



**Worcestershire  
Acute Hospitals**  
NHS Trust

# Our Clinical Services Strategy to 2025



Putting  
**Patients**  
**First**

# Contents

<b>1. Introducing our clinical services strategy</b>	<b>3</b>
<hr/>	
<b>2. The strategic context</b>	<b>4</b>
<ul style="list-style-type: none"> <li>• The NHS Long Term Plan</li> <li>• Herefordshire and Worcestershire STP</li> <li>• The local population and its health needs</li> <li>• About our Trust</li> <li>• Putting Patients First</li> </ul>	
<hr/>	
<b>3. Our clinical services strategy</b>	<b>10</b>
<ul style="list-style-type: none"> <li>• Our four imperatives</li> <li>• Our three pillars</li> </ul>	
<hr/>	
<b>4. Our clinical services strategy at a glance</b>	<b>15</b>
<hr/>	
<b>5. Our strategy plans and milestones:</b>	<b>16</b>
<ul style="list-style-type: none"> <li>• Integrated care</li> <li>• Urgent and emergency care</li> <li>• Acute and specialist planned care</li> </ul>	
<hr/>	
<b>6. Enabling the clinical services strategy through our underpinning strategic plans</b>	<b>20</b>
<ul style="list-style-type: none"> <li>• People, culture &amp; OD</li> <li>• Quality and service improvement</li> <li>• Research and innovation</li> <li>• Business intelligence</li> <li>• Digital</li> <li>• Partnerships, communications and engagement</li> <li>• Finance</li> <li>• Estates</li> <li>• Leadership and Governance</li> </ul>	
<hr/>	
<b>7. Conclusion</b>	<b>22</b>

# 1. Introducing our clinical services strategy

## We are delighted to publish our clinical services strategy for the next five years.

It comes at a challenging time for the NHS. The number of people who attend hospital is growing when it is apparent that they could be seen more appropriately, or just as appropriately, by other providers. The number of patients who arrive in hospital by ambulance and are discharged the same day suggests that we have an opportunity to build on our existing services to find alternatives in a community setting.

It comes at a time of change for the NHS. The NHS Long Term Plan was published in January 2019, which reinforces our priorities for action as part of the Herefordshire and Worcestershire Sustainability and Transformation Partnership.

It comes at an exciting time for our trust. As the new leadership team at the head of an evolving board, we foresee a positive future for our organisation. We can make better use of our hospital sites, our beds, theatres, appointment slots and other capacity. We will address the staffing challenges that affect our ability to deliver sustainable services and implement more, best practice ways of working. We will work with new and existing partners to provide the most effective services as close as possible to our patients' homes. We will deliver better experience, better outcomes, at lower cost, and in a way that reduces health inequalities.

We have developed our strategy with energy and passion. More than 150 senior staff attended the initial strategy events, with many more involved within individual specialties as the strategies were drafted. They produced 42 specialty and support service strategies, which have informed this single, overarching document.

We have engaged with our partners at an event in Droitwich and at STP and Alliance meetings, and with the public at an event in Worcester. We presented our emerging strategy, listened and responded to immediate feedback. Throughout the period we have engaged on social media through **#PuttingPatientsFirst** and **#WAHT2025**.

In the coming years we will continue to put patients first as Worcestershire's lead for the integration of acute and specialist care.

Thank you for your interest.

A handwritten signature in black ink, appearing to be 'D Nicholson'.

**Sir David Nicholson**  
Chairman

A handwritten signature in black ink, appearing to be 'M Hopkins'.

**Matthew Hopkins**  
Chief Executive

## 2. The strategic context

### The NHS Long Term Plan

The Long Term Plan, which was published in January 2019, has at its centre the need to accelerate the redesign of patient care to future-proof the NHS for the decade ahead.

The Long Term Plan shifts the focus from organisation to system, from provider to place, from process targets to population health outcomes, from competition to collaboration and integration. Taking this to its ultimate conclusion, over the life of this clinical services, strategy we will be working in a local integrated care system.

This is a significant paradigm change and one which we shall fully embrace through our clinical services strategy.

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.

The Plan is supported by a funding path for the NHS, averaging 3.4% a year over the next five years, compared with 2% a year over the past five years. Whilst this growth is welcome, the scale of delivery within the Plan is substantial and funding alone is no longer the rate limiting factor for service improvement – rather the critical challenge of workforce which is affecting all parts of the NHS.

The interim NHS People Plan was published in June 2019. This sets out the immediate action needed across five domains to start to tackle the serious workforce issues:

- ▶ Making the NHS the best place to work
- ▶ Improving NHS leadership culture
- ▶ Addressing workforce shortages
- ▶ Delivering 21st century care
- ▶ Developing a new operating model for workforce.

To deliver 21st century care, the People Plan proposes:

- ▶ A transformed workforce with a more varied and richer skill mix, new types of roles and different ways of working
- ▶ The scaling up of new roles via multi-professional credentialing and more effective use of the apprenticeship levy
- ▶ Using technology to support better deployment of staff time and increase productivity.

To enable this clinical services strategy, and in line with the NHS People Plan, we will transform our approach to a sustainable workforce underpinned by our ambitious digital strategy.

