to extend this further as we look to establish solutions for other areas including, stroke, vascular and back office services.

When using the reference cost benchmark indicator, we know that we benchmark favourably when compared to other trusts. This gives us some understanding of how efficient we are in the day to day running of the organisation. The contrast to this is that we find it difficult to continually find the cost improvement levels required of us to be financially stable. However, we are committed to financial stability and this requires us to explore every opportunity to become more efficient.

To this end, we have recently launched a Clinical Excellence Programme that will be led by the Deputy Medical Director. The programme will bring together a series of workstreams to drive forward clinical improvements and operational efficiencies. These workstreams are:

Getting It Right First Time (GIRFT)

The Department of Health has commissioned a programme that will cover 13 surgical specialties and 20 medical specialties over the next three years. This will support the NHS in delivering productivity and efficiency opportunities. A number of GIRFT visits have taken place to date to date (Cardiothoracic, General Surgery, Obstetrics & Gynaecology, Orthopaedics and Urology) at RWT and these will form the first phase of reviews in 2017/18. We are working closely with the National GIRFT Team to develop a rolling programme timetable to review all specialties over 2018/19.

Lord Carter New Model Hospital

The Lord Carter New Model Hospital dashboards support Trusts in the following: reducing unwarranted variation, continuously evaluating and improving productivity in order for better care for patients. The Model Hospital dashboards and metrics provide information to identify the Trust's drivers for efficiency opportunities, and benchmark against peers and national median.

NHS Improvement Deep Dives

We have asked NHS Improvement to work with us on the Deep Dive Programme. The aim of the Deep Dive is to improve the visibility of the deployment of the clinical workforce – Doctors, Nurses, Pharmacists and Allied Health Professionals (AHPs) - by working with trusts to introduce systems and processes that demonstrate the deployment of the clinical workforce to meet the needs of their patients at all times (7 day service), thereby maximising clinical quality and efficiency.

We are using this opportunity to combine all three workstreams into the Clinical Excellence Programme. This is an exciting opportunity for the Trust to work with the latest information to understand how we can assess potential clinical variation and develop clinically led action plans to implement changes.

As with all potential service changes, we will ensure that our patients' needs are prioritised, so that the most effective and clinically safe solutions can be found. We will ensure that we inform, consult and collaborate with all stakeholders, and will undertake a full equality impact assessment on any proposed service change. This will enable us to plan effectively, and make sure we provide safe and affordable services now and for future generations.

We will deliver our planned income and expenditure position.

Key KPI: We will deliver our planned income and expenditure position

Enabling Strategies

We recognise that the Trust Strategy is a document that should not sit in isolation. There are a number of enabling strategies that support the delivery of the Trust vision and strategic objectives. The diagram below shows the interaction these key enabling strategies and our Trust Strategy. Please see Appendix 1 for more detail.



Planning and Monitoring Delivery

We understand that our objectives will only be delivered if we continue to plan and monitor the work we are doing throughout each year. We will use our annual Operational Plan which is cascaded through, and monitored by, the divisional performance review process on a quarterly basis, to ensure we are making progress towards delivery of our objectives.

We will look to ensure that additional assurance is obtained by presenting updates through various forums across the Trust, this will cover the following domains:

- Quality of Service Delivery
- Activity and Finance
- Operational Performance

Strategic Plan on a Page

Our Vision

An NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve

Our Values

Safe and Effective

We will work collaboratively to prioritise the safety of all within our care environment

Kind and Caring

We will act in the best interest of others at all times

Exceeding Expectation

We will grow a reputation for excellence as our norm

Trust Strategic Objectives 2018-2021

To have an effective and well integrated health and care system that operates efficiently



Pro-actively seek opportunities to develop our services.



Create a culture of compassion, safety and quality



Attract, retain and develop our staff and improve employee engagement



Maintain financial health - appropriate investment to patient services



Be in the top 25% for key performance measures



Appendix 1

Enabling Strategies

Quality of Care

The Quality Strategy defines the way we work, and our approach to delivery of high quality care. We will always aim to achieve 'Good' or 'Outstanding' as a rating from the regulator, working alongside our stakeholders (CCG, NHSI, NHSE, the Local Authority and Healthwatch Wolverhampton) to seek feedback, and ensure that we are constantly striving for excellence.

