

Appendix 2: Clinical Service Strategies

2021 to 2026

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Acute Medicine

Our Acute Medicine service is based on the Arrowe Park Hospital campus. The service is managed by the Acute Division. The service has a workforce of over 239 staff made up of nursing, medical and administrative and clerical.

Each year the service delivers:

- >16000 Non Elective Admissions

From the activity trend for Acute medicine, a clear increase in activity through the day was noted. Activity peaks from 11am to 5 pm, with a slight increase in that period, with the daily maximum attendance seen at 5pm. Either side of that 7 hour window, there are sharp increases and decrease to and from the daily minimum attendances at 6 am.

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SWOT – Acute Medicine (Updated July 2020)

STRENGTHS

- Strong senior nursing team leadership supportive of innovation
- Consultant team shares similar goals of patient safety and efficiency
- Direct referrals from GP surgeries for SDEC is in place and successful, with a high number of GP referrals made directly to UMAC, which was recognised at a recent national review
- There is a low UMAC to ED redirect rate
- The department has good educational underpinning and focus
- The department has a strong medical relationship with ED
- The department's ambulatory clinic supports admission avoidance, with dedicated support from radiology
- An Acute Medicine live dashboard with trend analysis is in place and is regularly reviewed
- The department's team ethos is flexible, with mutual respect between medics and nursing
- Urgent and Emergency care was rated as 'requires improvement' in the CQC inspection carried out in January 2020, with 'effective' improving from 'inadequate' to 'requires improvement'

OPPORTUNITIES

- Develop a three year nursing training strategy
- Develop a strategy to develop Band 6 nurses for future succession planning
- Enhance primary care pathways & links
- Develop further hot slots and in reach from all specialities
- Continue development of an electronic nurse triage process
- Continue building nursing relationships with ED
- Reset following the end of the COVID-19 pandemic
- Develop an NHS 111 First pathway
- Enhance support from diagnostics, therapies, porters, and pharmacy
- UECUP
- Link with frailty work at the front door and develop collaboration
- Celebrate successes in order to build Acute Medicine's reputation internally and externally
- Split division to strengthen leadership focus
- Complete Acute Medicine's vision development and communicate across the Trust

WEAKNESSES

- The department has a number of consultant vacancies which have proven difficult to fill with substantive staff, and there are gaps in the junior doctor workforce, whose rotas are difficult to understand
- There are staff retention challenges for nurses in the department
- The department has not developed good, consistent links with primary care
- Support from other specialties is not fully embedded, and internal professional standards are not consistently met for, e.g., specialty reviews, with inconsistent in reach models from some specialties
- AMU is cramped, with poor patient toilet facilities and an insufficient number of beds
- Poor patient flow from AMU to base wards regularly results in increased length of stay
- A lack of understanding of Acute Medicine within WUTH results in AMU becoming the "path of least resistance"
- The department does not have a strong enough voice in WUTH
- Lack of hot clinics in specialties
- The department's nurse co-ordinator is not seen as an essential role due to current vacancies
- The department does not celebrate how good Acute Medicine team is

THREATS

- Medical workforce recruitment and the potential of losing more staff members
- Unknown consequence/impact of COVID & Influenza during winter 2020/21
- Underselling of service internally and externally
- Poor integration with other services in WUTH & across primary care
- Requests for change throughout the COVID-19 pandemic have been difficult to embed at short notice
- There has been a lack of time out to improve and re-design the service to align with the service's vision
- Bedding in ambulatory assessment trolley area has reduced the service's capacity to support SDEC and internal streaming, and has increased the number of patients requiring a post take review in the department before midday

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Design an agreed clinical model that is supported by the Trust
- Right care, right place, right time
- Including primary and ambulatory care
- Develop and sell vision for Acute Medicine

2. Compassionate Workforce - Be a great place to work

- Design and deliver against an Acute Medicine Workforce 3-Year Plan
- Recruitment and retention
- Medic, nursing, AHP, social worker & diagnostic groups
- Time for education
- IT named point of contact
- Articulate workforce gaps and explore potential temporary and/or internal solutions

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Understand data available to Acute Medicine and use it to inform improvement activity e.g. highlighting variation
- Explore network and knowledge sharing opportunities

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Understand Healthy Wirral programme and create links to acute medicine
- Through the vision development, develop opportunities available via connections to RCP and academic partners
- Develop strong links with primary care and hospital specialities

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Have a single consistent referral pathway for all specialties across WUTH

6. Infrastructure - Improve our infrastructure and how we use it

- Understand opportunities through Hospital Upgrade Programme
- Explore opportunities for a co-located department with ED
- Develop an environment that is a good experience for both patients and staff to be in

Emergency Medicine

Our Emergency Medicine service is based on the Arrowe Park Hospital campus. The service is managed by the Acute Division. The service has a workforce of over 239 staff made up of nursing, medical, administrative and clerical.

Each year the service delivers:

- >90,000 Accident and Emergency attendances
- >26,000 Accident and Emergency attendances convert into hospital admissions (31.15% of total attendances)

89.2% of Accident and Emergency service users are Wirral residents, with the remaining 3.7% West Cheshire and 7.1% other CCG residents. In comparison a lesser amount of Wirral residents leave the Wirral for treatment; 1.4% and 7.5% sought treatment at the Countess of Chester and other Trusts respectively.

SWOT – Emergency Medicine (Updated July 2020)

STRENGTHS

- Junior Doctor feedback
- Consultant retention/ recruitment / leadership roles
- Nursing senior roles
- Positive regional medic feedback
- Pilot clinical educator role
- Nurse educator
- Governance Structure
- ED Monthly Newsletter
- ED paperless documentation
- Strong ANP workforce
- No vacancies nursing or consultant
- National MH champion
- NWAS collaboration
- Caring CQC

OPPORTUNITIES

- RCN Development Framework
- Link & Speciality teams
- CD & CL role
- Split Division to strengthen leadership focus
- UECUP
- CDU
- EM DTA will reduce LoS in ED
- Paperless Trust clinical pathways
- Internal streaming
- Inter-professional standards
- NHS 111 First
- Dashboard for tracking patients
- Minor Injuries – UTC
- Rapid response
- Learning from breach analysis
- Expand consultant workforce
- Expand ENP & ANP workforce
- Expand clinical fellow workforce

WEAKNESSES

- Gaps in middle grade rota
- Paediatric trained nurses
- Mental Health services OOHs – CAMHS
- Poor flow out of ED
- Engagement with primary care
- Department layout
- Front door streaming
- Junior nursing workforce
- No dedicated minor nurse resource
- Waiting room pillar
- IT systems between providers
- Comms across department
- Duplication of clinician working
- Training & Education
- High non admitted minors breaches
- Compliance with 15 minute standard
- Corridor care

THREATS

- Locums within medical staffing
- Burnout of staff
- Retention of nurses
- Relationship with Primary Care
- Winter
- Middle Grade Tier
- Silo voice (split Division now which should help)
- Specialities Assessment Unit
- Covid 19
- Time to focus on improvement/ new ways of working

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Explore Mental Health provision
- Explore and support NHS 111 First provision with partners
- Develop CDU
- Patient 4 hour journey - ensure it is efficient and effective
- Embed interprofessional standards
- Look to provide a Children's ED 24/7
- Review medical and nursing workforce to ensure capacity meets demand

2. Compassionate Workforce - Be a great place to work

- Focus and develop a bespoke Health and Wellbeing offer that is accessible and beneficial
- Embed the values and behaviours within the whole team
- Improve understanding of service and demands within wider organization
- Develop a training and development offer for nursing

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Improve how people arrive at the service to ensure it is the most appropriate setting
- Maintain clinical research
- Invest time and capacity to embed Quality Improvement
- UECUP – improve patient flow, safety – ensure capacity meets demand

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Improve primary care and community links to create one governance for Urgent Care
- Ensure we are represented regionally and locally within Urgent Care workstreams

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Streamline patient record and GP engagement
- Priority to move to a paperless pathway
- Streamline referrals
- Engage GPs to improve discharge and reduce duplication

6. Infrastructure - Improve our infrastructure and how we use it

- UECUP
- Ensure the estate is fit for purpose and has the patient in the right place at the right time
- Assessment Units co-located
- Reduce footfall and traffic outside ED
- Ensure estate has facilities for learning
- Improve retail offers on site

Frailty

Our Frailty service is based on the Arrowe Park Hospital campus. The service is managed by the Acute Division. The Elderly Medicine workforce of over 127 staff is made up of nursing, medical, administrative and clerical.

Each year the Geriatric Medicine service delivers:

- >7600 Non Elective Admissions
- >300 Elective Admissions
- >3700 Outpatient New and Follow Up Appointments

92.2% of activity comes from Wirral Residents with the remaining 5.3% from West Cheshire CCG and 2.5% from other CCGs.