### Herefordshire and Worcestershire STP

These broad aims of the NHS Long Term plan are taken forward through our local Sustainability and Transformation Partnership.

Our STP is one of the largest in terms of geography, covering 1,500 square miles, but one of the smallest in terms of population, covering about 780,000 people.

We are clear that the challenges that we face in health and social care cannot be managed by organisations working alone and we fully support the STP's vision:

*Local people will live well in a supportive community with joined up care, underpinned by specialist expertise and delivered in the best place by the most appropriate people.*

The STP is complemented by World Class Worcestershire, our Local Enterprise Partnership's ten-year plan for jobs, growth and the economy. The aim is to bring 25,000 new jobs and an extra £2.9 billion into the local economy by 2025.

The county has significantly lower rates of entrepreneurship than the rest of the country, and growth rates have plummeted in recent years. Average annual earnings are 15% worse than the country.

Here, we have a major role to play in support of the economic benefits of STEM sectors, where science, technology, engineering and mathematics are key.

## **The local population and its health needs**

Worcestershire in 2019 has an estimated population of 592,000, with an expected growth rate of 5.8% by 2033. During the same period, the population aged 65 years and over is projected to increase by 28%.

The gap in life expectancy between less deprived and more deprived areas of the county is 7.8 years. The county ranks 55th out of 150 authorities nationally for premature mortality. Out of 15 local authorities with similar

socioeconomic characteristics, Worcestershire is worse than average for deaths in the under 75s from colorectal cancer, stroke and liver disease. It ranks particularly poorly at 14th for premature mortality due to stroke.

Several outcomes for children and young people are below the national average. Since 2012 infant mortality in Worcestershire had increased despite a national decrease during the same period. Although this decline has been reversed, the rate remains above the England average. 23% of reception class children are obese or overweight; and rates for alcohol admission in the under 18s, breast feeding initiation rates, low birth weight statistics and teenage conceptions are all worse than the comparator group.

There are a few important indicators for the adult population. Two thirds of Worcestershire residents are overweight or obese, 27% of the drinking population consume at higher risk levels, 17% of adults are smokers and 25% are inactive.

**The health and care system is the largest employer in the county and we have the capability to lead the way in changing risky behaviours within the population through a variety of touchpoints and by making 'every contact count'.**

The Long Term Plan calculated that across the country, patients with long term conditions accounted for 50% of GP appointments, 64% of outpatients and over 70% of inpatient bed days.

In Worcestershire, our ageing population will continue to bring increased numbers of patients with frailty and people with multiple comorbidities. Frailty is a syndrome that combines the effect of natural ageing with the outcomes of long term conditions, loss of fitness and reserve.

An ageing population will also lead to an increased incidence of life limiting conditions such as cancer and organ failure.

Proximity to death is a significant determinant of the frequency and intensity of healthcare use and we know that too many patients spend the last days and months of their life in hospital against their express wishes.

Through our clinical services strategy we will focus our work with partners on these significant challenges to health and to the sustainability of our local healthcare system.

### About our Trust

We are a large acute and specialised hospital trust that provides a range of services to the residents of Worcestershire and more specialised services to a larger population in Herefordshire and beyond.

We operate hospital-based services from three sites in Kidderminster, Redditch and Worcester.

#### Last year (2018/19) we supported:

- ▶ 156,160 A&E attendances
- ▶ 152,712 inpatient episodes
- ▶ 641,486 outpatient appointments
- ▶ 5,261 births.

We employ nearly 6,000 people and around 800 local people volunteer with us. We have an annual turnover of over £400 million.

Despite annual growth in funding, investment in healthcare in Worcestershire has not kept pace with demand and Worcestershire CCG is still somewhat distant from its target funding allocation for expenditure on healthcare. In 2019/20 the distance from target is - 4.7% and by end of the new funding period, in 2023/24, there will still be a gap of - 3.4%.

We have delivered more activity year on year but have recorded a substantial and increasing financial deficit for the past three financial years. We continue to incur excessive premium

costs from poor patient flow and the temporary workforce needed to support extra capacity for patient care, as well as vacancies within the existing establishment.

Paradoxically, relative lack of investment in local acute healthcare has led to a significant tranche of general acute activity being sent outside of the county to alternative providers to meet waiting time standards.

Our clinical services strategy will allow us to right size our services and our workforce and redress the current imbalance between acute specialist care and sub - acute care delivered from our hospitals.

The Trust entered quality special measures in December 2015 following an overall rating of *Inadequate* by the CQC inspection team that found significant issues with the quality and safety of patient care at the Trust.

After four years of intensive focus on the issues and concerns by our teams, we have lifted our rating to *Requires Improvement*.

#### CQC Inspection Area Ratings

(Latest report published on September 20<sup>th</sup> 2019)

<b>SAFE</b>	Requires Improvement	
<b>EFFECTIVE</b>	Good	
<b>CARING</b>	Good	
<b>RESPONSIVE</b>	Requires Improvement	
<b>WELL-LED</b>	Requires Improvement	

We have taken a hugely important step forward. We know we have a lot more to do, but these improved ratings are a clear and very encouraging sign that our efforts are paying off.

Through our clinical services strategy, we will put in place plans that will support continuous improvement and sustainability to the quality and safety of services.

