


Board of Directors' Meeting 8 December 2022

Agenda item	236/22			
Report Title	Trust Strategy 2022-2027			
Executive Lead	Nigel Lee, Interim Director of Strategy & Partnership			
Report Author	Nigel Lee, Interim Director of Strategy & Partnership			
	Link to strategic goal:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our governance	√	Responsive	√
	Our partners	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF1, BAF2, BAF3, BAF4, BAF6, BAF7, BAF8, BAF9, BAF10, BAF11, BAF12, BAF13, BAF14, BAF15	
	For decision / approval	√	Link to risk register:	
	For review / discussion			
	For noting			
	For information			
	For consent			
Presented to:				
Executive summary:	<p>The SATH Trust Strategy has been in development during 2022, and we have had significant involvement from our staff, patients, system partners and wider public in order to inform the document and our strategic themes. The strategy covers the next 5 years – 2022-27 and will continue to be informed by the ICS Strategy and 5 year forward plan, Health and Wellbeing strategy development in the 2 Places in Shropshire Telford & Wrekin, as well as national developments.</p> <p>The Trust Board is asked to APPROVE the Trust Strategy for publication.</p>			
Appendices				
Executive Lead				



OUR TRUST STRATEGY

2022/27

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Foreword

The NHS has endured significant pressures in the past 3 years, driven by the Covid pandemic. As the Trust looks forward to improvement and progress, we are delighted to be sharing this strategy with you. We have reviewed how we can create clinically and financially sustainable services that are best able to meet the changing and growing needs of the local population. We have listened to our people and patients and have incorporated your views on service plans and improvements, as well as feedback from our partners to inform the content of this Strategy, and we are grateful for all the contributions we have received. The 2022-27 Trust Strategy sets out our ambition over the next five years, detailing the ways in which we will improve the delivery and quality of care, support and develop our workforce, address key challenges, and further develop a culture of improvement across the organisation. Crucially, it also describes the values and behaviours to which we are committed.

Supporting and developing our people is critical to our vision of providing excellent care to our patients. We know that when we come together, such as during the COVID-19 crisis, we see people from every part of the Trust, and in every role, working together to achieve extraordinary results. Providing excellent care is reliant on a highly skilled and motivated workforce, and we will create a culture that ensures we can recruit, support, motivate, develop and reward our staff. Our aim is to make our staff feel valued and have the best possible work experience, which is a critical foundation for attracting and retaining the right people with the right values. There have been substantial improvements in quality and safety, but we know that we have more to do, and areas of challenge. The journey of quality improvement is well underway, and managed through our Getting to Good programme, but we must continue to strive to make the improvements in care as swiftly as possible, and to ensure they are embedded and enduring.

Our strategy aligns well with the significant changes across the NHS, with a revised approach to system working and emerging legislative requirements. There is no single answer and addressing many of our constraints and challenges will need the support of partners across our Integrated Care System, and the combined approach will be vital to achieve a sustainable future for our services. Working with our partners, we will collaborate in new and innovative ways so that we can truly transform the way we operate as a health and care system. With patients at the heart of everything we do, we will harness the benefits of digital technology, maintain investment in enhancing our infrastructure via our Hospital Transformation Programme, and empower and support our staff to provide high quality care for all residents in Shropshire, Telford & Wrekin and mid-Wales.

Whilst working in the NHS will continue to be both challenging and rewarding, this is an exciting time for the Trust. Our approach is progressive, integrated and strategic, and driven by our vision; we look forward to working together across our teams and services in the Trust and with our system partners to embed this Strategy, and to use it to not only help us to reshape our services and the ways we work, but also to improve the health and wellbeing of the communities we serve.



Louise Barnett,
Chief Executive



Dr Catriona McMahon,
Chair

Our Vision

To achieve Our Vision we need to have a clear and well-developed Strategy that sets out our ambitions to transform and develop excellent healthcare services across Shropshire, Telford & Wrekin and North Powys over the coming years.

We have set out **Where We Are Today** highlighting the significant achievements this year thanks to the hard work of our staff and our partners. As we look to the future we face considerable **Key Challenges & Opportunities** within the local health and social care economy and the backdrop of the national and regional strategic context to meet the needs of our population & reduce health inequalities. Like many Trusts we are looking to restore our planned care levels that have been affected by the Covid pandemic and to meet the increasing demand due to demographic advances. Locally we have some higher disease prevalence rates than Regional and National comparator populations.

Notwithstanding, we have significant workforce challenges in recruitment for a wide number of specialties & staff groups – nursing, radiology, theatre staff and therapies, to name but a few, that impact on our ability to meet our increasing demand. Our current layout of departments and separation /duplication of services across two hospital sites presents a key operational constraint to deliver capacity and provide sustainable high quality services.

Our Vision will help us achieve **Where We Want to Be**, improving the delivery and quality of care, supporting our workforce and embedding a culture of continuous improvement across the organisation. Crucially, it also sets out what we stand for in terms of values and behaviours expected of us all. It will address our use of resources and our aspirations in terms of collaborative working with partners and the communities we serve.

Some highlights from our supporting strategies are provided that will help us on **How We Will Get There**, to deliver our vision.

In response to the strategic outlook and to articulate Our Vision, we have expressed as six strategic themes:



Our Values

Our values help shape our behaviours and thinking, leading to better outcomes for our patients and staff. We developed our values by listening to feedback from colleagues across the Trust, using what we know about future service configurations and best practice, and innovative ideas from people to support, that are proven to work.



Partnering



Ambitious



Caring



Trusted

Partnering

Working effectively together with patients, families, colleagues, the local health and care system, universities and other stakeholders and through our improvement alliances.

Ambitious

Setting and achieving high standards for ourselves personally and for the care we deliver, both today and in the future. Embracing innovation to continuously improve the quality and sustainability of our services.

Caring

Showing compassion, respect and empathy for our patients, families and each other, caring about the difference we make for our community.

Trusted

Open, transparent and reliable, continuously learning, doing our best to consistently deliver excellent care for our communities.

The Trust at a Glance - Yearly Key Facts

Planned Care

We have 43,765 day cases every year, with 3,724 inpatients.

261,091 new outpatient appointments and 373,405 outpatient follow-up appointments.



Unplanned Care

We have 137,862 A&E visits & 33,403 A&E admissions every year.

Estates & Facilities

We have 1,804 tonnes of waste every year & 3 million pieces of laundry.

Our Cleanliness Team spend 316 hours cleaning our hospitals each day.

Our catering team produce over 880,000 patient meals a year.

We use 189,000 m² of water per year, costing £317k p.a. and our energy costs are £3.2m p.a.