SWOT – Frailty (Updated July 2020)

STRENGTHS

- Fully established Leadership Team ops, nursing, medic
- Good partner relationships – Wirral Frailty
- Able to recruit medical staff
- Staff engagement medic and nursing – demonstrated at rapid improvement event supported by ECIST
- SNOP budget in place
- ANP development
- Good relationships between Acute, DME and ED

OPPORTUNITIES

- Capacity and demand review including all medics & nursing to provide the service
- Liaison with H@H team to avoid admission / help flow
- Grow own nursing and consultant workforce - aim for Consultant Hot Block model
- Develop a clinical fellow workforce
- Joint area with Acute so can flex between dependent on take
- Establish assessment of frailty at front door triage - Rockwood score
- Streaming to OPAU from UMAC / ED
- Consistent OPRA availability Mon-Fri to avoid admissions
- UECUP
- Split Division to strengthen leadership focus
- Physicians Associates rotating into OPAU for frailty experience
- To create a Band 8 lead SNOP role to support flow & development of the team

WEAKNESSES

- 'Hospital at Home' - Who owns proposed changes ?
- Nursing challenges (national issue)
- OPAU estates need to separate IP & OP
- No side rooms on OPAU
- No trolleys capacity for assessment
- Working across site currently for OPRA
- Flow from OPAU to base wards
- Gaps in junior doctor workforce – difficult to understand rotas.
- Inconsistent Consultant cover
- Medical workforce established 9-5 Monday to Friday only impedes flow into OPAU
- Not able to start hot block model due to Consultant workforce
- Limited administration support to OPRA – single person
- SNOP role not clearly defined

THREATS

- Merge with Acute – Concern that Acute will be seen as priority
- Internal streaming stopped as no dedicated ambulatory zone with trolleys and chairs
- Winter
- Unknown impact of split DME and frailty
- Infection control concerns

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Explore as a system 'Hospital at Home'
- Ensure clinics have a MDT approach e.g. inclusion of therapy
- Ensure optimal use of assessment area e.g. Ambulatory Care, services out of hospital
- Embed Frailty Assessment through system

2. Compassionate Workforce - Be a great place to work

- Establish and define role of SNOP/AMP alongside therapy
- Develop a workforce strategy that increases appropriate staffing alongside bed base
- Invest in time and resource to engage and plan

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Develop an Acute Frailty Assessment
- Streamline how patients present to WUTH
- Identify research lead to develop awareness and understanding

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Broaden the partners WUTH currently works with to deliver a better patient journey
- Explore and raise awareness with academic institutions

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Support the workforce with digital changes
- Develop digital bed booking
- Develop a Wirral dashboard to monitor performance and support pathways
- Explore digital development of clinics
- Ensure the Rapid Assessment Clinic is paper light

6. Infrastructure - Improve our infrastructure and how we use it

- Improve facilities of the Assessment Unit
- Ensure space is available for clinic development

Cardiology

Our Cardiology service is based at Arrowe Park Hospital campus. The service is managed by the Medical Speciality Division. The service has a workforce of over 28 staff made up of nursing, medical, administrative and clerical.

Each year the service delivers:

- >9000 Outpatient New and Follow Up Appointments
- >50 Non Elective Admissions
- >1900 Elective and Day Cases.

91.5% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Cardiology (Updated October 2020)

STRENGTHS

- Top rating for Pacing Audit (16/17 data)
- Staff Training
- 7-day Cardiologist Model – GIRFT recognition
- Consultant review every day
- ED in-reach service
- New Catheterisation Lab

WEAKNESSES

- Reduction in pacing operators from 4 to 1 (with locum support in addition)
- Attractiveness for recruitment into Cardio Lab due to working practices e.g. echo timescale – move to 45minutes
- Patient flow and appropriate bed base
- Missed MIs in ED
- Integration with IT infrastructure
- Monitoring equipment – new echo procured 7 months ago but still not live working

OPPORTUNITIES

- Further develop WUTH for pacing including weekend activity and enhancement of workforce infrastructure
- Appropriate demand management
- Capability of new Cath Lab - minimise patient flow to Sheffield for HF Catheterisation
- Remote monitoring – use 2 WTE support staff optimally
- BSE compliant / accreditation to support recruitment and retention, develop service but requires capital investment for infrastructure
- Develop relationship with WCT (RACP and ambulatory services)
- Introduction of Specialist nurses at Front door
- Develop business case for high end CT scanners
- Research – clinical fellow / senior lecturer – infrastructure
- CT scanners – need to be gated to ECG

THREATS

- Primary / secondary / tertiary centre activity division
- Configuration of sub-speciality skills of CRI staff
- Staff turnover due to BSE accreditation

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Improve timely access to appropriate diagnostics through the introduction of rapid diagnostic clinics
- Streamline patient pathways resulting in reductions in waiting times and improve patient experience therefore improving trust cardiology reputation
- Improve patient flow through appropriate bed allocation, specifically the allocation of monitoring beds
- Implement catheterisation Lab management

2. Compassionate Workforce - Be a great place to work

- Ensure CCU and AMU are appropriately staffed / skilled to support monitoring
- Develop a workforce plan aligned to capacity demand modelling to ensure the future workforce has the right skills and are in the right place for population need
- Upskill other services / partners through cardiology knowledge share
- Increased focus on transformation through dedicated resource (operation management)

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Develop the infrastructure to support increased research and innovation
- Embed a mechanism to deliver the change (e.g. dedicated clinical governance and audit) and embed a culture of continuous improvement across the workforce
- Ensure cardiology developments are future focused e.g. Catheterisation Lab

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Enhance partnerships with St Catherine's and LHCH to ensure patients are seen in the most appropriate setting
- Embed a collaborative working approach, e.g. Catheterisation Lab
- Develop internal relationships (ED, AMU and radiology) through MDT approach and introduction of liaison nursing

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Identify dedicated digital workforce to drive implementation of digital advancements
- Embed a digital culture across the workforce
- Joined up digital systems across key partners to improve efficiency and effectiveness
- Review how diagnostics can be enhanced to support remote monitoring and implement to patient benefit

6. Infrastructure - Improve our infrastructure and how we use it

- Secure a dedicated day case facility to maximise elective activity
- Develop the Coronary Care Unit to ensure it is fit for purpose (e.g. implement CQC recommendations)
- Enhance monitoring facilities outside of cardiology to ensure patients in the most appropriate bed
- Procure equipment to enhance practice e.g. CT scanners

Dermatology

Our Dermatology service is based on the Clatterbridge Hospital campus located in the Dermatology unit. In addition Dermatology do hold some outpatient clinics at Arrowe Park Hospital. The service is managed by the Medical Speciality Division. The service has a workforce of over 30 staff made up of nursing, medical, administrative and clerical.

Each year the service delivers:

- >22000 Outpatient New and Follow Up Appointments and Outpatient Procedures
- >4000 Elective and Day Cases.

89.1% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Dermatology (Updated October 2020)

STRENGTHS

- Most comprehensive skin cancer service in Wirral
- Dedicated, cohesive and resilient workforce – full establishment achieved
- Day care services
- One stop shop
- 2ww performance
- Patch testing
- Flexible self-contained service
- Response to Covid19

WEAKNESSES

- Staffing – do not meet BSD recommendation 1 consultant per 60,000 population
- Time to upskill nurses
- Workforce succession planning
- Clerks cover – not part of wider team
- Telephone conversations
- Digital duplication
- Aged estate
- Limited clinical space for 4 consultants delivering minor ops and clinics
- Poor governance links within Healthy Wirral Dermatology review project

OPPORTUNITIES

- Health Wirral dermatology service review- opportunity to redesign model of care
- Digital functionality of ERS
- Clatterbridge Estate
- Primary Care (GPSI) and Community collaborative working
- Tele-dermatology
- Virtual Clinics
- Advice and Guidance Model
- Education and Training for workforce and our partners

THREATS

- Healthy Wirral dermatology service review- risk to underinvestment in acute services/increased healthcare economy cost if not planned and delivered properly.
- Equipment and Estates

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Improve patient flow by ensuring patients are in the right place at the right time through initiatives such as tele-dermatology and by strengthening the hub
- Ensure patient experience is not compromised through implementation of tele-dermatology
- Enhanced collaborative working both internally (plastics, Maxillofacial) and externally (Healthy Wirral) to improve patient care and experience

2. Compassionate Workforce - Be a great place to work

- Increased focus on speciality training and education to provide the workforce with the right skills and knowledge within WUTH but also wider Healthy Wirral Partners
- Improve staff experience and Health and Wellbeing
- Produce and implement a Dermatology Workforce Plan including Talent Management Plan (succession planning)

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Improve patient outcomes and care through design and implementation of the Healthy Wirral Dermatology Model of Care
- Increased participation in dermatology research
- Active involvement in the Regional Audit Programme for Dermatology

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Enhanced integrated working through implementation of the Health Wirral Model of Care
- Develop a partnership approach to education and training
- Increased interface with Mental Health Professionals

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Embedding of tele-dermatology, video consultations and digital dictation
- Improve digital referral processes
- Improve dermatology business intelligence

6. Infrastructure - Improve our infrastructure and how we use it

- Review integrated estate requirements in line with Healthy Wirral Model of Care developments ensuring estates and equipment are fit for purpose

Diabetes and Endocrinology

Our Diabetes service is based across the Arrowe Park and Clatterbridge Hospital campus. The service is managed by the Medical Speciality Division. The service has a workforce of over 14 staff made up of nursing, medical and podiatry.

Each year the service delivers:

- >2400 Non Elective Admissions
- >13000 Outpatient New and Follow Up Appointments
- >100 Elective and Day Cases.

91.61% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Diabetes and Endocrinology (Updated October 2020)

STRENGTHS

- Enthusiastic workforce
- Relative ease of consultant recruitment
- Experienced clinical workforce
- MDT Foot Service
- Sub speciality interest – provides a wide coverage
- Provide significant GIM support to Trust
- Treat Patients holistically
- Very low outpatient wait
- Service fully on CERNER
- Strong audit approach & publications
- Support for medical students
- Virtual clinics
- Covid19 response
- Create space to think creatively
- Outpatient PAD service – saved bed days

WEAKNESSES

- Focus on GIM doesn't attract speciality interest
- Need wider workforce (including medics to develop subspecialties)
- Admin / secretarial support not grown with more consultants
- Diabetic Specialist Nurse – succession planning
- Very busy which can restrict developments – education and service
- Do not sell service – GP awareness of endocrine service
- Variation of diabetes provision and standards in primary care

OPPORTUNITIES

- Training for registrars through audits / publications
- Refreshed research approach
- Develop diabetes and endocrine sub specialty
- Clearer communications and more team cohesiveness
- Develop clearer goals
- Strengthen communication routes with GPs
- Diabetic nursing offer and opportunities

THREATS

- Good performance of service means it receives less attention
- Healthy Wirral looking for financial savings
- Not having appropriate diabetic nurse specialist strategy

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Implement insulin pump service
- Inpatient Diabetes including foot service
- Improve system wide service for diabetes and endocrine from acute to primary care

2. Compassionate Workforce - Be a great place to work

- Develop a diabetes workforce strategy for a sustainable MDT based upon a clear vision for the service and consideration for Diabetes Specialist Nurse succession planning

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Reinvigorate Diabetes research portfolio
- Develop an audit programme to understand service performance and identify future service improvements
- Review job planning to ensure best use of resource and effort on patient outcomes
- Create time and space for education

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Develop Link Nurse role to provide education and support internally
- Develop community services, links and education

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Maximise use of virtual technology
- Use data to create intelligence to inform decision making

6. Infrastructure - Improve our infrastructure and how we use it

- Recognising service development in the community, focus effort on bringing together fit for purpose estates including office space where possible
- Improve MDT Clinic facilities

Elderly Medicine

Our Elderly Medicine services are based across the Arrowe Park and Clatterbridge Hospital campus. In addition outpatient clinics are also held at Victoria Central Hospital. The service is managed by the Medical Speciality Division. The Elderly Medicine workforce of over 127 staff is made up of nursing, medical, administrative and clerical.