Operational performance and the achievement on NHS Constitutional Standards remains a significant issue for the Trust. We are amongst the worst performing systems for A&E performance. Too many patients are waiting too long for the care they need - as an emergency or on a planned care pathway and access to care must improve.

Our clinical services strategy must unlock the systemic issues that are the root cause of our access and performance problems and dramatically improve the responsiveness of the services we provide.

## Putting Patients First

In April 2019 year our board launched Putting Patients First, the 5- year vision and strategy for the next phase for our organisation.

This is shown in our pyramid on page 8.

Putting Patients First is based on partnership, with patients at the heart of all we do.

### Our vision is:

*Working in partnership to provide the best healthcare for our communities, leading and supporting our teams to move 4ward.*

We propose a broad range of partnerships in our clinical service strategy, from individual patients and public and patient representatives to a variety of partner organisations and we need to embrace partnership on every level.

Our strategy must also support delivery of each of our strategic objectives:

### Best services for local people

We will develop and design our services with patients for patients. We will work actively with our partners to build the best sustainable services our population.

### Best experience of care and best outcomes for our patients

We will ensure that the care our patients receive is safe, clinically excellent, compassionate and exemplar of positive patient experience.

### Best use of resources

We will ensure that services – now and in the future – meet the highest possible standards within resources, for the benefit of our patients and the wider system.

### Best people

We will invest in our people to ensure that we, develop, recruit and retain the right staff with the right skills that care about and take pride in putting patients first.

These objectives are underpinned by our **4ward signature behaviours** which codify our culture, the way we relate to each other, our patients and partners:



Do what we say we will do



No delays, every day



We listen, we learn, we lead



Work together, celebrate together

### Our Organisation Pyramid



#### Our Signature Behaviours

-  Do what we say we will do
-  We listen, we learn, we lead
-  No delays, every day
-  Work together, celebrate together



In the near future we will introduce a single improvement methodology to support both the continuous incremental improvement we need to make as well as the transformation required in the way we deliver services to realise our strategy and its overall ambition.

As we have developed our clinical services strategy, we have demonstrated our commitment to listen to and respond to our patients, staff and partners.

**Between June and September 2019, we have:**

- ▶ Engaged with clinical colleagues in 42 specialties and support specialties.
- ▶ Facilitated discussions between divisional leadership teams to discuss dependencies between services and our hospital sites
- ▶ Hosted a planning conference, attended by 70 partners from within the health and care system.
- ▶ Organised a 'market place' event attended by over 100 members of staff.
- ▶ Held an engagement event attended by more than 40 patients and patient representatives.

When asked to describe what better services might look and feel like in the future, there was consensus from our patients and public representatives about services which:

- ▶ Were more joined up
- ▶ Were easier for patients to access and find their way around
- ▶ Provided better support for choice, decision making, prevention and self-care
- ▶ Were as individual/responsive to a patient's needs as possible, taking account of any protected characteristics, social needs and demographic background.

Our partnership with patients is very important to us and we are committed to being guided by patients in the development and delivery of better services.

### 3. Our clinical services strategy

From our work with our specialty teams, and our stakeholders we have identified three key areas of activity that shape our future:

- ▶ End to end **integrated care**
- ▶ Comprehensive and responsive **urgent and emergency care**
- ▶ High quality, dependable **acute and specialist planned care**

These strategy pillars are explained in more detail below.

We have also identified four imperatives for our clinical services strategy which are fully supported by our strategy pillars:

- ▶ Care for people living with frailty;
- ▶ Care at end of life;
- ▶ Cancer care, and;
- ▶ Access to services

Access to services is a cross cutting theme throughout our clinical services strategy.

Firstly, our philosophy is best care in the right setting. Patients will receive their care locally where possible, centrally within the county where necessary, and via a specialist provider outside the county where most appropriate.

Secondly, digital technology will allow people to access information and services online, immediately, in their own homes, places of work and leisure.

Thirdly we will ensure the right capacity in the right place to ensure our planned care services are responsive and timely.

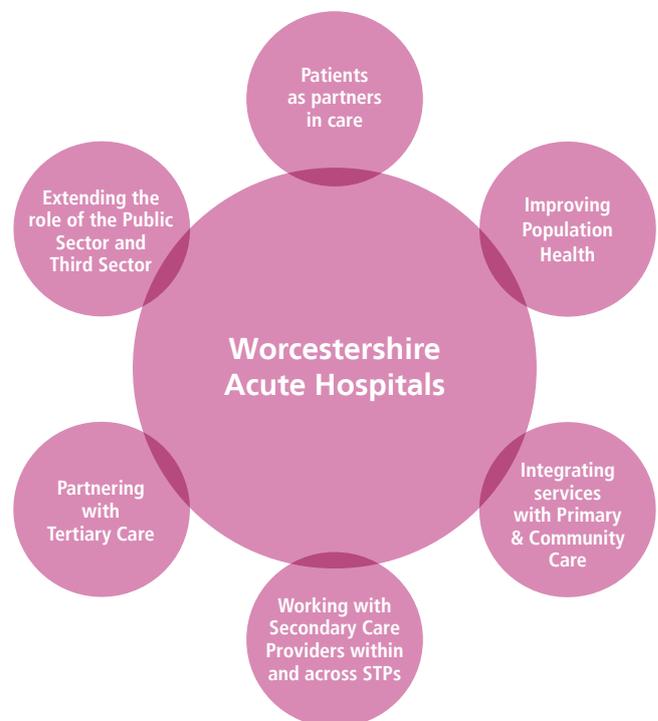
The initial phase of our clinical services strategy will support improvement in access and outcomes for our patients and in its later phases our services will evolve to support improvement in overall population health and outcomes.