Maternity

We deliver 4313 babies every year.

Diagnostics

We carry out 28,725 MRI Scans and 78,301 CT Scans every year.



Workforce

Our workforce is over 7,000 people working in clinical & non-clinical roles.

Overall turnover is 15.32% for the previous financial year.

44% of our people recommended Trust as a place to work & 56% our people reported effective leadership.



Our Princess Royal Hospital has 450 beds, 23% of those are single rooms. Our Royal Shrewsbury Hospital has 400 beds, 5% of those are single rooms.

Where We Are Today

Our Response to COVID-19:

500,000+ doses administered & 200,000 people fully vaccinated.



COVID-19 booster vaccination programme, and the flu vaccination programme, now under way at hospital hubs.

Virtual Outpatient Appointments.



Telephone & Attend Anywhere launched and provided up to 33% of activity. We prioritise the most clinically urgent & cancer patients. Patient Initiated Follow Ups (PIFU) launched based on individual need and shared with primary care.



85,000 visors produced.



The Maxillofacial Laboratory team worked on a number of projects including setting up a new service to produce 85,000 visors.

Supporting our Critical Care Teams.



Our Operating Department Practitioners, Theatre Nurses, Endoscopy and DSU staff, Specialist Nurses and Medical Staff supported their critical care colleagues to help care for patients in critical care departments.

Health & Safety Team.



Our mask fit testing teams have worked tirelessly to ensure colleagues were fitted & safety levels maintained: the team, which also included redeployed staff, were working seven days/week & 12 hours a day.

Quality Improvement

- Within Maxillofacial, **3D printing and surgical planning has reduced surgical time by up to 5 hours** for patients undergoing radical head and neck surgery: improving post-operative outcomes and rehabilitation.
- A new **seven-day palliative care service** launched and patients can now be referred over the weekend. There will be cross-site cover, with one Clinical Nurse Specialist (CNS) covering both sites at weekends.
- Our Fertility Services are consistently one of the best in the region; in Neonatal we recently replaced a new scanner and 4 new incubators.
- Working with the CCG and the Midlands Partnership Foundation (MPFT), **SaTH have put urgent measures in place to improve Children and Young People's services**, including new Standard Operating Protocols (SOP) for assessments and interventions, holding daily meetings with MPFT specialists and teams.
- Shropshire's mandated **NHS Health Check programme supports eligible 40-74-year olds to identify risk factors for stroke, kidney and heart disease, type 2 diabetes or dementia**, and supports management of identified lifestyle risk through brief opportunistic advice and active signposting.
- A successful healthy weight programme is available in Telford and Wrekin that has already shown significant benefit to patients awaiting bariatric surgery.
- We have implemented frailty at the front door of the Emergency Department with our two Local Authorities and Shropshire Community Trust.

Part of this ongoing work has included the development of our planned 4-hour A&E performance recovery and restoration, including admission avoidance measures, such as rapid response teams in the community that have been proving very effective.

A Getting to Good Programme (G2G) was established to coordinate quality improvements across the Trust:



Digital

We secured £6million to procure a new Electronic Patient Record (EPR) Programme. Despite the challenges faced during the pandemic, a substantial programme of upgrading has begun, including:

Replacing our Patient Administration System (PAS) - CareFlow to improve the way patient information is shared across primary and secondary care.

Vitals - an electronic observations and monitoring system including sepsis management has been updated across the Trust.

BadgerNet - a new electronic system has been introduced which allows for direct sharing of information between colleagues in Maternity Services and service users to give mothers more control over their pregnancy records and care notes. Also we will introduce enhancements to the Neonatal elements.

Our new **Phlebotomy** online bookings for patients went live and will link with the **SimplyBook Vaccination Programme booking solution**.

Support for patient and user experience such as the launch of a new **User Experience (UX) card system** that allows families, support partners and colleagues to give feedback, share what is being done well and suggest where improvements can be made.



Improving Our Estates, Our Productivity & Patient Flow

A £9.3m improvement programme to expand and reconfigure the Emergency Department at RSH is almost completed. The works are part of a Quality Improvement Plan to improve patient care, patient safety and patient experience, whilst also addressing a number of the issues raised by the Care Quality Commission (CQC). It will shape the clinical footprint of the current ED allowing us to create more capacity, designated areas for children and older people respectively, more welcoming environment and improve patient movement within the departments. Other major capital projects include:

RSH ED

Phase 1: New Majors Zone.
Phase 2: Pit Stop and Children & Young People Zone.
Phase 3: Resus & CDU.
Phase 4: Fit to Sit and the waiting area.

Investment in Diagnostic equipment, including portable ultrasound, to enable faster diagnostic provision.

A new single storey 32-bed modular ward built at the Royal Shrewsbury Hospital connecting to the Treatment Centre via a link corridor now operational in the first quarter of 2022. This will create much needed additional bed capacity.

New Diagnostic POD housing an MRI & CT scanner to increase diagnostic capacity & help to reduce outpatient waiting lists.

An additional £5million of national funding will develop and open a first Community Diagnostic Centre in Telford: the Centre (one of a planned network) where diagnostic services can be delivered away from acute hospital sites and separately from urgent diagnostic scans.



A phased programme is under way to transform the Trust's Endoscopy facilities improving patient safety and patient experience. It involves the reconfiguration of current facilities at both RSH and PRH to include new modern decontamination areas, and three additional procedure rooms.

Our People



Dr Waheed Arian, who works in ED was named 'Best Doctor' as part of the 'Who Cares Wins' Awards. Waheed founded his own charity to support medics in conflict-affected countries after he himself was forced to flee Afghanistan as a child and came to the UK where he gained a medical degree at Cambridge.

The Trust Macmillan Benefits Team has secured over £8.5 million for people with cancer in Shropshire and Telford & Wrekin over the last three years with £3.6 million this year financial year.



Our Cancer Care Navigators won The Nursing Times Awards for Team of the Year. This is an innovative new service which provides patients with a single point of contact to support those with suspected cancer from the point of referral to diagnosis – through to living with & beyond cancer.

Jamie Henry, Professional Development Nurse was crowned in the 'Rising Star' category at the Nursing Times Awards 2021. Her exceptional work at the Trust has seen her help more than 200 international nurses prepare for and pass their exams.



In six years, the End of Life Care team has raised nearly £60,000 for The Swan Fund, started by Jules Lewis: this has helped to support improvements for patients receiving end of life care in our hospitals, and their families.



Our Theatres team has been named a National Joint Registry (NJR) Quality Data Provider after successfully completing a national programme of local data audits to improve clinical outcomes for the benefit of patients, clinicians and industry.