Each year the Geriatric Medicine service delivers:

>7600 Non Elective Admissions

>300 Elective Admissions

>3700 Outpatient New and Follow Up Appointments

92.2% of activity comes from Wirral Residents with the remaining 5.3% from West Cheshire CCG and 2.5% from other CCGs.

SWOT – Elderly Medicine (Updated August 2020)

STRENGTHS

- Fully established Leadership Team
- Good partner relationships
- Able to recruit to consultant posts
- Enhanced patient flow through appropriate areas; 75% of patients are elderly
- Established well developed subspecialty services ie orthogeriatrics, movement disorder and acute frailty

WEAKNESSES

- Who owns proposed changes - trust or community, e.g. 'Hospital at Home'?
- Nursing challenges (national issue)
- The ability to recruit means it takes away from the focus of the specialism and through on-call you will see a wider spread of patients
- Demand to meet the needs of the acute services affect subspecialty service development with overstretched resources during very busy periods (winter pressures)

OPPORTUNITIES

- Build on good relationships between Acute, DME and ED
- Input to community model to improve flow
- Grow own nursing and consultant workforce
- Wirral Competency Nurse to enable movement throughout pathway
- Develop a joint area with Acute Medicine for monitored patients so the specialty can support/in-reach these patients
- Establish assessment of frailty at front door
- Day case unit to avoid admission
- Development of Falls services

THREATS

- Clatterbridge site reconfiguration: potential loss of rehab(stroke and neuro) bed base capacity

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Provide expertise to focus and grow 'Hospital at Home'
- Ensure clinics have a MDT approach e.g. inclusion of therapy
- Ensure optimal use of assessment area e.g. Ambulatory Care, services out of hospital
- Embed Frailty Assessment through system

2. Compassionate Workforce - Be a great place to work

- Establish and define role of SNOP/AMP alongside therapy
- Develop a workforce strategy that increases appropriate staffing alongside bed base
- Invest in time and resource to engage and plan

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Develop an Acute Frailty Assessment
- Streamline how patients present to WUTH
- Identify research lead to develop awareness and understanding

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Broaden the partners WUTH currently works with to deliver a better patient journey
- Develop West Cheshire partnerships
- Explore and raise awareness with academic institutions

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Support the workforce with digital changes
- Maximise digital bed booking technology to support pull of appropriate patients into DME bed base
- Develop a Wirral dashboard to monitor performance
- Maximise digital technology to improve clinic patient access and experience, and clinic productivity
- Ensure the Rapid Assessment Clinic is paper light

6. Infrastructure - Improve our infrastructure and how we use it

- Improve MDT Clinic facilities

Endoscopy

Our Endoscopy service is based on the Arrowe Park Hospital campus. The service is managed by the Medical Speciality Division. The service has a workforce of over 41 staff made up of nursing, medical, administrative and clerical.

Each year the service delivers:

- >6700 Elective and Day Cases.

SWOT – Endoscopy (Updated October 2020)

STRENGTHS

- Good workforce and team ethos
 - All pulled together during covid
 - Shared values and passion
 - Cohesive team
 - Not scared of change
 - Challenge each other
- Improved managerial support
- Knowledge and experience – great skill mix
- Low turnover of staff
- JAG accredited unit
 - Allows add-on services e.g. bowel screening
 - Right flow, right recovery area
 - Attracts workforce
- Performing some tertiary services which reduces onward referrals
- Good structure for polyps
- Centralised support services e.g. Internal bookings team – part of the team, infection control
- Fit for purpose clinical areas
- Recent increased support to specialty from system e.g. GP Leads
- Fully staffed nursing team

OPPORTUNITIES

- Understand colposcopy electronic referral process to see if it can be used for outpatient referrals
- Look at the divisional management structure based upon what happens in other organisations including divisional managers, unit managers
- Increase bowel cancer screening; currently 1 list a week but there is Wirral work there for 3 lists

WEAKNESSES

- Turnover within divisional managers & their spread of responsibilities
- Office spaces – not fit for purpose
- Do not have digital advantage
 - Heavily paper-based – e.g. paper referrals, GP letters
 - WUTH IT systems not developed within specialty
 - Have not had CERNA development time
 - Reporting system is standalone and needs to be integrate better with CERNA
 - 6 different referral pathways – mixture of paper and electronics
- Outpatient referrals has been on the risk register for 8 years
- Perception of lack of senior support/engagement with clinicians over recent years
- Poor data validation with clinicians
- NHS wide - reactionary behaviour rather than proactive
 - E.g. Clinical incident reporting system
- Backlog of work due to consultants being pulled out by COVID
- 3 consultant vacancies currently
 - Not had suitable applicants
- Workforce gap is most felt in the ERCP and EUS service

THREATS

- Waiting times – currently waiting 6 months, could become 12 months
 - Previously routine wait was 6 months
- Could lose JAG accreditation if unable to resolve access/waiting time issues
- Not able to deliver for surveillance patients
- If increase bowel screening will stretch the workforce further
- Current workforce shortages, waiting list backlog, and increasing workload does create a pressurised environment workforce and real threat to lose some of these staff
 - Due to the specialist skill within these staff you could lose the ERCP (inpatient treatment) and EUS service (diagnostic cancer work)
 - Massive impact on patients particularly frail patients
- Inpatient bed pressures (when endoscopists and nurse pulled out due to support ward cover during COVID)
- Some of the kit is out of date and not fit for purpose
 - Consequence of this is that subtle disease may not be picked up

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Retain JAG accreditation
- Continue Covid recovery planning and reduction of waiting times
- To ensure that the kit is fit for purpose
- Built a business case based upon evidence for high definition scopes
- To support the introduction of FIT testing by the GPs (nationally)
- Explore the potential within the pre-assessment service

2. Compassionate Workforce - Be a great place to work

- Develop an endoscopy workforce strategy
- Nursing workforce expansion
- Consultant vacancies
- Focus on a substantive workforce rather than agency
- Expansion into nursing endoscopist role
- Re-establish the nursing training approach
- Closure every other audit afternoon for training & external speakers
- Support for time to access free training

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Streamline referral pathways
- Will require working with multiple agencies
- Explore the potential of pre-assessment service
- Build upon learning from other Trusts

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Work alongside the Healthy Wirral Planned Care programme to reduce the number of referrals to in line with national standards
- Continue work with commissioners to align referral pathways

5. Digital Future - Be a digital pioneer and centre for digital excellence

- To become a paperless service includes:
 - Electronic scheduling system
 - Electronic notes on CERNA
 - Electronic referrals with a more intuitive notification/sign off system
- Co-design a business intelligence dashboard that is validated by the service and is reliable for use by the Executive team and reporting to NHSE

6. Infrastructure - Improve our infrastructure and how we use it

- Retain co-located fit-for-purpose estate
- Required for JAG accreditation
- Fit for purpose space for ANC staff
- If service becomes paperless there are more options for this

Gastroenterology

Our Gastroenterology service is based across the Arrowe Park Hospital and Clatterbridge Hospital campus. The service is managed by the Medical Speciality Division. The service has a workforce of over 40 staff made up of nursing, medical, administrative and clerical.

Each year the service delivers:

- >40 Non Elective Admissions
- >11000 Outpatient New and Follow Up Appointments
- >14000 Elective and Day Cases.

91.9% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Gastroenterology (Updated November 2020)

STRENGTHS

- Excellent team and ward
- Well established nursing team with high performing Nurse Consultants
- Reduction in LLOS
- Reduction in complaints
- National Lead for GIRFT at WUTH

WEAKNESSES

- Consultant Vacancies and job planning
- Service fragile due to workforce challenges
- Less attractive place to work due to ways of working and vacancies
- EUS
- IBD service – no admin support
- Infusion service – no database and workforce challenges
- Lack of leadership
- DMs – spread thin, fire fighting
- Historical feeling of neglect (staff)
- IT issues – no digital dictation
- Waiting times
- Call bell system and panic alarms
- Business Intelligence

OPPORTUNITIES

- Streamlined service informed by high quality data
- Ringfenced Infusion Service
- Pharmacy prescribers
- IBD Database
- Digital dictation and Endoscopy requests
- Patient Portal
- Workforce – recruitment and retention – stabilise service
- Develop EUS service – Countess of Chester collaboration
- Capsule endoscopy – Income generation
- Day Case Unit
- Infusion Suite expansion

THREATS

- Covid19
- Workforce retention
- IT support
- Accuracy of business intelligence
- Lack of time to transform and innovate and to be future focused
- Fire Fighting approach

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Improve patient flow and access to services, informed by accurate data
- Reduce waiting times
- Develop virtual clinic pathways
- Improve ambulatory and day case services

2. Compassionate Workforce - Be a great place to work

- Improve the workplace and culture to be a more attractive place to work
- Address workforce challenges through appropriate workforce planning
- Review job planning and work with Division to scope opportunities to reduce GIM input to focus on gastro specific roles where there is the service pressures.

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Improve availability of comprehensive accurate data to drive service improvements
- Through resource optimization develop a more focused approach to transformation and innovation

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Explore collaborative working with Countess of Chester to deliver Capsule Service
- Develop open access pathway with Primary Care
- Reduce inappropriate referrals through partnerships with GI surgery and Emergency Medicine

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Develop a service dashboard
- Improve digital infrastructure in clinics / consultation rooms including additional screens and digital dictation
- Move to paperless / lite
- Develop IBD database interface
- Develop digital integration across Wirral Partners (referral and assessment)

6. Infrastructure - Improve our infrastructure and how we use it

- Explore transfer of Infusion Service to Clatterbridge to improve patient experience
- Procure an additional Fibroscan to maximise service capacity
- Explore how infrastructure can improve IBD service delivery

Haematology

Our Haematology service is based on the Arrowe Park Hospital campus. The service is managed by the Medical Speciality Division. The service has a workforce of over 26 staff made up of nursing, medical, administrative and clerical.