#### Integrated Care

##### Hospital without walls

In future it is the local system that is dominant and we will take a leading role in integrating health and care in Worcestershire.

We will work with all our partners to manage demand and ensure that the right care is delivered in a place that makes most sense for patients and the system.



### **Priority pathways for integrated care:**

We will work intensively with our partners in Worcestershire to move as much of the care for people with a long term health condition such as diabetes, respiratory or cardiovascular disease, into the community and closer to where they live.

The prevalence of frailty is increasing in Worcestershire. We will outreach to work with partners, aligned with Worcestershire's Integrated Care of Older People Strategy ICOPE strategy, to delay or prevent onset of frailty and ensure early onset of frailty 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 inreach to ensure frailty management is an integral part of their acute care.

We have a very limited frailty specialist workforce in Worcestershire. We already have experienced GPs supporting our acute frailty service, and in light of the scarcity of specialist frailty resource, there is an urgent need to develop a new, larger integrated workforce to support our strategy for better more integrated 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. Here the social sector (charitable and voluntary) has a specific and expert role to play.

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

Digital solutions will also enable more virtual care such as e-consultations and remote monitoring to support care closer to home.

As a partner in the Herefordshire and Worcestershire STP, we will maintain and ensure that we can sustain our current and future STP responsibilities as a partner in acute care pathways with Wye Valley NHS Trust.

### **Population health management and integrated care**

The NHS Long Term plan proposes the deployment of population health management to understand the areas of greatest health need nationally and locally and ultimately to match NHS services to meet them in an integrated system model.

This will mean allocating and investing resources more wisely to optimise the health and wellbeing for the whole population for which the health and social care system is responsible, and for us it means that our focus will no longer be solely on ill health.

As population health management and our integrated care system develops, we will lead the way in ensuring that all our services, both at the 'front line' and in the 'back office' continue to evolve to ensure delivery the best health outcomes for the local population.

### **Urgent & Emergency Care**

#### **Our role in the system and how we will organise it**

We will continue to have emergency departments at our hospitals in Worcester (all age) and Redditch (adults), which will be led by consultants, open 24 hours a day, seven days a week, with full resuscitation facilities.

We will retain our minor injuries unit at Kidderminster Hospital and Treatment Centre.

We realise that we have more work to do to develop our service and staffing models at our front doors to sustain two emergency departments and to support comprehensive same day emergency care.

Our medical staffing model also needs to evolve. We need to increase the intensity of senior medical input at the Alexandra Hospital, and across both acute sites we need to meet the challenge around a greater proportion of people needing hospital care that present with multiple morbidities.

We are already supported at the ED front doors by colleagues from a range of partner organisations however there is more we can put in place to ensure that patients are directed to the best service to meet their needs.

We fully expect that there will be more and different urgent care provision in the local system and growth in digital access and, on behalf of our partners, we will look to markedly simplify access to urgent and emergency care across Worcestershire and reduce the pressure on emergency hospital services.

We must do more to respond to the needs of our younger patients. We have plans for a paediatric assessment unit (PAU) at Worcestershire Royal Hospital and, by 2025, we are almost certain to be treating sufficient numbers of children to warrant a paediatric emergency department, as recommended by the Royal Colleges.

We will learn from best practice elsewhere, speak to experts in the field, and consider all options, including an extended role for the PAU.

## Acute and Specialist Planned Care

### Clear roles for our three hospital sites

We are not starting from a blank sheet of paper. In 2017 the Future of Acute Services in Worcestershire programme (FoAHSW) concluded and the clinical model was approved. As a result all hospital births, inpatient children's services and emergency surgery were centralised away from the Alexandra Hospital Redditch to the Worcestershire Royal Hospital site.

The plans also proposed moving most planned orthopaedic surgery from the Worcester to the Redditch site, along with breast and other planned surgery. More ambulatory care was to move from Worcester to Redditch and more day case and short stay surgery to Kidderminster.

Due to quality and sustainability concerns the majority of the service changes were made under temporary emergency provisions with the net result that the migration of services towards the WRH site was not fully supported by the equal and opposite move of services off the site as planned.

There remains a cultural challenge to the delivery of countywide services that this clinical services strategy must address. In doing so, working across sites will become the normal way of working for our teams and we will level up to the standards and outcomes of the best.

Despite the service moves having already taken place, the agreed capital funding for the capacity development required at both the Worcester and Redditch sites is subject to the finalisation this financial year of the full capital business case (although some schemes at the WRH site have advanced already due to increased pressure from unavoidable service centralisation).

Going forward we will not close any of our existing three sites however there may be the need for further rationalisation of service delivery to remove unnecessary duplicate costs and staffing and support countywide service delivery from any one particular site.