SaTH is the only Trust nationally that offers a Preceptorship Programme to our newly qualified nurses and nursing associates. PRH Gynaecological team recruited the first patient in the UK to the ESPRIT2 study.

Our Role in the Community

In partnership with our community we have been able to support SaTH in providing better quality of care for our population and create a better working environment for our workforce.



Honouring Captain Tom Moore, a courtyard at PRH was opened. Later this year a similar outdoor garden opened outside the ward block at RSH.



The Volunteer Team are working in partnership with St John Ambulance to deliver the NHS Cadets Programme at SaTH targeted at young people aged 14-18 from communities that are underrepresented to inspire them into pursuing a career in the NHS, whether that is in a clinical or non-clinical setting.

We have a successful equipment reuse scheme, our catering department has eliminated plastic cutlery & introduced compostable takeaway containers. We have moved to a green electricity tariff & upgrading RSH Building Energy Management to reduce our carbon emissions.



The Trust has developed a vibrant Response volunteer scheme: providing 7 day/week cover, over 300 hours of support every week.

Supporting over 100 young people to gain experience in a hospital setting through our young volunteer scheme, with placements being 6 -12 months.



Our Charitable Links

An unprecedented year of support from the public, businesses & fellow charities, who have supported staff and patients throughout the pandemic. Public donations with a value of over £50,000 were received.



SaTH Charity acted as the lead NHS Charity for NHS CT Community Partnership Grants. We have been helping to arrange grants for voluntary organisations and health and social care organisations in Shropshire. Over £222,000 was awarded across 9 different organisations.

NHS Charities Together have awarded SaTH over £180,000 for initiatives to support staff, patients and relatives during the pandemic.

Working with charity partners (RSH League of Friends, Lingen Davies and MacMillan) to build a new £500k extension to the Hamar Wellbeing Centre to support patients and families with cancer and other long-term conditions.



Our Challenges & Opportunities: Key Drivers of Change

National

The NHS Long Term Plan sets out three major life stages:



To overcome the challenges the NHS faces such as staff shortages and growing demand for services:

- Doing things differently: a new service model for 21st century.
- Further progress on care quality and outcomes (GIRFT programmes).
- Backing our workforce.
- Increase environmental impact & awareness.
- Preventing illness and tackling health inequalities.
- Making better use of data and digital technology.
- Getting the most out of taxpayers' investment in the NHS.

During the pandemic many people are believed to have lived with worrying symptoms without seeking medical advice when urgent treatment was delayed as the NHS coped with COVID-19. Delays to treatment has led to an extensive National Elective Recovery Programme covering several years. Also this will have exacerbated amongst people living in our most disadvantaged communities, where lifestyle risks are greater, and who are less likely to seek advice. We need to reflect across the life course, with a focus on maternal health and child development, to gain maximum benefit. The Coronavirus pandemic has highlighted the importance of a healthy lifestyle to physical and mental health and wellbeing.



Regional

The STW health economy and our Trust operates within the West Midlands region; we have close links with partners in the Midlands and with NHS Wales to serve the population of North Powys. Key pressures include:

- We face workforce challenges across the Region due to our geography and demography, resulting in difficulties in recruitment and retention, consequently using high-cost temporary staffing.
- Increased difficulty to attract & retain staff in a rural landscape impacts our place based care pathways.
- Mutual aid to support our local system is also under pressure as partners struggle also to recover services following the pandemic.
- We will increase networking for pathology & radiology and ability to influence at local level.

We will manage demand for Urgent & Emergency Care more effectively by:

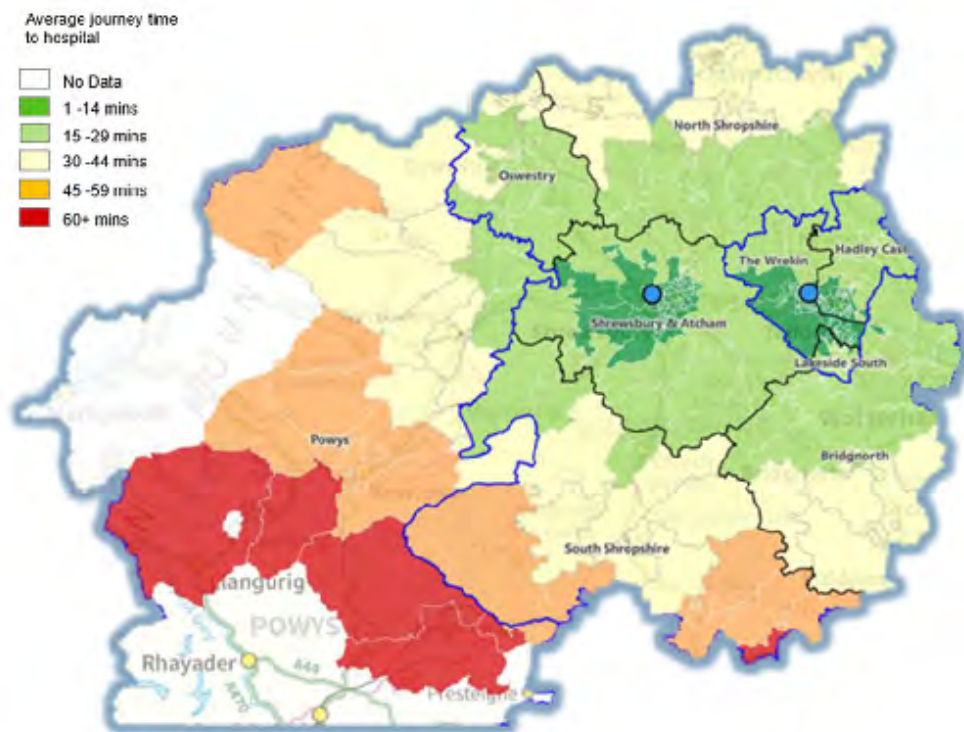
Improve coordination single point of referral via NHS 111 & 999.

Improve Same Day Emergency Care (SDEC) & Acute Frailty Services at acute hospital sites.

Improve patient flow.

Deliver timely & appropriate discharge.

Accelerate recovery of elective and diagnostic waiting lists



Our Integrated Care System (ICS) and Population We Serve

Our Trust is part of Shropshire, Telford & Wrekin (STW) ICS. We work in partnership with other NHS & statutory organisations such as Local Authorities and the independent sector to circa 0.5 million people. At a more local level we have two coterminous places, Shropshire, and Telford & Wrekin, both of which have established Integrated Place Partnerships and Health and Wellbeing Boards. We have eight PCNs comprising a total of 51 General Practices serving varied population sizes.