Each year the service delivers:

- >50 Non Elective Admissions
- >20400 Outpatient New and Follow Up Appointments
- >5500 Elective and Day Cases.

90.8% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Haematology (Updated October 2020)

STRENGTHS

- Good MDT working
- Good working environment – separate day case unit
- Care pathways in line with network
- Collaborative project with palliative care
- Good working relationship with other specialities
- Diagnostic service
- Recruitment and retention is very good
- Established lab with links to Chester
- Covid19 response
- Flexible team
- Patient & family focused

OPPORTUNITIES

- Close working relationships with CCO
- Close working relationships with primary care – upskilling, shifting services left e.g. transfusions
- Re-establish patient reporting / feedback e.g. follow up clinic
- Utilise Patient Portal
- CERNER – patient portal – electronic prescribing record
- Develop pre-hospital pathways

WEAKNESSES

- Consultant recruitment challenging – national shortage
- Pharmacy retention – lack of progression opportunities within wider pharmacy
- Workload increasing due to consultant recruitment and not enough space for workload
- Length of stay – haematology team cannot influence
- Restricted by trust wide bed occupancy to make changes autonomously – peer review
- Cannot re-implement electronic prescribing service
- Lack of clinical trials – limited pharmacy
- Not enough space – reliance on medical day case which is problematic

THREATS

- New Clatterbridge site
 - Centralising activities
 - Loss of activity
 - Loss of workforce
- Covid19
- Potential national shortage for nurses could impact recruitment and retention

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Achieve a blue status of ward accreditation (maintain where are)
- Explore the ambulatory function between primary and secondary care
- Explore Chemotherapy delivery at home / community

2. Compassionate Workforce - Be a great place to work

- Develop a workforce strategy and plan that meets demand – consultants and pharmacy
- Undertake the recruitment to achieve the right workforce profile
- Celebrate and promote success

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Develop a Hematology dashboard on CERNER that is trusted and owned

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Explore and drive delivery of transfusions, venous sections and chemotherapy in the community
- Explore closer working with the Countess of Chester

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Re-implement an electronic prescribing service
- Develop Patient Portal

6. Infrastructure - Improve our infrastructure and how we use it

- Maintain quality of existing environment
- Utilise resources differently internally and externally to optimize space and where care is delivered

Nephrology

Our Nephrology service is based across the Arrowe Park and Clatterbridge Hospital campus. The service is managed by the Medical Speciality Division. The service has a workforce of over 9 staff made up of nursing and medical.

Each year the service delivers:

- >3400 Outpatient New and Follow Up Appointments
- >50 Elective and Day Cases.

73% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Nephrology (Updated October 2020)

STRENGTHS

- Proactive service improvement ethos
- Cross site workforce with very good retention, low sickness and stable leadership
- Response to Covid19 – critical care and ITU – low transmission and death rates
- Crisis Management
- Infection control
- Transplant rates
- Patient experience and relationships
- Relationships with NW Network
- Renal Partner relationships e.g, Baxter
- Ambulatory Care

OPPORTUNITIES

- NW Gateway and Renal Association QI Projects
- NHSE Renal Transformation Programmes
- Psychological Support recruitment
- Increase home therapies
- Purpose built dialysis unit
- Improved estates
- Lead dialysis provider for Wirral and West Cheshire
- Relationship with Countess of Chester and Clatterbridge

WEAKNESSES

- Estates – specifically dialysis and day case – impact on patient experience
- Outdated dialysis equipment – issues with 'downtime due to broken equipment
- No stable inpatient bedbase supported by specialty skilled workforce
- Lack of psychological support
- Lack of specialty clinics e.g. pregnant women, cardiology
- No current workforce modelling
- Patient transport (timings)

THREATS

- Unreliability of old equipment
- Estates
- Infection Control
- Patient transport
- Inpatient / days case beds

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Improve patient care and experience through
 - Fit for purpose 'safe' dialysis unit
 - Increased in-home therapy patients
 - Stable inpatient bed base
 - Improved day case procedure pathway
 - Cohort patients i.e. youth dialysis cohort
- Increase patient education and peer support
- Implement speciality and community clinics
- Improve advanced end of life care planning

2. Compassionate Workforce - Be a great place to work

- Improve staff morale through improved working environment (estates & infrastructure), recognition culture and Health and Wellbeing Champion
- Recruit Nurse Specialists and Psychologist and embed the role of the Renal Social Worker
- Develop and implement Talent Management Plan, Training and Development Plan and succession planning as part of wider workforce planning

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Secure funding for a Research Nurse and develop commercial research brand and output thus becoming self sustaining
- Implement multi-specialty clinics
- Implement immunosuppression trust wide unit
- Implement shared care approach

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Develop relationships with commissioners
- Develop specialty clinics (Urology, paediatric transition, peri-natal) and community clinic provision with internal and external partners
- Explore alliance with Countess of Chester
- Work with partners, including Mersey Vasculitis Forum, Renal Association, NW Network, to minimise variations and improve patient care

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Improve functionality and interface between cyberren, millennium, Cerner
- Enhance functionality and increase uptake of Renal patient view
- Improve digital governance with partners
- Explore business intelligence dashboards

6. Infrastructure - Improve our infrastructure and how we use it

- Secure fit for purpose dialysis unit and replace outdated equipment
- Improve wider nephrology service facilities
- Minimise cross contamination through one-way system
- Explore and secure community clinic estates

Palliative Medicine

Our Palliative Medicine is based across the Arrowe Park and Clatterbridge Hospital campus. The service is managed by the Medical Speciality Division. The service has a workforce of over 17 staff made up of nursing and medical.

The Palliative Medicine team identify adults who may be approaching the end of their life, their carers and other people important to them, assess holistic needs, support carers, review current treatment, discuss and plan any changes that could optimise care and improve their quality of life.

SWOT – Palliative Medicine (Updated August 2020)

STRENGTHS

- Good relationship with Primary Care and Hospice
- Recruited larger nursing team
- Commissioned MDT within the hospital
- Attractive speciality to work in
- Dedicated Matron
- Developed Strategy for Speciality (2019-2022)
- Positive team culture
- Funded clinical supervision
- Apartment for relatives who want to be near

WEAKNESSES

- Relationship with Community Trust is challenging due to the loss of contract (on their part)
- No service specification currently
- Perception of team, understanding the successes of the service
- Capacity and demand modelling was completed 2 year prior e.g. 150 referrals/month rise to 200 and with COVID 260
- Gaps in workforce model due to maternity and sickness

OPPORTUNITIES

- Palliative care bank for nurses
- Learning from COVID-19 Phase
- Manage how we lead positive comms in relation to the service
- Increase in inpatient bed base
- UTC – separate stream for Palliative Care
- Appointed discharge coordinator
- Weekly MDT with Hospice, CT to build relationships
- OACC outcome measures to be introduced and implemented

THREATS

- Current gaps within the workforce
- New team members take resource and time to embed and train
- Negative perceptions of end of life care mean that successes are not always celebrated
- Utilisation of the extra beds may be out of the service's control
- Capacity to focus on strategy objectives due to clinical demand

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Introduce Outcome Measures and embed them
- 'What matters most to patients?' – act in line with this, record and analyse relevant data
- Embed a dedicated skilled discharge resource

2. Compassionate Workforce - Be a great place to work

- Develop Palliative Care ANPs to provide a 24/7 service with consultant on call if palliative care stream agree within UTC
- Deliver induction and education as required through a training needs analysis
- Prioritise time to invest in development of the education offer
- Explore and widen the volunteer offer

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Invest in resource to implement Transformation Programmes at a Trust level through dedicated quality improvement time within all nursing roles.
- Embed joint working with Critical Care Outreach Team improve treatment escalation planning and early palliative care when appropriate.
- Continue work in relation to the dashboard and 'bed days' to inform improvement and experience

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Continue to engage with our system partners to deliver the Supportive Care Registry, including a unified Holistic Needs Assessment (to avoid patients having to 'tell their story' or have difficult conversation each time they cross an organisational boundary).
- Explore opportunity to work with Palliative Care Institute Liverpool

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Ensure there is capacity to drive forward the Supportive Care Registry in design (will need dedicated project manager resource)
- Improve how palliative patients are flagged when arriving at WUTH
- Explore the use of devices to feedback daily on patient experience

6. Infrastructure - Improve our infrastructure and how we use it

- Dedicated office space centrally in the hospital site is needed
- Embed the new bed base
- Explore the role of Palliative Care in UTC
- Explore opportunities to acquire TVs, game consoles etc. for patients and families
- Review and implement a streamline free parking process for families

Respiratory Service

Our Respiratory service is based across Arrowe Park Hospital, Clatterbridge Hospital and community locations in Wirral. The service is managed by the Medical Speciality division. The service has a workforce of over 17 staff made up of nursing and medical.

Each year the service delivers:

- >5000 Non Elective Admissions
- >10000 Outpatient New and Follow Up Appointments
- >1400 Elective and Day Cases.