## How we will deliver services from our three sites:

### Alexandra Hospital Redditch – Local Acute Hospital

- ▶ Adult emergency department
- ▶ Adult acute medical services
- ▶ Centre for planned surgery and ambulatory trauma
- ▶ Diagnostic and other clinical support services
- ▶ Outpatient – based services

### Kidderminster Treatment Centre

- ▶ Minor Injuries Unit
- ▶ Centre for day case and short stay surgery
- ▶ Diagnostic centre
- ▶ Outpatient – based services

### Worcestershire Royal Hospital – Major Acute Hospital

- ▶ All age emergency department
- ▶ All age acute medical services
- ▶ Hyper-acute STP services
- ▶ Major and emergency surgery centre
- ▶ Inpatient trauma unit
- ▶ Consultant – led maternity and neonatal care
- ▶ Inpatient children and young people's care
- ▶ Radiotherapy centre
- ▶ Diagnostic and other clinical support services
- ▶ Outpatient – based services



Outpatients will be seen on all three hospital sites.

In 2018/19 we provided 276,000 first outpatient appointments and 348,000 follow up outpatients, with those numbers predicted to rise to 292,000 and 370,000 respectively by 2023.

We must work to reduce these numbers, but we must also decide, where continuing care is required, either to deliver it differently or to partner with general practice to allow ongoing care to be managed in the community.

Outpatient appointments need not be led by a hospital consultant and, with today's digital advances, need not be face-to-face and we will increase the number of consultations that are delivered digitally by our teams.

### Cancer and other specialised services

We are responsible for a broader range of specialist care than would typically be expected in a district general hospital. We need to consider the optimum management of that specialist care in the future and our role is not always to deliver that care directly.

We already deliver some of the largest cancer services locally and nationally, with excellent outcomes for our patients. However, we recognise that sometimes we will need to partner with another secondary or tertiary care provider to ensure enough activity and expertise for safe care, as required by national cancer service specifications and guidance and other recommendations.

This might mean a move to a single provider partner or maintenance of existing relationships. Our decision will be driven by what will deliver the best outcomes for patients.

By working in partnership with other more specialist provider(s), we will ensure that the residents of Worcestershire can access all cancer 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.

This relationship should also support the delivery of other more specialised services locally.

# 4. Our clinical services strategy at a glance



## Our Clinical Services Strategy

Our **future** is informed by the end of the predominance of the hospital as the response to ill health, the emergence of the local integrated system and a shared role in population health.

### Our commitment

*In 2025 we will lead the delivery of comprehensive integrated healthcare in Worcestershire providing the best possible patient experience and outcomes*

Our strategy for clinical services is built around **three strategy pillars** that support our future within the local integrated care system and our strategic objectives to deliver the best local services, the best experience of care and the best outcomes.

Our strategy pillars also support delivery of our four imperatives: care for people living with frailty, care at the end of life, high quality cancer care, improved access to care and the key aims of the evolving local integrated care system.



Personalised, more anticipatory **INTEGRATED CARE** for people living with a long term condition or frailty and at end of life.



Easily accessible, comprehensive, co-ordinated **URGENT & EMERGENCY CARE**.



High quality, dependable **ACUTE, SPECIALIST & CANCER CARE** delivered in partnership from local centres of excellence.

Faster **ACCESS** to more responsive services  
**ACCESS** to more care delivered closer to home  
 Greater digitally - enabled **ACCESS** to care

Improvement in access and outcomes for our patients

Improvement in population health outcomes

Some important strategies and plans underpin our clinical services strategy and our strategic objectives to develop the best people and deliver the best use of resources:

**People and Culture – Digital & Information - Estates and Capital Investment – Quality and Service Improvement – Research and Innovation – Communications and Engagement – Leadership and Governance**

## 5. Our strategy plans and milestones

Our clinical services strategy will be the principal guide for the direction of our trust over the next five years.

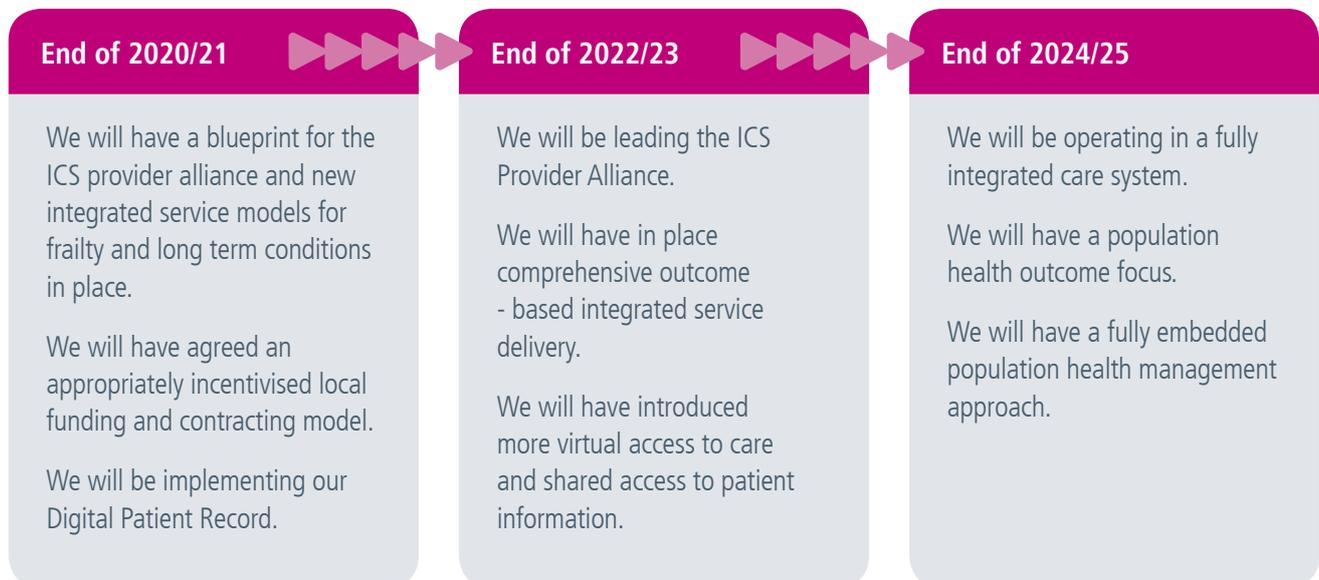
Given our challenges, as a minimum across our strategy pillars, we need to be where the best are already however we will seek to be at the leading edge of practice where the opportunity presents.