Population:

The county has a low population density, covering a large rural area with two thirds of people living in villages, hamlets and dispersed dwellings. The population is predominantly White British (around 83%) much higher than the National and Regional average. Currently approx. 18% of the population are living with a long-term limiting illness. **By 2043 30% of citizens will be over 65 years of age.** Whilst Telford & Wrekin has a higher-than-average young urban population, Shropshire has a largely ageing population with 23% of Shropshire citizens being over 65, with an estimated 3,740 people currently living in care home settings. The expected growth rate for 85+ is 98.4% over the next 13 years, the growth rate for England currently stands at 47%.

Deprivation:

More than a quarter of people in Telford & Wrekin are ranked as living within some of the 30% most deprived populations in England. This relatively affluent county masks pockets of deprivation, growing food poverty, health inequalities and rural isolation, with the county overall having a low earning rate.



Smoking:

Within Shropshire, Telford & Wrekin smoking rates are higher in England as a whole particularly within areas of higher deprivation. Smoking in pregnancy in our ICS remains higher than the England average.



Mental Health:

Approximately one in four people are estimated to have a mental health disorder across our ICS. This rate increases in certain geographical locations. Mental health service users live 23 years less than average for men and 20 years less on average for women. COVID-19 has brought mental health awareness to forefront with many first-time requests made by people of all ages.

Obesity & Diabetes:



Across our ICS, rates of obesity in adults and children are significantly worse than average, with approx 72% of adults classed as overweight. Due to pandemic weight gain caused by increased snacking (35%), decreased levels of physical activity (34%), increased alcohol consumption (27%) and a less healthy diet (19%).

Alcohol & Drug Use:



There is a strong correlation between the number of people with mental health illness who also require additional support for drug and alcohol problems.

Children & Young People:



Young people have had their education disrupted along with the uncertainty with exams and connecting with friends and peers. Nationally & locally, there is growing concern regarding eating disorders in young people along with self-reported suicidal thoughts & self-harm.

Here at The Trust

We are the main provider of district general hospital services for circa 0.5 million people in Shropshire, Telford & Wrekin and North Powys. Main service locations are the Princess Royal Hospital (PRH) in Telford and the Royal Shrewsbury Hospital (RSH) in Shrewsbury with a number of other smaller sites providing essential clinical and support functions.

Both hospitals admit unplanned & planned care patients where there are both duplicated and single site Specialty services:

Staffing and estate constraints prevent patients having rapid access to all Specialty services across the two Emergency sites;

Increased and competing demands for unplanned and planned care make it difficult to maintain capacity leading to delays in care and cancelled operations;

Having separate hospitals for Emergency care means that the patient, transported by ambulance or by their own transport, may not go to the right place for the right care and treatment;

The poor integration and duplication of services results in fragmented and confusing patient experience across primary, secondary, community and social care;

At RSH & PRH, Urgent and Emergency care services are struggling with increasing demand presenting at the front door. Elective inpatient recovery is being severely affected by gaps in bed capacity and theatre, radiology and in-patient Therapies, and also many other specialty workforce and staff groups creating significant pressures. Long waiting lists arising from the pandemic could take several years to catch up for some services including out-patients, diagnostics,

treatment & surgical interventions.

We are unable to meet a number of performance standards and targets across emergency & elective pathways particularly for cancer and mental health or meet NHS Seven Day Services Clinical Standards and professional guidance for consultant-led care. It is increasingly difficult and unsustainable to ensure there are sufficient highly skilled medical, nursing and other healthcare staff at both hospitals to provide the wide range of services and consistent care for patients when delivered across two emergency sites.



The rapidly ageing population will place increasing urgent and elective demand on SaTH, as well as the whole care system, presenting with more complexity and requiring better joined up care across multiple health, social and voluntary partners. Our ICS has started a programme to build community diagnostic centres offering more local choice and access although we will need to address the competing demand for radiology & radiography workforce where there is an existing shortage. Additionally we continue to extend our regional clinical networks to share diagnostic capacity and knowledge. Currently our patients receive care from regional partners to provide best possible clinical expertise.

Where We Want To Be

We are focusing on six strategic themes to deliver our vision. We will continually reassess to make sure that we respond to the challenges the people living in our community face today, reducing health inequalities and improving population health and well-being and explore opportunities to capitalise on what we do well for our population.



**Make SaTH
a great place
to work**

We want to make the Trust a great place to work and encourage people to spend their career here or within the Shropshire NHS.

Working for the NHS isn't just about doing a job, we want our workforce to feel a sense of belonging. We will achieve this by ensuring people are supported and feel their work is meaningful and makes a difference. The Trust Equality, Diversity and Inclusion strategy sets out 'everyday behaviours' of all our people. Through our equality, diversity and inclusion work we will look to promote our values at every opportunity and create, maintain and shape a diverse and talented workforce.

Our People Strategy will focus on enhancing staff engagement to maximise the power and added value of staff networks. In order to remove barriers and help our people reach their full potential we will undertake an analysis to understand our current culture. We will determine from our cultural assessment what is needed from our people in terms of behaviours, skills and capability and what is getting in the way of consistently high performance in all areas of the Trust. This will then enable us to tackle those barriers and focus on

improving standards and achieving excellence which can be appropriately rewarded.



We urgently need to increase substantive colleague numbers to ensure wards meet safer staffing standards and to eliminate reliance on the temporary workforce and in particular agency staff. We need to improve retaining, managing and developing our existing workforce.

We will focus on why people stay. We will help new recruits create more connections at work and build strong relationships. We will identify what the priorities are in terms of retention particularly high risk high impact staff. Part of our retention improvement work will be to review all aspects of working life at SaTH. Each area will be improved to ensure all employees have the best possible experience.

Our benefits will play a large role in keeping our people happy and motivated. Good health and wellbeing of our staff is vital and we support all of our staff to be as well as they can be, ensuring that they feel able to bring their 'whole self' to work.

Everyone has a role to play to improve patient care and we will support our people to be the best they can be by modernising our ways of working and improving the skills base. We will provide excellent learning and development opportunities for people at all levels making sure they have the knowledge and tools to do their jobs well. We must improve how we lead and manage people at all levels in the Trust, so managers and leaders will be supported to create and inspire great teams, look after their people, and create environments in which people from all backgrounds and abilities are able to flourish.

Our Recruitment and Retention Strategy outlines the following programmes of work that will address our key challenges:

Recruitment Effectiveness

Address the recruitment needs outlined in our short and long-term operational plans by recruiting high quality candidates.