90.70% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Respiratory (Updated November 2020)

STRENGTHS

- Excellent, engaged, flexible respiratory workforce
- Good team dynamic
- Strong leadership – Medical director & associate medical director are respiratory physicians. National nursing leadership roles
- Good recruitment and enhanced training support
- Staff response to change (covid)
- Virtual clinics (cancer and general)
- Collaborative working across Trust – active inreach to ED / acute
- Interface with other specialities
- Respiratory Lab
- Integrated approach across Wirral
- Involvement within COVID recovery trial
- IT links and digital progress
- Development of respiratory ventilation ward
- No 1 in UK for GIRFT lung cancer
- Nationally recognised pleural service
- HEE £20k nursing training budget received

OPPORTUNITIES

- Improve outpatient and ambulatory service
- Optimise patient flow and improve productivity
- Increase specialist nursing/ANP development
- Review workforce profile – new roles – increase investment – One Wirral Workforce
- Achieve best practice tariffs e.g. asthma
- Streamlined, integrated processes / services, treat closer to home. More personalised care
- Full ownership of respiratory lab
- Continued development/integration of pleural service
- CT lung cancer screening
- CPET service
- NIV outreach service
- Respiratory Support Unit

WEAKNESSES

- Recruitment – slow process, limited investment
- Skill set of workforce is attractive to others – retention
- Shortage of specialist nurses and trainees
- Covid – ability to meet outpatient targets and wait lists
- Staff reaching burnout
- Staff flexibility seen as BAU, impacts on recruitment
- Backlogs across various services- PR, general resp OPD
- Commissioning of NIV service (not recognised as L2 area)
- Joint respiratory lab ‘ownership’
- Commissioning structure – COPD
- Links with coders – poor coding
- Business Intelligence access and awareness
- GIRFT – funding gap identified not actioned
- No research job planned time
- Large bed base in comparison to peers
- Ward environment not fit for purpose

THREATS

- Covid19
- Complications, ILD/long COVID etc
Late presentation of disease
Outpatients and backlogs
- Workforce shortages – future supply (medics and nursing)
 - Lack of investment in workforce
 - Estates – patient safety & experience, staff experience
 - Infection Control
 - Patient flow
 - Staff Health & Wellbeing e.g. sickness levels
 - Ongoing joint respiratory lab

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Provide the best care and support through improvements to patient flow and patient safety thus improving patient and staff experience
- Fully optimise services including severe asthma care
- Maintain respiratory on call service
- Develop sub speciality interests
- Respiratory Support Unit
- NIV outreach team

2. Compassionate Workforce - Be a great place to work

- Develop a workforce plan to ensure there are the right numbers of staff with the right skills and roles including nurse specialists as per GIRFT. For asthma/ILD/lung cancer/COPD/PR
- Ensure staff feel valued and supported in their roles including accessible and appropriate Health and Wellbeing support services
- Improve recruitment processes and develop a clear talent management plan
- Development of physician associates, pharmacists etc
- Nursing talent management/matrix

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Develop a sustainable approach to innovation and improvement
- Promote and support clinical research and rapid QI projects
- Research expansion
- Best practice tariffs and audits

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Undertake a system wide service review as part of the Healthy Wirral partnership
- Develop a regional approach to pathways for referral
- Further develop research partnership including Liverpool School of Tropical Medicine and Astra Zeneca
- Through collaboration and integrated working ensure care is delivered closer to home
- IPC's development

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Improve access to required business intelligence, including development of respiratory dashboards
- Increase patient choice and experience through digital advancements e.g. virtual clinics
- Develop Apps to support patients managing their health and wellbeing
- Further optimise the use of the Health Information Exchange; improving communication flows and medicines optimisation
- Respiratory dashboard

6. Infrastructure - Improve our infrastructure and how we use it

- Improve patient safety and experience alongside staff experience through a review of estate design and usage
- Ensure there are enough negative pressure rooms to meet forecasted demand
- Review the installation of air conditioning, following successful funding
- Ensure there is fit for purpose equipment to deliver high quality care, including rocket pleural aspirations kits/pleural vent, radial EBUS machine, capillary blood gas equipment

Rheumatology

Our Rheumatology service is based across the Arrowe Park and Clatterbridge Hospital campus, with outpatient clinics also held at Victoria Central Hospital. The service is managed by the Medical Speciality Division. The service has a workforce of over 7 staff made up of nursing and medical.

Each year the service delivers:

- >7000 Outpatient New and Follow Up Appointments
- >400 Elective and Day Cases.

87.9% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Rheumatology (Updated October 2020)

STRENGTHS

- Lean unit with high output
- Good quality care once patient is in service
- Clinically progressive in approach with research, audit and clinical trials impacting positively on patients
- Passionate, highly skilled team with excellent team ethos
- Integrated networks with other specialities
- Use of biologics, greater impact and more cost-effective approach

OPPORTUNITIES

- Exploration of different workforce models and partnerships
- Business case for GIM / Rheumatology Consultant Post
- C&M Rheumatology posts
- Funding for B6 Nurse (2.5days) – requires further investment for 1WTE
- Continuously Improve service through
- Best practice tariffs
- Fracture Liaison Clinic
- Clinical Trials
- Exploration of C&M partnerships
- Review of MSK block contract
- Specialised Commissioning

WEAKNESSES

- Workforce
- Limited succession planning (retirement in next 5 years 1 Consultant, 2 Nurses)
- Vulnerable medical workforce
- Struggled to fill vacancies historically
- Registrars on medical rota
- Consistently running with a long OP new waiting list
- Follow-up backlog
- Research capacity and available clinical trials limited
- Lack of protected, designated day ward

THREATS

- Covid19 – impact of face to face consultations, change of use of day case wards
- National recruitment shortage and Locum workforce model
- Availability of clinical trials funding, impact on workforce funding
- Regional competitors for specialised commissioning
- Referral rates – GP
- Private Providers – waiting list alternative
- Lack of designated estates and 'dated' equipment
- Block contract for MSK – savings to commissioners and uncertainty beyond July 2021

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- To ensure timely access to all patients, in the most appropriate setting and seen by the most appropriate member of staff
- Implementation of pathways, services and partnerships to enhance the quality of care and patient experience, e.g. GCA clinic, Rapid Access
- Enhanced MDT approach
- Ensure succession planning for continued patient experience

2. Compassionate Workforce - Be a great place to work

- To develop a comprehensive workforce plan to ensure the right number of staff with the appropriate skill mix to meet future service need
 - To implement a recruitment and retention strategy to mitigate both regional and national recruitment challenges
 - To explore alternative education and training models to both individual, service and trust benefit
- To ensure, through strong team ethos, we continue to support our staff to enjoy the best health and wellbeing

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- To strengthen and simplify operational processes for both patient and staff experience and to minimise waiting times
- To undertake an assessment of point of delivery, utilising knowledge from recent adaptations to service delivery
- Through networking with Partners and peers develop continued best practice both locally and regionally
- To enhance the use of data and technology to patient benefit

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- To maintain momentum of academic research and clinical trials
- Strengthen and expand internal partnerships
- To work with primary and community providers in Wirral to enhance knowledge of Rheumatology pathways to minimise inappropriate referrals and maximise management of conditions in the community

5. Digital Future - Be a digital pioneer and centre for digital excellence

- To explore the functionality of current systems (patient portal, CERNER and Wirral Health record) and implement in to working practices to achieve both patient and service benefit e.g. National Early Arthritis Questionnaire on Patient Portal
- To review how digital opportunities can support self management and implement e.g. disease activity on smart phone
- To embed a population health management approach through digital enablers

6. Infrastructure - Improve our infrastructure and how we use it

- Secure a designated (protected) day case ward for Rheumatology
- Wider review of Wirral estates to provide designated space to meet both inpatient and outpatient demand
- Explore investment into replacement of essential 'dated' equipment e.g. ultrasound scanner

Stroke Service

Our Stroke service is based across both the Arrowe Park and Clatterbridge Hospital campus, delivering both acute and rehabilitation services. The service is managed by the Medical Speciality Division. The Stroke rehabilitation service has a workforce of over 30 staff made up of nursing, medical, administrative and clerical.

Each year the service delivers:

- >400 Non Elective Admissions

Non Elective Stroke Admission growth has been seen over the past 3 years, bringing WUTH in line with the regional average.

- >1800 Outpatient New and Follow Up Appointments

91.47% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Stroke Service (Updated September 2020)

STRENGTHS

- One of the first pathways on Cerner
- COVID pushed to deliver tele-medicine overnight and overall stroke team adapted quickly
- Fully staffed Consultant body
- Research active - NIHR Stroke studies
- Links with primary care
- National clinical leadership presence within service
- Strong MDT throughout service
- Amber accredited acute ward and working towards green
- Good interdepartmental relationships within the hospital
- Experienced and committed nursing team – few vacancies
- Lots of work done to support imaging, including AI to support interpretation of scans to help patient journeys

WEAKNESSES

- Nursing workforce currently quite junior but developing
- External bed pressures
- Shared rehab unit for Neuro and stroke which can be a pressure and isn't necessarily understood by wider stakeholders which can lead to issues over bed occupancy
- Jan/Feb: there was a backlog of LLOS patients which caused delays in 'stroke' patients receiving access to appropriate care.
- Data indicates issues with therapy performance and particularly Speech & Language Therapy, need to explore
- Therapy is in different division so don't have direct control over staffing
- Therapy establishment lower than equivalent services in the region – no cover for sickness, annual leave

OPPORTUNITIES

- Tele-medicine
- Links with community could be improved e.g. reablement service to discharge patients earlier (model for Cheshire and Mersey)
- Diagnostics: post stroke, AF diagnosis, AI etc

THREATS

- Lack of Stroke Trainees coming through (national issue)
- Changes to the Clatterbridge site could present more challenges to fill empty beds, impacting on Stroke flow and resulting in inefficiencies so patients do not flow through the service
- Changes to commissioning of Neuro could impact number and designation of rehab beds

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Empowering the stroke workforce to support stroke patients through their journey e.g. control of beds, fully staffed
- Continue to involve patients/carers to improve and inform the service
- Maximise opportunities for utilising the Patient Portal
- Utilise external agencies for support where appropriate e.g. stroke association
- Explore Cheshire Model in particularly life after 12 weeks

2. Compassionate Workforce - Be a great place to work

- Educating the workforce through all educating each other e.g. MDT training and education
- Explore and embed competencies for nursing
- Roll out Stroke learning throughout the hospital and in wards
- Develop Workforce Plan and Strategy to explore ANPs, Therapy Consultants, Regional Out of Hours service

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Continue to review data to drive improvement
- Improve and increase research capacity to inform improvements/raise profile

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Continue to invest in external relationships e.g. NIHR, Clinical Expertise
- Influence and shape regional C&M Standardised Care Pathways
- Explore what can be done to improve education and training in Primary Care
- Inform Wellbeing Pathway proposal to include A.F. etc.
- Continue to develop education packages e.g. Innovation Agency, Modules for Stroke nurses

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Explore how we can use Applications more
- Explore how we can improve Outpatient services for stroke patients
- Keep exploring and developing AI in diagnostics

6. Infrastructure - Improve our infrastructure and how we use it

- Invest in a multi- specialty rehabilitation village
- Confirm the long term location of Wirral Stroke rehabilitation services and invest to ensure it is fit for purpose.
- Explore therapy involvement in outpatient reviews
- Influence A&E review to inform Stroke service's role in this
- Inform WUTH's travel approach for patients and workforce to improve accessibility to current and future service



ENT

Our ENT service is based across the Arrowe Park Hospital and Clatterbridge Hospital campus. In addition ENT hold outpatient clinics at Victoria Central Hospital. The service is managed by the Surgery Division. The service has a workforce of over 40 staff made up of nursing, medical, administrative and clerical.