We will continue to produce operational plans that have a 12-month view, which will provide the detail of the actions that we will take to implement our strategy each year.

As a bridge between individual years and the desired 2025 position, we will develop a three-year, mid-term plan, which will help us to plan and implement actions that require longer than 12 months to deliver.

### Integrated Care

#### Milestones



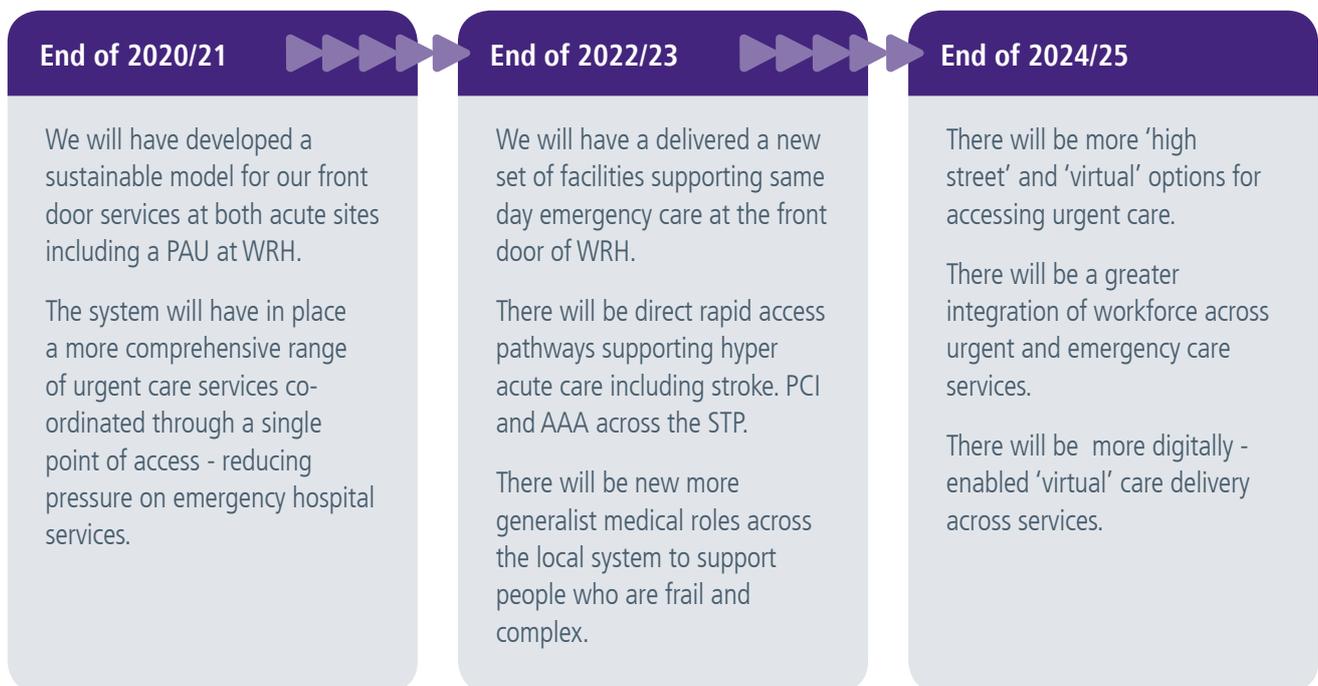
#### Priority plans

- As the largest single provider organisation in the Worcestershire and the STP, we will develop our leadership role in the provider alliance as the system moves towards an Integrated Care System, with alignment and engagement where practical with the Herefordshire Integrated Provider.
- 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

- ▶ 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 in Worcestershire.
- ▶ We will extend our partnership with Wye Valley NHS Trust to support service collaboration between clinical haematology services, renal services, interventional radiology, neurology and stroke care.
- ▶ We will develop our phased approach to pathology networking across Herefordshire and Worcestershire first, then partner on a larger footprint to provide a sustainable volume of activity supported by networked service infrastructure and digital reporting systems.
- ▶ We will continue to play a lead role in the Local Maternity System supporting plans for improving women’s choices and the outcomes of maternity care for mothers and babies.