Recruitment Experience

Improve the recruitment experience for all candidates - Every Contact Counts.

Brand & Reputation

Support the enhancement of our brand and reputation of SaTH as a quality employer.

Employee Retention

Retain the workforce we have recruited.

Our recruitment campaigns will be aligned to our workforce needs. We will deliver innovative recruitment practices focusing on the required numbers of workforce using proven methods including the use of international recruitment. In addition we will:

- Engage with academic institutions such as schools, colleges and universities in the area by attending careers events and job fairs both locally and nationally where appropriate, providing information about working for SaTH
- Promote return to practice of nurses, doctors and AHPs
- Increase apprenticeships from entry-level jobs through to senior clinical, scientific and managerial roles
- Support the delivery of key development programmes e.g. Clinical Fellowship and Certificate of Eligibility for Specialist Registration (CESR).



We will address the historical challenges of recruiting to the Trust with a strong recruitment marketing strategy to overcome and create positive messaging that will strengthen the Trust's ability to become an employer of choice. The long term solution to some of the workforce challenges we face will be addressed by the delivery of the Hospital Transformation Programme (HTP). This will improve our clinical pathways and provide a far more appealing hospital environment to work in and care for our patients.

Key Measures: How will we know if we are successful?

- Improve Staff Survey feedback year on year
- Increase number of people from diverse backgrounds
- Reduce staff turnover & leavers year on year
- Reduce staff vacancy rates year on year
- More staff enrolled in research, leadership & other development

**Improve
the quality of
care that we
provide**

We aim to provide high quality, safe care for our patients in an environment that we are proud to work in.

Our care model will mean fewer trips to hospital with community diagnostic centres linked to a wider hub of specialist clinics working with our partners in primary and community services to deliver care closer to home building on our existing network for obstetrics, gynaecology and paediatric services and other specialties such as ophthalmology/ENT. We will develop our community pharmacy support, provide dietetics and nutritional education to create more holistic care approach. As part of the transformation of all our pathways we will provide better signposting and advice and involve families and carers in care and treatment.

We will have one point of referral to a wide range of professionals involved in delivery of care and join up often confusing array of provision for urgent help to make it easier to get care and offered 7 days/ week. Urgent and emergency care will be better connected providing clinical navigation for urgent hospital admissions or direct through Emergency Department (ED) with NHS 111 enabled bookings to reduce waiting times, duplication and handovers. Adults, frail older people and children, young people (CYP) with more serious or life-threatening needs can receive treatment in designated areas with appropriate specialist staff.

Our ED facilities and expertise will provide highest level of care and will be designed around departments and wards to allow services and patient journey to work better together. We will improve streaming and assessment at the front door with aim to easily treat without admission, assessment beds for monitoring and tests within our Same Day Emergency Care (SDEC) unit. Urgent physical and mental health services will be easily accessible outside of

hospital so no longer have to queue in Emergency Department (ED).

Aligned to our Clinical Strategy, we are proposing a single dedicated Emergency Care Hospital with a single dedicated Emergency Department, with a single Critical Care department, supported 24/7 by all the required medical and surgical specialties, alongside an on-site 24-hour Urgent Treatment Centre with our existing large Same Day Emergency Care Centre, with specialist assessment areas ensuring patients with acute illness and injury will be assessed, diagnosed and treated by specialist teams (right place by the right healthcare professionals).

A separate Planned Care Hospital will have an enhanced 24/7 Urgent Treatment Centre (A&E Local) allowing as much clinically appropriate care to be delivered as possible with enhanced diagnostics, Emergency Medicine Consultant on site presence (during core hours) and a GP led frailty assessment service.



Additionally we will be looking to embrace new clinical innovations and supporting technology as part of recruitment and development of clinicians, such as robotically assisted surgery to try and overcome limitations of pre-existing minimally-invasive surgical procedures, and to enhance the capabilities of surgeons performing open surgery.

Robotic surgery is expensive and we will need to work across specialties to spread costs and to share expertise. It is now used in a wide range of specialties such as urology, gastrointestinal, ENT, thoracic, cardiology, gynaecology and ophthalmology.

Our Quality Strategy is embedded within Getting to Good, our three-year improvement programme, and at the core of our Operational Plan. We have now moved into an exciting new chapter of our transformational journey. We are focusing on improvement delivery, embedding change and measuring improvements made so they become business as usual. They will help to improve the quality of care we offer our patients and the quality of the working environment for our colleagues.

We have aligned our improvement plans with the Care Quality Commission (CQC) domains SAFE, EFFECTIVE, CARING, RESPONSIVE, WELL-LED and are simplified to increase the pace of delivery. Quality standards as set out in the NHS Constitution & the CQC's quality and safety standards will inform our quality Strategy getting us to a CQC rating of Good and beyond.

We are implementing a wide range of mechanisms to ensure robust clinical and quality governance across the Trust through our Clinical Governance Operational Framework that will provide consistency across all divisions supported by a single agreed Learning from Incidents Framework. We will continue to learn and adopt from our robust Learning from Deaths Review process across the Trust that identifies areas of exemplar practice, but also where care has been sub-optimal, implementing rapid improvements where required.

Best practice as defined in The National Institute for Health and Care Excellence (NICE) guidance and relevant national clinical standards, including Getting It Right First Time (GIRFT) recommendations, will continue to be incorporated into Trust practice to ensure patients receive safe and effective care. We will use clinical audit as an

established method to assess the level of compliance against the clinical standards and to provide assurance to the Trust. Additionally the Ockenden Report Assurance Committee will continue to provide transparency and accountability in the delivery of our Maternity Transformation Plan.



Key Measures: How will we know if we are successful?

- Improve CQC ratings to a minimum of Good.
- Reduce number of harm incidents to be within national upper quartile.
- Improve patient feedback and experience to be within national upper quartile.

**Deliver a
better patient
journey &
experience**

We will deliver right care at the right time
in the right place with the right
professional.

Patient Journeys and patient flow can have a significant impact on the quality of care received. A patient journey may involve hundreds of clinical and administrative tasks and the same tasks can happen at different times and in different places.

As we continue to focus more strongly on integration between primary care & community care, acute services and social care, the need to understand and improve how patients move along their journey and within each partner organisation is more important than ever. SaTH Teams will play a key role in the ICS Local Care Programme and work with the other Teams at Place and Neighbourhood level.

Improving the quality of each step in the journey and removing unnecessary tasks and duplication will impact the small number of serious incidents and unexpected deaths. Each step has the potential for errors and can waste precious time and resource. As well as the human costs involved for patients, family and staff there is also a financial impact through i.e. increased length of stay, readmissions, additional investigations and procedures.