Each year the service delivers:

- >680 Non Elective Admissions
- >17000 Outpatient New and Follow Up Appointments
- >1300 Elective and Day Cases.

91.6% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – ENT (Updated August 2020)

STRENGTHS

- 'Can do attitude' within the team
- Strong multi-disciplinary workforce
- Internal Audits/FFT/Complaints/Medical Indicators provide evidence of a quality service
- The Audits provide a place to review and learn as a team
- Good partnerships internally e.g. radiology, pathology
- E-Bookings in ENT
- Cerner lead within ENT

OPPORTUNITIES

- Increase theatre capacity at Clatterbridge
- Medical/Anaesthetic cover needed for Clatterbridge site if do more work there
- Explore Rapid Diagnostic Centre
- Explore Patient Initiated Follow Up
- Review pathway for cancer
- Rapid diagnostics at Clatterbridge in partnership with Countess
- Research opportunities especially in cancer
- Look at improving Paediatric discharge
- Junior Drs to support training of nurse led service

WEAKNESSES

- Gaps in nursing workforce
- Lack of Tracheostomy nurse for non-cancer patients
- Capacity to perform Paediatric ENT in AM to enable discharge that day
- Limited space in Ward 18 as Tracheostomy patients need to go there
- High sickness levels within the Nursing staff group

THREATS

- Shortage in pathologists to enable the cancer service to run as efficiently as it can do
- Shortage in radiology through lack of resource and causing delays in pathways
- Current capacity at Clatterbridge
- Pandemic 2nd phase could impact on delivery due to estate restraints
- Transporting equipment to and from Clatterbridge

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Deliver elective pathways through Clatterbridge to avoid cancellations
- Manage patient expectations e.g. EDD, day case
- Embed Patient Portal
- Build on improvements/knowledge/learning to continually review patient flow

2. Compassionate Workforce - Be a great place to work

- Explore wider specialist workforce
- Focus on resilience to support change and improvement within team
- Continue to workforce plan and manage succession planning
- Focus on Health and Wellbeing to provide external activities
- Develop and train nurses for nurse led service and nurse led discharges with clear patient pathways
- Explore cross cover of nursing team

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Continue to develop and utilise Reporting systems and benchmarking to drive improvement
- Review pathway to explore diagnostics before patients arrive
- Explore potential research opportunities

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Inform and influence local thinking e.g. Healthy Wirral
- Explore Audiology Contract to bring internal
- Continue to work with Countess and Warrington and explore opportunities e.g. 3-way rota

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Explore the use of the Patient Portal
- Invest in hardware and software to support delivery of service
- Take stock to understand what is in place, what could be better and sign off

6. Infrastructure - Improve our infrastructure and how we use it

- Explore transport solution for workforce and patients to the Clatterbridge site
- Explore more theatre space capacity
- Explore day case flow to maximise 3 stage recovery
- Explore the potential to increase from one operating list, out of area waiting lists and private capacity

General Surgery

Our General Surgery service is based across the Arrowe Park Hospital and Clatterbridge Hospital campus. In addition outpatient clinics are also held at Victoria Central Hospital. The service is managed by the Surgery Division. The service has a workforce of over 150 staff made up of nursing, medical, administrative and clerical.

Each year the service delivers:

- >7000 Non Elective Admissions
- >20000 Outpatient New and Follow Up Appointments
- >2200 Elective and Day Cases.

90% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – General Surgery (Updated November 2020)

STRENGTHS

- Engaged workforce supported by management team
- Strong ANP group
- Strong nursing leadership
- Strong middle grade workforce through established Research Fellow Programme which drives publications and research
- Good working environment
- Emergency service model
- GI Surgery – talent & expertise – attracting tertiary work
- Intestinal failure regional work (Type 1 and 2)
- Improvement focus – strong data analysis drives change
- Audit & research

OPPORTUNITIES

- Reset and recovery, embedding new pathway changes as result of CV-19
- Develop Clatterbridge as a surgical cold site, regional hub
- Role development expansion of ANP role
- Research collaboration with Chester – South Mersey
- Develop partnerships locally and regionally
- General Surgery supra-regional centre for bariatric surgery
- SEU refurbishment to optimise patient flow and patient experience

WEAKNESSES

- Lack of progress with Clatterbridge – Trust strategy direction and investment clarity
- Lack of 7 day cover at CGH / POCU and Medical cover limits clinical expansion of services
- Uncertainty around contractual arrangements with the CCG
- Firefighting focus of ops – need resource/time to develop
- Winter cancellations due to medical outliers and lack of CGH utilisation/opportunity.
- Ward based house officer doesn't work for surgical specialties
- Flow from ED to G&A beds

THREATS

- Covid19 – impact on reset and recovery
- Regional trainee gaps at CST and SpR level.
- F1s disillusioned – impact on future workforce supply
- Winter cancellations
- Investment to develop
- Pace of change re; Clatterbridge
- Neighbouring Trust's surgical infrastructure (LUFT and COCH)
- Changing nature of population health and medical management

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Develop Clatterbridge as a surgical cold elective site and regional hub
- Enhance clinical governance processes
- Embed collaborative working for the care of elderly for EGSU and GI patients (venn diagram approach)

2. Compassionate Workforce - Be a great place to work

- Improve retention across all workforce groups
- Improve staff health and wellbeing and the working environment including focus on compassion and staff recognition
- Identify a Executive Champion for General Surgery and develop greater links with the Executive Board
- Develop a workforce plan which aligns to the transformation plans and reviews job plans, talent management and training and development plans and develops appropriate new roles
- Further develop the Research Fellow Programme through expansion of numbers thus supporting CGH surgical footprint

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Enhance surgical governance team capacity and develop robust governance processes to drive forward service improvements (with a focus on morbidity and surgical complications)
- Improve real time intelligence for M&M and surgical outcomes dashboards, further investment into current BI dedicated time for surgical division.
- Develop and promote brand as a Clinical Research exemplar, realising the full clinical research talent of WUTH and maximising opportunities such as Colorectal practise development unit.

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Further develop integrated working with Primary Care to increase understanding of referrals, pathways and to minimise admissions
- Develop clinical research brand through collaborative working
- Through Healthy Wirral and CMHCP partnerships develop the Clatterbridge Tertiary Centre for GI & Bariatric surgery
- Work collaboratively with Healthy Wirral Partners to roll out and improve programmes for the Wirral population e.g. FIT

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Develop fully integrated digital patient journey records to improve patient care
- Enhance the patient portal to optimise patients pre and post surgery (self care approach)
- Implement digital advancements to improve patient experience (e.g. virtual follow-up appointments / PIFU) and ensure staff receive appropriate training support

6. Infrastructure - Improve our infrastructure and how we use it

- Develop the Clatterbridge site to provide the required infrastructure to be a cold site surgical hub
- Ensure all equipment is fit for purpose
- Capacity and demand for robotic procedures

OMFS

Our OMFS service is based across the Arrowe Park Hospital and Clatterbridge Hospital campus. The service is managed by the Surgery Division. The service has a workforce of over 30 made up of nursing, medical, administrative and clerical.

Each year the service delivers:

- >16000 Outpatient New and Follow Up Appointments
- >1400 Elective and Day Cases.

87.7% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – OMFS (Updated September 2020)

STRENGTHS

- Collaboration with the Countess with overnight stays provided
- Committed and experienced workforce
- High day case rate
- Positive feedback following GIRFT visit
- Strong collaboration with Dermatology
- The network hub and spoke model is well established with Aintree
- Supportive of digital advancement

WEAKNESSES

- Limited estate and outgrown current space which limits clinical activity as clinicians don't have a room to see patients
- Access to operating theatre
- Winter pressures means patients are cancelled
- Significant waiting times as a result of lack of capacity
- Reliant upon agency consultant which is an expensive resource
- Clunky eRS system which causes delays and hard to view

OPPORTUNITIES

- COVID expedited 'paperless services'
- Clatterbridge theatre capacity
- Minor Op's room could be used to increase capacity and elective throughput
- Create a head and neck centre at Clatterbridge
- Review of workforce establishment to meet service demand
- E Bookings
- Explore use of DCTs as bank of people who can be used for on call whilst completing 2nd degree

THREATS

- Backlog clearance timescales
- Reliance on single handed specialists within service 'single point of failure' need to build resilience

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support

- Continue to deliver outstanding care in this service
- Explore opportunity at Clatterbridge to support delivering the service efficiently
- Continue to improve patient pathways

2. Compassionate Workforce - Be a great place to work

- Develop a workforce plan including succession planning
- Explore how to develop attractive roles for the workforce
- Build and embed values to support culture within team
- Continue to invest in training and education

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Explore partnership with Countess of Chester including Orthodontics
- Continue to maintain effective relationship with Aintree Hospital as the Hub site

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Review SLA with partners including Aintree Hospital and Countess of Chester
- Explore how to develop and train our own dental nurses through working with an education provider

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Explore usage and funding for an Intra-oral scanner
- Explore how to retain digital imaging on Cerner/Notes
- Explore patient portal and benefits
- Develop easy to use/access Specialty dashboard

6. Infrastructure - Improve our infrastructure and how we use it

- Explore usage and funding for a CBCT scanner

Ophthalmology

Our Ophthalmology service is based on the Arrowe Park Hospital campus. In addition outpatient clinics are held at St Catherine's Hospital. The service is managed by the Surgery Division. The service has a workforce of over 57 staff made up of nursing, medical, optometry, administrative and clerical.