By engaging with stakeholders and national initiatives, we will explore quality issues, seeking assurance and addressing omissions in quality, where identified.

Regular audit cycles will support clinical quality review and performance, and root cause analysis will underpin learning and sharing from incidents and complaints, ensuring that actions are appropriate and timely. Feedback from staff and patients will be analysed to inform service development and improvements.

The quality of service performance will be monitored, using 'improvement methodology' to enhance and develop the services offered. Innovation will be encouraged, and shared governance councils will provide a framework to ensure issues are locally managed, thus ensuring a mechanism for staff to have a 'voice' in how services are developed and managed.

Workforce

The People and Organisation Development Strategy underpins our strategic objectives, and seeks to develop the culture and values of the organisation to provide excellent and sustainable patient care for the future.

We already have an exceptional record of investing in, and developing, our diverse workforce. We employ more than 8,000 people who are responsible for delivering nationally recognised excellence in healthcare. We recognise the impact that high levels of workforce engagement can have upon patient satisfaction, experience and outcomes, and we proactively work to maximise this relationship, and demonstrate positive effect on patient experience.

The People and Organisation Development Strategy aims to develop the talent and diversity within our workforce, and to offer career opportunities to all in order to retain key staff, and continue to deliver excellence, improving patient care and outcomes. We will continue to invest in permanent workforce to embed the values and culture that will build on and improve our position of being one of the best teaching, education and research Trusts nationally.

We will develop a flexible workforce model to enable sustainable service provision for the future.

Nationally, the NHS is at its most critical point since inception. The Trust, like other providers, seeks to manage significant system-wide challenges. In this context, developing the engagement and involvement of our workforce is a pre-requisite for preserving patient outcomes and sustainable services. Responding to the challenges faced will require strong system leadership, employee and stakeholder involvement, and the professional courage and integrity to take tough decisions well.

National shortages of Nurses, Doctors, and Allied Health Professionals make the recruitment market highly competitive. We have a significant challenge ahead to find ways of motivating and retaining the current workforce and to design roles in different ways for future services.

Nationally, new models of care and services are heralded in the 5YFV for the NHS as the response to financial challenges and outmoded services and models. We are taking a system-wide approach, and working towards an Accountable Care System. Moving to new models of care will cause some disruption, and it is essential that the change is managed well to preserve workforce morale and retain continuity of care.

As a Trust, we are underpinning our strategic workforce strategy by developing a plan of action and approach to Organisation Development, Engagement and Culture, Future Workforce, and Workforce Intelligence and Planning. These work programmes will help deliver the 2020 vision for People and Organisation.

Finance

As the NHS, and hence RWT, moves into an era where there is a focus on new ways of contracting (including risk sharing between organisations, managing capitated budgets, and multi-year contracting) it is important that the finance function responds, and we develop systems and strategies that support us. This will help us to continue to understand the money, and manage our resources effectively and efficiently.

Key to this is achieving a sophisticated understanding of what drives the costs of the organisation. We are investing in enhancing patient level costing and information systems. The data and information captured by such a system allows financial and performance information to be viewed together, and to be presented in multiple ways such as by patient group, by service line or by patient demographics. The ability to cut costs and performance data this way is crucial to successfully managing capitated budgets, and to putting in place workable risk-sharing arrangements. Without detailed information about what drives cost, it is difficult to make investment decisions that benefit the whole health economy or share financial risks effectively.

In response to the increasing use of multi-year contracts, we are becoming increasingly reliant on multi-year financial modelling. It is essential to be able to model the impact into the medium - long term of strategic decision making, such as acquiring new service lines, making major financial investments in buildings or services, and in losing or deciding to relinquish service lines. Hand in hand with this is the requirement for a clear view of the underlying financial health of the organisation. By linking these things together, it is possible to make strategic decisions with a view to strengthening the underlying position of the organisation.