Flow can be improved by reducing changes in capacity and removing any bottlenecks along the patient journey. Our estate is unable to meet current demand. Coupled with our limited capacity and our current configuration of estate and clinical adjacencies this creates bottlenecks in the patient journey.

Demand on our services can vary across emergency care, planned care, out-patients and follow-up and can change on a regular basis.

We need to be able to allocate resources to meet demand across all areas and also to try and anticipate the knock-on impact of demand in one area has upon another service. For instance if our Emergency Department becomes full and emergency admissions rise we can have increased demand for diagnostics, beds and management of discharge from hospital. Reducing uncertainty and movements in capacity within our sites can prevent queues. Increased space and the proposed reconfiguration of new facilities will help and provide better links between departments and services thus improving patient journey and experience.

We will continue to build on our process and pathway mapping to identify and remove bottlenecks: we will be specifically looking at what happens at the "front door" of the Emergency Department and how we can see patients at more appropriate entry points to our hospital services and to be seen in a timely manner by right availability of specialist staff to provide assessment and investigation as necessary. This will support us to move patients to the right place for care that could be within our hospitals or to be discharged from hospital more quickly.

Beds at the Planned Care site would be allocated for planned operations without a separate competing flow of admitted unplanned patients and reduce the likelihood that an operation would be cancelled because of bed unavailability. Planned surgery on one site would also help to reduce the risk of hospital or community acquired infection.

Key Measures: How will we know if we are successful?

- Reduce time & numbers on elective IP waiting list in line with National Elective Targets.
- Reduce time & numbers of delayed transfer of care year on year.
- Implement new Urgent Emergency Care measures once established.

4 Ensure seamless patient pathways

We will ensure our patients receive joined up care that prevents gaps and delays when moving to other services or with other providers and avoids duplication.

We are already part of a well-established provider collaboration both within our ICS and regionally that enable us to provide a wide range of services for the population of STW & North Powys.

As we develop our enhanced pathways and seek to maximise resources we aim to enable our patients to receive their care as close to home wherever possible; this is especially important for our patients and families many of whom travel considerable distance for this care. We will consider alternatives to hospital based care providing patient supported accommodation. Equally we want to develop our partnership with NHS Wales for the population in North Powys to enable them to have a wider and more accessible range of place-based care. Our partnerships across the ICS are crucial to delivering excellent care and we will continue to work together with ICS leaders, primary care, Shropshire Community Trust, our two Local Authorities, Midlands Partnership Foundation Trust and others in Voluntary and Community sectors as part of our strategic journey.

Also we have our mutual aid partners such as Robert Jones Agnes Hunt Hospital Foundation Trust and from the Independent sector supporting us to sustain elective recovery.

As an ICS we have identified key high profile Programmes one of which The Hospital Transformation programme has been highlighted throughout our Strategy.

Delivery of the Outpatients Transformation Programme will enable us to adopt new ways of working allowing patients greater control and convenience in their NHS hospital or clinic empowering them to book their own appointments and reducing the need for

unnecessary trips to hospital.

The Musculoskeletal (MSK) Programme aims to improve the health and well-being of people living with MSK by providing more preventative and therapeutic services to maintain wellbeing and reduce need for surgical intervention. It will standardise referral to services and create a single point of referral enabling equitable access and standardising the quality of care.

In line with our vision to provide integrated care closer to home, we have the system Local Care Programme, this will seek to join up care across pathways and services including our voluntary organisations to support keeping people out of hospital with the care they need and to remain at home. Local care models will build on case management & stratification identifying those with greatest need, expand our community based multi-disciplinary teams supporting rapid response and crisis intervention as well as hospital avoidance schemes. Additionally there is the development of community diagnostic centres and new models for delivering outpatient appointments that can be aligned to more locally accessible care. It will also ensure that those who go to hospital are able to go home sooner, by providing community support as required.

We will develop with our partners pathways to achieve equitable quality standards such as stroke, rehabilitation, cancer, therapies, neonatal & paediatrics.



As a major provider of services within our ICS we will work in partnership to support a place based approach to commissioning and managing resources that support more effective delivery. Similarly we will work together to consolidate our workforce capacity and capability, providing equitable pay and conditions and affording staff opportunities to work within partner organisations and develop expertise.

Our ICS as it evolves in line with new legislation will bring new accountabilities for partnership and collaboration and address the need for efficiency and productivity across system partners.

(UHNM) in a number of areas:

- To provide Cancer services, including, upper gastrointestinal tract, urology and thoracic surgery;
- UHNM and SaTH have utilised a network approach to Trauma care with UHNM providing care via their Major Trauma Centre and SaTH providing care via their local Trauma service;
- UHNM are the pathology network partner;
- In addition, as a result of COVID-19 a mutual aid agreement is in place between SaTH and UHNM to provide support to each other with critical care bed capacity.

We will extend our networking opportunities for Pathology and Radiology provision. Working collaboratively with other Regional partners will ensure we have a sustainable service for future population needs. Currently we have workforce challenges that we must urgently address to meet the elective recovery but also to increase diagnostic capacity in line with our strategic ambition for early prevention and detection of illness.

Investment in new technology and continuous need for investment has been possible through our clinical networking and also provides opportunities for research and development as well as offering improved career pathways with new roles.



Some of our patients receive tertiary, specialist services from our partners in the West Midlands region.

- The Royal Wolverhampton Trust in the provision of Cancer services, particularly gynaecology and neurology services. This work enables the delivery of statutory NHS Cancer standards (2 week wait standards);
- Birmingham Children's Hospital continues to provide children's Trauma services to our system;
- We also collaborate with University Hospitals of North Midlands

Key Measures: How will we know if we are successful?

- Evidence of better co-ordination across pathways & shared decision-making.
- Increase virtual consultation to achieve national 25% target.
- Choice of face to face appointments and virtual consultations
- Maximise direct-to-test.
- More use of remote monitoring.

Make our organisation more sustainable

We will ensure we use all our resources optimally for meeting the needs of our population.

We need to look at our organisation from a number of aspects to ensure it will be a viable and purposeful provider of acute services for the population we serve.

As we consider what we need to do to be clinically and operationally sustainable, we also have to make sure we maximise the use of every pound we spend.

The five financial tests established in the NHS Long Term Plan require each health system and the organisations within it to:

- Meet its trajectory for 2020/21 and the following three years;
- Achieve cash-releasing productivity growth of at least 1.1% each year;
- Reduce the growth in demand for care via integration and prevention;
- Reduce unwarranted variation in performance; and
- Make better use of capital investment and existing assets.