## Urgent & Emergency Care

### Milestones



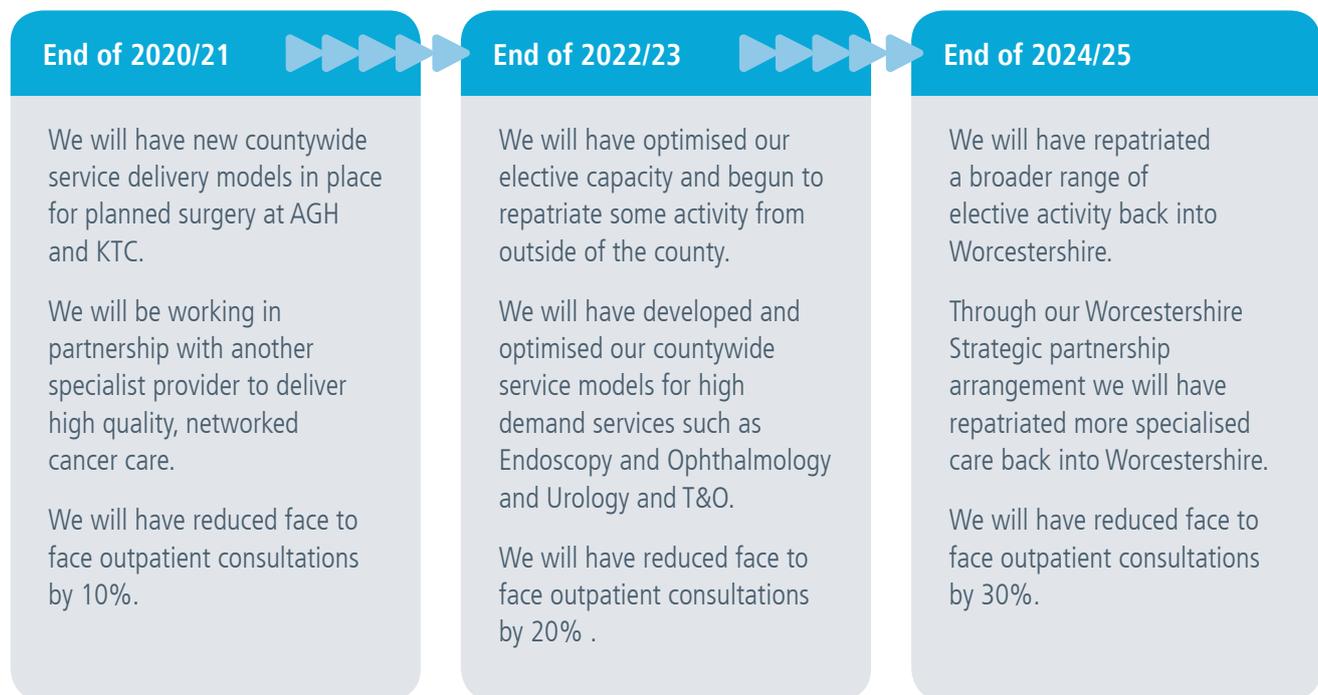
### Priority plans

- ▶ We will work with our partners to develop and streamline the pathways for urgent and emergency care - reducing pressure on emergency hospital services. This will be coordinated through a single point of access and triage and capitalising on the growth in digital access solutions.
- ▶ We will redesign our front door to ensure that we have the appropriate range of specialty assessment pathways with the right capacity to support rapid streaming from the ED. The default for assessment will be same day emergency care with support from GP Portfolio roles to work alongside specialty medical teams, more ambulatory continuing care options such as 'hot' clinics and rapid access to diagnostic services.

- ▶ Building on our current frailty service development, we will have specialists in frailty management working across our front door areas from the start of admission as well as end of life care specialists.
- ▶ We will incorporate a broader range of support services at the front door such as primary care, mental health, and social support services.
- ▶ We will develop an innovative, cross - county approach to sustaining two emergency departments and two undifferentiated acute takes 24/7; seven days a week at Worcestershire Royal Hospital and the Alexandra Hospital, requiring the collaboration of all our teams and support from the relevant training bodies.
- ▶ We will redesign our medical staffing model and the balance of specialist and generalist roles to support continuity of care and seven day access to Consultant - led care for all admitted patients including those presenting with multiple morbidities. This may be a further area for the development of GP Portfolio roles.
- ▶ As the major emergency centre for the STP we will ensure the capacity at Worcestershire Royal Hospital to support rapid assessment, diagnosis and treatment pathways for patients requiring emergency cardiovascular intervention including stroke, primary coronary intervention and abdominal aortic aneurysm repair. We will ensure that we have the appropriate critical care capacity to support our major emergency workload at WRH.
- ▶ We will embed the principle of home first from the day of admission, though the development of the Onward Care Team approach and the integration and in reach of community teams into acute areas and across patient pathways, at the same time reducing the reliance on bed based onward care.
- ▶ We will deliver the plans for the development of a full scale paediatric assessment unit at WRH whilst working with partners to understand the future demand and capacity for paediatric urgent and emergency care.