Overall, the aim is to have much more certainty about the income stream of the Trust, and the cost base. When this works well in organisations then the ability to plan for the long term is enhanced, and the requirement to make short term decisions, often aimed at rapidly saving money with less thought given to the wider consequences, is diminished.

Research and Development

The RWT Research and Development directorate employs over 70 staff, and is committed to ensuring that all appropriate patients treated by us have access to clinical trials. It is the aim of the R&D directorate to grow both multi centre national and international trials, and local home account studies, so that we become the fifth largest NHS Trust in terms of study recruitment in the West Midlands, after the four main teaching hospital Trusts.

We seek to maintain the highest standards of research governance, and develop RWT staff in their research aspirations. It is our aspiration to develop local researchers to undertake studies aimed at improving the health of our local Black Country population. We aim to partner with the University of Wolverhampton and other local and distant universities to achieve our academic aims.

Clinical Strategy

We have been identified as an early adopter for implantation of the Carter proposals to improve clinical quality and maximise efficiency. As such, we will engage with clinical aspects of the Carter proposals both internally and in collaboration with STP partners. The key clinical aspects of this project will be aligned with the 'Getting it Right First Time' (GIRFT) project which will span 32 specialities over the next two to three years.

We envisage that engagement with these processes will provide validated data to benchmark RWT's performance nationally, and to identify areas of good practice or areas for development in each individual directorate. The objectives will be primarily to enhance clinical quality and efficiency.

These changes will be carefully monitored to identify potential financial benefits, though the primary focus must be on clinical quality.

The Trust will continue to develop and expand Vertical Integration with primary care with the objective of streamlining clinical pathways between primary and secondary care. Further integration with social care is also required to help develop a functioning Accountable Care System.

We will seek engagement with STP partners to identify where gains in clinical quality and efficiency can be increased by working with neighbouring organisations.

Estates Strategy

The national and local healthcare environment has changed significantly since the original 'Estates Strategy 2009/10 to 2018/19' document was approved and adopted by the Trust in 2009.

The Estates Strategy was a comprehensive overview of RWT, its history, composition, condition, and aspirations, and adopted the traditional approach of questioning where we are now, where we want to be and how do we get there. The document articulated a strategy which was to respond to the service and development priorities identified by the Trust. The strategy, which was developed purely for the New Cross Hospital site, encompassed the built estate, asset management, ICT, medical equipment, statutory standards, and environmental management. Chief amongst these was the adoption of a master plan for long term development of the New Cross site.

This Estates strategy details the progress made in achieving the objectives defined in the original 2009 Estates strategy and, building on those successes, explains the current strategy for development over the following five years. Additionally, the document also describes the background and changes made to Cannock Chase Hospital, and details how the planned development of the built estate and infrastructure at both Cannock Chase Hospital and in the community will continue to support and respond to the clinical services' requirements.

Following the introduction of the Transforming Community Services (TCS) programme in 2011, RWT now provides services from some 13 off-site, leased properties, and four wholly-owned community properties, as well as from West Park Hospital. Our estate grew further in November 2014 with the acquisition of Cannock Chase Hospital as part of the transfer of services and facilities from the Mid Staffordshire Foundation Trust. The recent introduction of Vertical Integration has already added eight extra sites to our portfolio.

Education, Training and Leadership strategy

We pride ourselves on providing staff members with an Education and Training department that supports the building of staff capability, capacity and commitment, and provides the framework for a new Learning Organisation where all staff have an expectation to learn, and where staff are responsible for, and empowered by, their own development pathway.

We will support individual, team and organisational learning, assisting the organisation to meet its strategic goals and to provide excellent patient care in both acute and community settings. In doing so, education and training must become an integral part of our core business. Education and training interventions can help to shape organisational cultural shift, providing a platform upon which an organisation can be effective and efficient.

Learning and development is central to ensuring safe and effective service delivery and for planning future service provision. Development opportunities must be available to all staff, based on requirements of their role, individual development needs, or as a result of performance review and development processes, as well as shaped by organisational requirements.