Our Trust operates in a challenging financial environment. We are unable to continue spending in excess of the ICS allocation and must take action to rectify this position. In addition to our internal actions, the Trust and the ICS are in a recovery support programme targeted to support and improve issues around both the quality of services and the financial challenge.

A key aim of our financial strategy therefore is to regain autonomy and once again have control over our financial decision making.

We will adopt the following principles in the delivery of our financial strategy:

Stabilise - stop the underlying deficit from increasing

- Understand the recurrent cost base and the drivers of the deficit.
- Put mechanisms in place to prioritise and manage expenditure using a risk based approach.

Recover - year on year incremental improvement in underlying position

- Implement a robust efficiency programme and pipeline.
- Partnership working to establish effective and efficient care pathways.
- Tackle known drivers of the deficit e.g. temporary workforce.

Sustain - once financial balance is achieved it must be maintained

- Disciplined approach to delivering year on year efficiency savings.
- Maintain mechanisms for prioritising expenditure.

We have identified a number of strategic objectives within our financial strategy. Other additional priorities will also be supported by the delivery of the financial strategy e.g. reducing unwarranted variation and environmental sustainability.

Financial Health:

To improve and monitor financial health, there are six key measures which the Trust will track on a monthly basis. Set out below are the six measures along with the strategic objectives that we will aim to achieve:

Measure	Meaning	Strategic Objective
In-year I&E Position	Surplus or deficit position including all one-off income and expenditure	To deliver in line with the annual plan year on year
Underlying I&E position	Surplus or deficit position after excluding one-off income and expenditure	To improve the underlying position year on year
Capital expenditure	Separate allocation to be invested in capital assets (e.g. buildings)	Attract additional capital funding to invest in the estate and prepare for the delivery of HTP
Cash balance	Cash is a key measure of financial health and a shortage of cash can cause severe operational issues if supplier payments run late	In the short-term maintain a cash surplus of 1% of turnover and avoid the requirement for cash support. In the medium term generate cash surpluses to invest critical infrastructure
Efficiency	NHS funding settlements have traditionally assumed a degree of productivity of c. 1-3%.	Deliver year-on-year efficiency savings in line with required NHS efficiency. Additional efficiency savings will support the requirement to invest in services
Backlog recovery income	It is anticipated that extra funding will be made available to support backlog recovery activity	Negotiate and earn enough income to fund additional activity

Workforce capability and capacity:

We will develop the finance workforce capability and capacity and improve team wellbeing.

Financial literacy & training:

We will strengthen our financial literacy and acumen across all our workforce developing appropriate skills and expertise to effectively manage resources, crucial to our success in delivering the financial strategy.

System collaboration:

We will ensure effective partnering across our ICS to develop new financial frameworks and risk management processes, key to regaining autonomy and control of financial decisions.

Financial system development:

We will develop the finance systems within the organisation and across the ICS to enable integrated reporting and to deliver our strategic objectives.

Key Measures: How will we know if we are successful?

- We will stop the underlying deficit from increasing.
- We will improve our financial health against our defined measures.
- We will maintain a strong financial base once we have achieved a sustainable position.



We will with our partners build a healthier community improving quality of life & creating a sustainable economy to work and live in.

We have identified variations in population health across Shropshire, Telford and Wrekin and we, as a system partner, will adopt a more proactive Population Health approach with both our Integrated Place Partnership Boards, who work through Health and Wellbeing Boards, and the Better Care Fund to tackle health inequalities and prevent ill-health, provide more equitable and timely access and improve outcomes.

We will move away from the concept of equality that everyone is offered the same service to a viewpoint of equity where individuals are offered a tailored solution that provides them with an equal outcome and implement the National approach CORE20PLUS5 to target a population cohort & 5 focus clinical areas requiring accelerated improvement. In Shropshire a new process for designing a place based joint strategic needs assessment (JSNA) is currently being progressed to provide deeper understanding at local level of determinants of health and wellbeing.

Our strategy and priorities will reflect system level but also respond to the population needs and objectives at Place level. Both Integrated Place Partnership Boards have identified similar strategic focus on mental health, Children & Young People (CYP), healthy weight and physical activity and workforce to achieve strategic goals identified in Health and Wellbeing Strategies.

This aligns our Strategic Priorities with the NHS prevention programmes with particular impact on health inequalities:

- Obesity - which includes roll-out of a digital weight management service as well as the further development of diabetes prevention

services;

- Introduction of Alcohol Care Teams;
- The Tobacco Dependency Treatment programme – which will see smoking treated as an addiction with the provision of counselling and Nicotine Replacement Therapy (NRT) for inpatients, pregnant women and those accessing mental health services.

We are at the heart of our community, we are the principal provider of acute healthcare for our local population but we believe we also play a broader role in the life of our community. We employ over 7000 staff with majority residing within the area and we want to continue to invest in our staff and to support the economic and social development of our towns in partnership with local public and voluntary organisations and local businesses.

We are seeing increasing importance by regulators, the population and employees to see more corporate responsibility towards social & environmental issues demonstrating commitment to sustainability, transparency and fair employment practices – this is linked to our EDI strategy to attract and retain top talent to support our resilience, growth and performance. We are fortunate to be located in a beautiful part of the country and we share a responsibility to keep it that way.

This Trust has been a “Good Corporate Citizen” for 12 years. SaTH is contributing to 14 of the 17 UN Sustainability Goals:



As an Anchor organisation in Shropshire, Telford & Wrekin we will positively contribute to our local area:

- We will be an employer of choice providing access to a great place to work, providing fair pay and conditions and support the health and wellbeing of our staff
- We will support local supply chains and build organisational capacity for overall social value of our community
- We will maximise our resources and estate by using more creative use of building, spaces and our workforce to support wider community
- We will collaborate with all our partners from across all sectors in the community to integrate our delivery of place based care
- We will work together to reduce our environmental impact and footprint to influence sustainable practices in our local environment without exhausting natural resources or causing severe ecological damage.

Key Measures: How will we know if we are successful?

- Reduce variation in life expectancy within areas of deprivation for both male and female.
- Reduce prevalence rates in line with CORE20PLUS5.
- Achieve Zero carbon emissions target.
- Reduce waste and hazardous substance usage.
- Create habitats & environments for wider community & wildlife.
- Reduce inter-site vehicle movements.
- Increase local supplier contracts.