Each year the service delivers:

- >30 Non Elective Admissions
- >50000 Outpatient New and Follow Up Appointments
- >2600 Elective and Day Cases.

89% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Ophthalmology (Updated December 2020)

STRENGTHS

- Sub-specialities covered and service able to deliver a range of services
- At the forefront of developments in service skill mix e.g. nursing and optometrist
- Popular with trainee Doctors
- Good working relationships with partners e.g. Countess, Paediatrics, Education
- High quality of service through feedback from patients
- Workforce resilience

WEAKNESSES

- IT: need appropriate infrastructure to be paper light including hardware and software and priority support
- Current gaps in staffing e.g. medical workforce and nursing
- Lack of workforce plan
- The cataract service needs to be increased to enable training opportunities
- Workforce relationship
- Outgrown existing clinical footprint

OPPORTUNITIES

- Able to promote research opportunities and potential to participate in more research
- Networking with primary care partners
- Partner working is improving across the Wirral
- St Cath's could be used for extra capacity
- Day Case – 3 Stage Recovery leading to improvement in number of patients seen
- Providing training internally for own staff but also offering placements externally e.g. apprenticeships and Medical students
- Promotion of services through digital platforms

THREATS

- Limited by infrastructure
- Ageing population, keeping patients longer and needing help earlier
- IT Support needed but has been re-directed
- IT Packages still being developed
- Lack of kit to assess patients
- Inadequate estate due to increasing demand
- Competitors waiting times and accessibility
- Unplanned service pressures limit theatre capacity
- Working between sites and maintaining standards
- Duplicating equipment across APH and CGH campuses
- Medisoft integration

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Create a sustainable service by bringing cataract surgery back to Arrowe Park
- Continue to deliver a high-quality service
- Engage with patients to understand what they want from the service

2. Compassionate Workforce - Be a great place to work

- Continually review the needs of the service to be able to deliver differently and more efficiently
- Develop a Workforce Strategy
- Focus and prioritise the education and training of the team
- Invest in team building and improving communications
- Explore the development of an internal course to support training clinicians

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Invest in research opportunities
- Use national benchmarking to drive improvement
- Explore how we celebrate and promote the work we do
- Continue to be at the fore front to ensure we are receptive and delivering what the Wirral Population needs
- Work with network to streamline pathways across Cheshire and Mersey

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Explore how we can deliver care closer to home
- Work with partners to understand who can be seen quicker and managed locally
- Explore pathway for Community Ophthalmology to streamline the service
- Engage with Healthy Wirral to develop a patient focused pathway
- Drive the C&M orthoptic leads group shared working and development

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Develop BI Dashboard to understand performance
- Understand how to extract data and code activity to improve monitoring
- Support Paper Light through Cerner and Medisoft integration and IT development
- Explore IT solution with optometrists so both can access the same system e.g. Wirral Care Record, MediSite
- Hardware review and gap analysis between current and future service provision

6. Infrastructure - Improve our infrastructure and how we use it

- Explore how the service can be delivered differently using other specialties to learn from

Peri-operative Medicine

Our Peri-operative Medicine service is based across Arrowe Park Hospital and Clatterbridge Hospital campus. The service is managed by the Surgery Division. The service workforce is made up of nursing, operating department practitioners, medical, administrative and clerical.

Peri-operative Medicine comprises of the following:

- Pre-operative Assessment
- Surgical Elective Admissions Lounge (SEAL) at Arrowe Park Hospital
- Theatre complex at Arrowe Park Hospital, Women & Children unit and Clatterbridge Hospital
- 3 stage recovery at Arrowe Park Hospital and Clatterbridge day case unit
- Chronic Pain service

SWOT – Peri-operative Medicine (Updated November 2020)

STRENGTHS

- Strong team dynamic
- Skilled leaders with open approach
- Resilient, responsive, flexible team
- Extensive organisational memory across team “Wirral Way”
- Strong relationship with other directorates within division
- Covid response
- ACSA Accreditation
- Desire to improve and transform for patients
- Strong governance
- Investment in education
- Communication

OPPORTUNITIES

- Develop 7 day service and private opportunities
- Develop Clatterbridge elective site
- Development of POCU
- Service optimisation
- Dedication IT resource
- Workforce planning / job planning in conjunction with other specialities in WUTH including new role development
- Spare capacity within sterile services
- Chronic Pain Service pathways with tier 2 providers
- Develop links with other providers

WEAKNESSES

- Dependent on other specialities, impacts performance
- Infrastructure includes estate and equipment
- Organisational understanding of peri-operative medicine
- Incremental creep on scope of work – stretched resource
- Number of workforce challenges
- Recruitment process and timescales
- Ongoing premium spend
- Fully implementing change – IT capacity

THREATS

- “Wirral Way” can cause tension to change / improve
- Change fatigue
- Other providers
- Cost - significant investment required into theatres for environment and equipment
- Inability to recruit to vacant nursing and ODP positions
- The number of Medical outliers
- Recovery and restart elective programme during COVID-19 pandemic
- Financial contracting arrangements
- Inpatient flow
- Not developing Clatterbridge

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support

- Provide a year round, 7 day service through development of the Clatterbridge site and a protected bed base
- Ensure the patient is treated at the right time, at the right place by the right workforce
- Modernise the Chronic Pain service integrating with MSK and the Pain Therapy unit within WUTH whilst engaging with our CCG and Primary Care leads.

2. Compassionate Workforce - Be a great place to work

- Develop a robust workforce plan to address workforce challenges and incorporates a review of job planning
- Develop a Talent Management Plan and Learning and Development Plan to support retention
- Ensure the Trust's values and behaviours are fully embedded across the workforce

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Transform the Clatterbridge site to improve patient care
- Develop a 2-tiered approach to improvement (rapid turnaround and long-term transformation)
- Secure investment and workforce to undertake research and increase number of publications

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Develop seamless care pathways between secondary, primary and social care and improve patient outcomes through partnership working
- Develop the Chronic Pain Service through the Healthy Wirral partnership

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Enhance the Patient Portal to provide key peri-operative information and tools to fully optimise patients pre and post surgery
- Procure a fit for purpose digital based solution for theatres
- Identify an IT resource to consistently support peri-operative care

6. Infrastructure - Improve our infrastructure and how we use it

- Develop the Clatterbridge site to improve elective patient care and experience, ensuring all workforce are engaged in the process
- Ensure there is an eco-approach to any infrastructure developments
- Ensure all equipment is fit for purpose through a rolling replacement programme

Trauma and Orthopaedics

Our Trauma and Orthopaedic service is based across Arrowe Park Hospital and Clatterbridge Hospital campus. The service is managed by the Surgical Division. The service has a workforce of over 140 staff made up of nursing, medical, administrative and clerical.

Each year the service delivers:

- >1800 Non Elective Admissions
- >43000 Outpatient New and Follow Up Appointments
- >3800 Elective and Day Cases.

90.8% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Trauma and Orthopaedics (Updated October 2020)

STRENGTHS

- Experienced workforce, team culture and ways of working
- High quality Fracture Clinic Service
- Top quartile performance for hip fracture
- Sub specialities all strong
- Positive internal relationships
- When fully optimised appropriate bed base with theatres at both Arrowe Park and Clatterbridge
- Trauma throughput excellent and recognised during Covid19 for approach – knowledge exchange to others
- Excellent reputation for audit
- Excellent reputation for junior doctor teaching and training
- Publications

OPPORTUNITIES

- Expand the Consultant workforce to clear backlogs and develop the service
- Elective hub at CGH
- Ortho-geriatrician model to include entire trauma service
- Innovative hip fracture service
- National networks (knee, hip & shoulder)
- Super spoke status in Merseyside
- Utilise workforce optimally with right infrastructure in place
- Increase front door initiatives, improve trauma blocks
- Surgical Surveillance Nurse post funding
- Enhanced virtual clinics
- Partnership working

WEAKNESSES

- LOS; poor access to community rehabilitation
- Bed base impact on performance, most significantly with loss of Ward 12 during winter
- Consultant numbers have remained static for many years; fewer per head of population compared with peers
- Static in advancements, requires embedding of C.I.
- Audit and education not always valued
- Outgrown current estate footprint with outdated infrastructure, IT and equipment
- Lack of wider medical engagement
- Lack of understanding of the scale of the service
- No trauma handover room for post-take

THREATS

- Consultant workforce age range; succession planning required
- Consultant expansion at other Trusts in NW and nationally may tempt Consultants to leave and may also impact WUTH recruitment
- Loss of Ward 12
- Staff morale with reduction in activity
- Inability to clear waiting list backlog and increased waiting time
- Outdated hardware / software
- Loss of junior medics
- Workforce succession planning
- Anaesthetist / medical cover at Clatterbridge
- Lack of access to community rehab provision
- Difficulties in recruiting theatre staff

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Develop Clatterbridge as an elective hub, with increased theatre provision and appropriate staffing to enable continued ASA 3 surgery through winter months
- Improve patient flow and reduce length of stay through ringfenced speciality bed base and consistent skilled workforce
- Review bed base and estates to provide ability to cohort VRE patients

2. Compassionate Workforce - Be a great place to work

- Improve staff wellbeing, morale and retention through
 - Fit for purpose staff facilities e.g. trauma handover room
 - Enhance existing staff communications and engagement
 - Dedicated Training and Development and Governance / audit days
- Undertake a review of workforce models and formulate a workforce plan for T&O

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Achieve the best Hip Fracture Unit in the country through continuous improvement and providing an outstanding service to the population
- Implement digital development to benefit of the population including virtual clinics and realising full benefit of the patient portal
- Capture learning and share knowledge through published articles and research
- Deliver shared hub service for revision arthroplasty – regional

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Through external partnerships ensure patients are treated at the right place at the right time:
 - Improve discharge planning
 - Reduce LOS
 - Enabled through increased out of hospital provision
- Enhance internal relationships with anaesthetics and orthopaedic – geriatrics
- Realise full potential of academic partnerships

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Improve business Intelligence for T&O including dashboard for both T & O
- Improve digital infrastructure to be fit for purpose (including theatres) thus improving patient safety and staff experience
- Increase number of virtual clinics
- Increase patient engagement in digital advancements including pre-op on patient portal
- Pilot attend anywhere video consultations where appropriate

6. Infrastructure - Improve our infrastructure and how we use it

- Enhance Clatterbridge estate for both theatres and clinics
- Fit for purpose staff facilities e.g. trauma handover room, offices
- Ensure all estates are dementia friendly
- Ensure enough elective and trauma beds through ringfenced bed base provision based on modelling

Urology

Our Urology service is based across the Arrowe Park Hospital and Clatterbridge Hospital campus. In addition outpatient clinics are held at St Catherine's Hospital. The service is managed by the Surgery Division. The service has a workforce of over 50 staff made up of nursing, medical, administrative and clerical.