The key aims of the strategy are to:

1. Develop a learning culture within the organisation
2. Provide an education framework
3. Embrace technology supported learning and innovation
4. Support personal and professional development
5. Embed talent management
6. Developing our leaders
7. Ensure robust quality assurance

Each key aim has a series of pledges, which support the delivery of the key aim.

To ensure delivery of the key aims, outcome measures to deliver the pledges have been compiled, and are monitored through the Academy Steering Group, and the Workforce Assurance Group (now called Workforce Organisational Development Group).

Information and Communications Technology Strategy ICT

The ICT strategy is to have fully integrated, patient-centric ICT systems spanning multiple care settings. Resilience with viable business continuity solutions is key. The future is mobility, connectivity and interoperability – to scale out our systems on a solid base allowing access to our patient information for any care provider, at any point of care, at any time across regional or organisational boundaries.

The Trust is currently positioned as a strong digital leader within the Black Country. We are the only organisation within the STP footprint recognised by NHSE in the top performing 16 digitally advanced Trusts in the country. The current regional record system is fully scalable to enable adoption for a full STP 'Patient-Centric Regional Care Record', should our partner organisations agree. New Pathology requesting systems are also aligned to enable strategic use across organisational boundaries.

To support this work, we have worked hard to deliver improvement across the organisations which include:

- Public and patient Wi-Fi implemented throughout New Cross Hospital, Cannock Chase Hospital and Wolverhampton GP surgeries
- High levels of compliance for technical IT Security by employing technologies to deliver a robust, comprehensive suite of security tools which support the Information Governance framework

Digitisation and Future Developments

We will build on the changing environment, and enhance mobile technology roll-out to support delivering of services. This expectation for facilitation of mobile technology isn't just limited to our staff, but has become the norm in meeting the expectations of our patients and visitors.

Mobile devices for clinical care are already being utilised in both secondary and community care settings driven predominantly by user role and arena. District Nursing has been a major success with 180 devices issued with over 90% of community contact data going directly into our system from mobile devices. The next phase of this will see Rapid Intervention Team utilising this technology, and ALL clinical information captured will be automatically put directly into the Electronic Record in Clinical Web Portal.

The use of the Portal for the purposes of patient centred care, accompanied by apps that provide relevant clinical information, has seen a reduction in the paper notes in circulation. The next phase will see inpatient notes transferred into the system reducing the burden on clinicians having to rely on paper files.

The number of public users accessing the Trust website has increased by 150% over the past year. We recognise that patients want to use technology in a different way and we will adapt our services to ensure we meet this demand. One of our key targets is to further expand the current document management solutions to facilitate a more effective system for correspondence and electronic sending. We are moving towards total electronic sending of all correspondence to both the patient and other care providing organisations.

Our future plan is to increase the use of business intelligence solutions to allow the collection/integration of data for analysis and presentation. This enables historical, current and predictive trends/patterns to be viewed informing effective and improved operational decision making. The Trust recognises the benefits of this approach and has committed to support the development of a data warehouse.

Patient Experience Strategy

The aim of the Patient Experience strategy is to make safe, quality care a whole system approach for every patient that accesses the Trust and its services.

Outstanding patient experience (safe, effective, patient centred, timely, efficient, equitable and of the highest quality) will be measured and monitored by the Friends and Family (FFT) willingness to recommend the hospital, alongside national and local survey responses.

The Trust will use all forms of patient experience feedback to drive forward service improvements, and develop an ethos of learning. The Trust acknowledges that improving people's experiences is as important as improving clinical outcomes and safety, and we want to make sure we continually learn from and improve people's experiences.

We recognise that patient experience is more than the clinical intervention. We know from feedback that our patients give us that the communication we provide, both pre, during, and post a visit could improve. It is this information, and the patient stories that are provided that help us to make positive changes in the way we deliver care. Our strategy is focused on getting patient feedback heard across the whole organisation, ensuring that the patient voice is always considered, and is respected.

Our values drive our behavior, and our patient experience strategy is informed by the views we receive. This relationship is integral for us as we look to use patient experience in a positive way to deliver our vision and strategic objectives.

The patient experience strategy is underpinned by the principles of the NHS Patient Experience Framework and The NHS Quality Board – Principles of Good Patient Experience.

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。