How We Will Get There

Our Vision will be delivered by implementing a number of individual Trust Strategies that reflect our strategic themes i.e. Clinical Services Strategy, Quality Improvement Strategy, Our People Strategy & Medium-Term Finance Plan. We have further supporting strategies to complete the jigsaw. Individually they will be refined to ensure they reflect our collective ambition.

Estates

Our Estates require urgent strategic investment. We need to replace/upgrade our current buildings as we do not have the capacity to deliver forecast urgent emergency care and demand for elective services. Our A&E departments are too small for modern emergency care and our wards, especially at RSH, have structurally poor layouts. We need dedicated isolation rooms at RSH/PRH; we need to address single rooms at PRH to increase from 5% to target of 70%. We have an ageing estate with c. £114m (2020/21) of backlog maintenance. Sixty-eight per cent of RSH is considered poor/expired (including critical care, theatres, inpatient wards, pathology, pharmacy, imaging, outpatients). Twenty-eight per cent of PRH is considered poor (including theatres, A&E, imaging, outpatients, pathology, pharmacy). Delays in implementing solutions to these issues have meant we have resorted to a range of temporary, ad hoc solutions, including temporary and modular accommodation.

A major component of our Estates Strategy is our Hospital Transformation Programme. We have highlighted throughout our Trust Strategy, how this essential Hospital Transformation Programme will reconfigure health services across our system, both across our two existing hospital sites and in the services provided in our local care settings (e.g. primary and community care). HTP will be

informed from our development of seamless pathways with our partners and our aim to support keeping people out of hospital with the care they need and to remain at home. We expect these new models of service will deliver significant quality improvement and operational performance benefits, whilst also improving workforce sustainability and generating recurrent cost savings for our system.

It is recognised that the overall timelines for the Hospital Transformation Programme completion are some way off and there are significant opportunities related to the realising the benefits of the programme prior to this end date. Therefore, as an ICS we have decided to move forward and capitalise on anticipated benefits by exploring the potential to re-phase through the earlier implementation of key elements of the service changes.

Our key next step will be gaining the approval of this within Strategic Outline Case (SOC) for the overall redevelopment.



Digital

We will use digital, data and technology to deliver high quality personalised care, enable our patients to have better understanding and experience in their care, health and wellbeing, and to enable our staff to focus on delivering excellent care, by equipping everyone with the right information, tools and skills. It will also support us to become clinically, operationally and financially sustainable. We will evolve to become a digitally smart organisation and partner. Our immediate priority will be to address our core information, technological and digital capabilities necessary to create a Trust single electronic patient record that can be accessible for all the appropriate range of professionals involved in delivery of care.

Our Digital Strategy will enable us to achieve nine strategic priorities:

Delivering excellent care for patients



Patient Empowerment

Enabling patients to manage their health and wellbeing and become partners in their care.



Confidence and Trust

Enabling patients to book appointments, review their medical history and access treatments at the right place and right time.



Care Co-ordination

Improving join up between us and our care partners.

Enabling staff to provide better care and services



Staff Enablement

Supporting staff to focus on delivery by equipping them with the right tools & skills to perform their jobs effectively.



Operational Effectiveness

Driving efficient use of clinical and non-clinical resources.



Decision Making

Supporting effective and proactive decision making by using data-driven insights.

Becoming a more effective and efficient organisation



'Fit for the Future' Infrastructure

Facilitating a connected experience for patients, carers, & staff across our sites.



Levelling Up

Putting in place the standards and technology expected of an NHS acute hospital trust.



Sustainability

Reducing costs, risks and environmental impact, while promoting an improved working environment.

Governance

Our Strategy will help us make strategic decisions & identify priorities essential to achieving our vision. However our success relies on each and every individual having the ability to make choices that support & act in ways to make it happen. We need to ensure our formal structures (how decisions are made, what we measure, how responsibilities are allocated) and informal (values, behaviours, relationships, language, team working) are effective and interlinked.

Much of our strategic transformation will need to be undertaken and delivered with our partners. The formal establishment of our ICS is underway and will require different ways of working and different accountabilities if we are to deliver the strategic changes to improve the health and well-being of our population. We will align with the structures as they become more developed and embed within our own organisational processes for engagement and decision-making.

Communications & Engagement

Over the past year we have worked with our local communities to develop our 5 year Public Participation Plan. The views of nearly 1000 members of the community helped us develop and shape our future plans. Our Plan details our objectives we aim to achieve over next five years. We will prioritise these in our Public Assurance Forum constituted in 2022 and develop Key Performance Indicators and trajectories.

Our Top Priority for Each Objective Will Be:

Inclusion	Promoting & increasing our community membership each year by 10% ensuring we have representative membership across the areas we serve.	Decision-Making	Developing a Public Assurance Forum to bring a community perspective to and scrutiny of processes, decision-making and wider work at SaTH.	Communication	Providing a monthly digital update to all our community members and organisations.
Responsiveness	Sharing and engaging with our communities on service change/ developments and publishing outputs.	Getting Involved	Increasing the number of seldom heard groups who are involved and giving their views each year by 10%.	Our Staff	Developing an online training video and toolkit with a step by step guide on engaging the public around service changes and developments.

Moving Forward

Our Strategy aims to bring our vision 'to life' in every aspect of what we do. We developed our Strategic Framework building on the vision and values from our staff engagement that we updated in 2020: we have now established our six strategic themes to articulate our Vision that reflects on our goals and in response to the future challenges and opportunities we face. We do not underestimate the scale of the challenge and the next stage is translating our Strategy into action through our Strategic Long Term Plan that will show what we plan to do year on year as part of our annual planning cycle and annual priorities.

Our Strategy - Six Strategic Themes:

- Make SaTH a great place to work
- Improve the quality of care that we provide
- Deliver a better patient journey and experience
- Ensure seamless patient pathways with our partners
- Make our organisation more sustainable
- Enhance the wider health and wellbeing of our communities

Our Strategic Goals:

Our People:

- Our staff are highly skilled, motivated, engaged and 'live our values. SaTH is recognised as a great place to work.
- Our high performing and continuously improving teams constantly strive to improve the services that we deliver.

Our Patients & Community:

- We deliver safe and excellent care, first time, every time.
- We work closely with our patients and communities to develop new models of care that will transform our services.

Our Service Delivery:

- Our services are extremely efficient, effective, sustainable & deliver value for money.
- We deliver our services utilising safe, high quality estate and up to date digital systems and infrastructure.

Our Governance:

- We are a learning organisation that sets ambitious goals and targets, operates in an open and transparent way and delivers what is planned.

Our Partners:

- We have outstanding relationships with our partners, working together to deliver best practice integrated care for our communities.



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