## Acute And Specialist Planned Care

### Milestones



### Priority plans

- ▶ In line with our proposed site model, we will increase the number and complexity of surgical services delivered at the AH e.g. orthopaedics, breast, gynaecology, benign upper GI surgery, vascular, ambulatory trauma and the range of day case and short stay activity at KTC, with effective alignment of our capacity with our current and future demand for our services
- ▶ We will modernise the outpatient service model adopting digital solutions to reduce the number of face to face consultations and optimise the pathways for follow up care, improving patient convenience and releasing skilled and senior clinician time
- ▶ Whilst we can build on the quality of our own existing major cancer teams, we cannot provide all our cancer services and other aspects of specialised care alone. Starting with oncology, urology and head and neck cancer, we will develop a strategic partnership for the delivery of these services with one or more provider of specialised care, aligned as appropriate with the regional radiotherapy operational delivery model and other strategic cancer service developments.
- ▶ We will plan for the appropriate capacity to meet the predicted increase in elective and emergency demand from an ageing population in key specialties such as T&O, Urology, Ophthalmology and Endoscopy including physical capacity and innovative service models and demand management solutions.

## 6. Enabling the clinical services strategy through our underpinning strategic plans

The delivery of our clinical services strategy will be enabled by and will impact on a range of supporting plans. A summary of these implications is provided below as we start to develop their alignment with our clinical services strategy.

### **People, culture & organisational development**

We need to develop a collaborative organisational culture. Our people will need to embrace new and different ways of working, including digital healthcare, working across sites and working outside of the hospital walls. We need to be radical and to collaborate with partner organisations including education bodies to innovate in workforce supply, workforce composition, training and development to meet the changing service models and healthcare needs of our population.

We need to support our workforce and the people that visit our hospitals with opportunities to improve health and wellbeing and act as advocates for health and wellbeing across Worcestershire.

### **Research and innovation**

To support our clinical services strategy we need to develop our research and innovation capability to improve outcomes, attract the best staff and increase the organisation profile. We will collaborate with local higher education institutions and local enterprise to support and develop our research and innovation ambitions.

### **Business intelligence**

Health and care systems have historically been organised largely around provider characteristics, rather than population characteristics. We need to revolutionise our business intelligence to devise healthcare strategies tailored to the unique needs of the local population.

### **Quality and service improvement**

Our single improvement methodology will support alignment of improvement effort and ethos with the change ambitions in this clinical services strategy. We need to develop our transformational capacity, skills and capabilities whilst at the same time ensuring that we use technology and data more effectively.

### **Digital**

Digital is the key driver of clinical change that will underpin and accelerate delivery of our clinical services strategy, supporting us to integrate care, streamline access to care, and develop expert patients. Our digital strategy is well developed and investment in this strategy is a priority for us.

### **Partnerships, communications and engagement**

We propose a broad range of partners in our clinical service strategy from individual patients to large organisations and need to embrace partnership on every level as a resource intensive activity.

We need to develop the aptitudes to support co-design and co-production and support greater agency and self – actualisation with our patients.

### **Estates**

Our clinical services strategy has highlighted the fact that our issues are as much about capability as capacity, and digital solutions should further diminish the need for additional space.

Our immediate capital investment priorities will be predicated on supporting new models of care at our front doors, diagnostic capacity to deliver earlier cancer diagnosis, rapid access pathways and same day emergency care.

We need to develop a new strategy for capital investment through partnership with both the public and private sector.

### **Finance**

Our clinical services strategy will support us to target the drivers of the deficit by having the right mix and volume of services, having sustainable services models, stable and progressive staffing models and being clear about where to focus investment.

### **Leadership and governance**

We need to continue the approach of involving our clinical teams in the strategy development as it has been proven to increase engagement, and develop our capabilities around clinical leadership across boundaries with primary and tertiary partners.

We will need to better align our governance with system and STP governance and improve the awareness of community services and integrated care aspirations.

## 7. Conclusion

This is a strategy for change: change in focus, change in approach, change in organisational identity, change in culture, change in workforce, change to services, how they are delivered and by whom, change in our relationships with our partners, patients and communities. Only with change on this scale can we meet the current and future challenges to the clinical and financial sustainability of our services.

We need to make Worcestershire a great place not only to live but to work. We need to innovate in workforce supply and in technological solutions to support our workforce.

We need to ensure that the local system supports the right care in the right place with more people accessing the care they need in the places they live.

Our hospitals need to be the preserve of those that are in need of acute specialist care that only the hospital can provide.

If we are to truly manage demand, we need to garner and reshape our resources to support the health and not just the ill health needs of the local population.

Over the life of this clinical services strategy:

- Our leadership will secure our rightful place in the new Integrated Care System
- Our staff and patients will lead the way to a better local services and a better patient experience
- Our partners will work with us to deliver better access and better outcomes of care.

We will begin our journey to 2025 by intensively engaging our teams and our partners in this strategy for our services.

As we move to implementation we will build on our existing programmes of work, in urgent and emergency care and in planned acute and specialist care, to create plans that fully support the ambitions of this strategy.

We will also reach out to our colleagues in primary care and community services as we start to develop our plans to integrate care for local people which are at the heart of our strategy.



Putting  
**Patients**  
**First**