Each year the service delivers:

- >16000 Non Elective Admissions
- >20000 Outpatient New and Follow Up Appointments
- >5900 Elective and Day Cases.

84.2% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Urology (Updated September 2020)

STRENGTHS

- Skilled Macmillan nursing team
- Established regional cancer centre
 - Easy to recruit/attract workforce
 - Prioritised training
 - Good team ethos
- Strong nurse/doctor relationship
- Performed well against GIRFT recommendations and have been able to implement majority of improvements
- Virtual clinic – high PSA
- Good radiology support
- Consultant Connect
- Hot clinic every afternoon
- One stop primary ureteroscopy treatment

OPPORTUNITIES

- Potential second robot could increase activity and ability to meet demand (current demand is being met by patients going to Liverpool and NW Wales at times)
- Understand how to retain and develop nursing team
- Onsite lithotripsy (ongoing business case)
- More collaborative working through community
- One stop investigation unit could increase activity
- Could expand service to deliver female urology and andrology if recruited expertise for this
- Conduct flexible cystoscopies on the ward
- Incontinence service could/should go through community team first

WEAKNESSES

- Current establishment for theatre nurses does not provide training opportunities for more robotic staff
- Do not have a one stop investigation unit (estate requirement)
- Do not have a performing urology area network
- No acute onsite lithotripsy service
- Lack of office space
- Mismatch in demand and capacity
- Limited capacity for outpatient clinics (due to estates)
- IT resource does not support internal electronic referral

THREATS

- Robot approaching end of useful life
- Potential increase of robot use by other specialities
- Long term impact of COVID
- Unsure if virtual clinics are reducing or increasing workload
- Constantly evolving service
- Need to keep up to date with latest advances
- Royal Liverpool do have 2 robots so could increase market share
- Urology beds taken by non-urology patients
- Only have one surgical practitioner

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support.

- Implement a one stop investigation unit
 - Right care, right place, right time
 - Responds to GIRFT recommendations
 - Frees up opportunity to implement wider improvements across the service
 - Could facilitate partnership working
- Ensure and continue high cancer performance and outcomes
- Ensure capacity is available to meet demand including robot availability

2. Compassionate Workforce - Be a great place to work

- Develop a clear strategy for non-medical development to continue work to date
- Develop internal approach to developing nursing staff to retain talent (specifically B4 & B5)
- Ensure succession planning is in place

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Implement workforce development and one-stop investigation unit to release further improvements
- Explore industry research opportunities
- Continue to progress NIHR research programme and publications

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Explore potential partnerships with academic partner to support workforce development and service
- If networks are further developed and supported by Cheshire and Merseyside HCP, WUTH should play a leading role within them

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Understand potential to expand patient portal usage – e.g. other pathways, patient literature
- Develop an urology website/page on the WUTH site
- Improve BI reporting on CERNER and synthesise data to one dashboard

6. Infrastructure - Improve our infrastructure and how we use it

- Urology Village development at CGH

Acute Paediatrics

Our Acute Paediatric service is based in the Women and Children's hospital on the Arrowe Park Hospital campus. The service is managed by the Women and Children's Division. The service has a workforce of over 100 staff made up of nursing and midwifery, medical and administrative and clerical.

Each year the service delivers:

- >6000 Non Elective Admissions
- >5000 Outpatient New and Follow Up Appointments
- >200 Elective and Day Cases.

97.3% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Acute Paediatrics (Updated July 2020)

STRENGTHS

- Committed, experienced and stable workforce
- The link with the network is strong
- Nurse Practitioner and Specialist nurses are established
- Estate of the Inpatient Ward
- Range of Consultant Speciality e.g. cardiology
- Local Radiology Provision
- Telehealth remote HDU initiative with Alder Hey – successful Bid and evidence it is commitment to innovation and regional collaboration

WEAKNESSES

- Paed Radiology is good regionally however there is a national shortage
- Branding and signage for service isn't good and not clear for direct patients
- The computer system is in place but lacks information e.g. growth charts
- Lack of feedback from children
- There is a link with Alder Hey and the pressures they experience have a knock on effect e.g. epilepsy
- Social distancing in out patients
- Link with primary and secondary care

OPPORTUNITIES

- Pockets of brilliance but not consistent
- Paediatric Surgery
- The computer system to suit the patient need in this service isn't seen as a priority so needs to be developed
- Explore use of Patient Portal
- Understand sub-speciality to ensure workforce can deliver
- Tier 3 workforce expansion
- Community Trust Offer as a children service and provide a consistent pathway wherever
- ED strategy development and redesign opportunity to provide 24 hour paediatric assessment including a bespoke mental health assessment area

THREATS

- Continue to meet Specialised Commissioning to retain service
- Cannot meet standards with current workforce
- Loss of space in PAU due to ED expanding
- Poor Patient journey in relation to CAMHS
- What is the Acute role in how a patient joins the pathway
- Move to community supporting would it result in more inpatient

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support

- 24/7 ED to improve patient experience with the workforce available to deliver this whilst working inline with the development of the Urgent treatment center
- Reduce numbers attending PAU by seeing an early years practitioner decision maker
- Explore a role within NHS111 as senior decision makers
- Explore developing a hub model to see more patients in the community
- Focus on NICE Recommendations in relation to Sepsis and implement
- Improve transition for children going into Adult Services with long term conditions

2. Compassionate Workforce - Be a great place to work

- Explore and develop Leadership capability and capacity
- Explore differing new roles to support delivery of the service
- Grow the Practice Development role
- Undertake review of ANP role

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Develop a single pathway for Wirral children across multiple partners
- Invest and develop research nurses and improve communications
- Explore links with the university
- Explore gap in mental health to improve service and respond to CQC feedback

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Develop the relationship with the local partners such as Alder Hey

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Address gaps with current system e.g. epilepsy, population health
- Explore an IT Clinical Lead role
- Utilise App's for parents
- Further development of dashboard to monitor performance
- Explore patient portal capability

6. Infrastructure - Improve our infrastructure and how we use it

- Work with GP's and remote sites
- Explore number of HDU beds required e.g. seasonality profile
- Explore appropriate place for children with challenging behaviours
- Improve signage/branding/car parking

Breast Surgery

Our Breast Surgery service is based in the Women and Children's hospital on the Arrowe Park Hospital campus. The service is managed by the Women and Children's Division. The service has a workforce of over 25 staff made up of nursing and midwifery, medical and administrative and clerical.

Each year the service delivers:

- >10,200 Outpatient New and Follow Up Appointments
- >1,000 Outpatient Procedures
- >500 Elective and Day Cases.

90.3% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Breast Surgery(Updated July 2020)

STRENGTHS

- Dedicated Unit co-located with radiology and breast screening service
- Top centile entered into clinical trial (GIRFT)
- First Trust in region to introduce Magseed localisation for impalpable breast cancers
- Joint breast screening MDT held weekly with COCH
- Dedicated young person/male clinic
- Family history clinic
- The Model of Care provides continuity of care
- Good efficient workforce model
- Dedicated Breast care nursing team
- Dedicated dressing clinic

OPPORTUNITIES

- Collaboration with Countess of Chester re Plastic Service
- Continue delivering day case mastectomies
- Joint consultant theatre list for bilateral cases

WEAKNESSES

- 2 week clinic timescale target is a challenge
- Model of Care could cause some delays e.g. same consultant sees same patient
- Complex management structure for nursing
- Always appears to have a gap in workforce model
- Small consultant body
- Waiting area could be improved
- High anaesthetic risk patients need surgery on APH campus whilst all radiology equipment is only available on CGH campus

THREATS

- Post covid being able to manage appointments in a social distancing way
- Private service @Spire
- 2 week cancer target

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support

- Invest in extra resource to support in achieving the 2-week demand
- Explore Junior Doctor capacity to expand service

2. Compassionate Workforce - Be a great place to work

- Explore unit manager role
- Explore the management of the nursing workforce
- Continue to align the values of the organisation within the service

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Improve research capacity through the appointment of a nursing lead and engaging in trials
- Provide education to GP's to improve referral process
- Use data to inform target areas

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Explore the plastics offering with the Countess of Chester.
- Explore partnership internally to create capacity at Junior Doctor level
- Work towards an internal partnership with the General Surgical team
- Improve partnerships with community, council and 3rd sector to improve patient journey
- Work with GP's to improve referral pathway into service

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Empower patients through access to online portal
- Invest in Remote Surveillance
- Explore virtual consultations
- Review and improve the website through directing patients
- Develop a consultant led phone line for GPs

6. Infrastructure - Improve our infrastructure and how we use it

- Explore expansion of Clatterbridge site to deliver a 7-day service to enable service to operate across the whole week
- Improve waiting area experience

Community Paediatrics

Our Community Paediatric service is based in the Women and Children's hospital on the Arrowe Park Hospital campus. The service operates across the Wirral, including at the St Catherine's Hospital and Victoria Central Hospital. The service is managed by the Women and Children's Division. Each year the service delivers:

- >700 New Outpatient Appointments
- >4300 Follow Up Outpatient Appointments

Paediatrics Audiology is also included in the community Paediatric service, who operate from St Catherine's, Victoria Central Hospital and Clatterbridge Hospital campus.

SWOT – Community Paediatrics (Updated July 2020)

STRENGTHS

- Low turnover and retained expertise in the team
- Good place to work through excellent colleagues, medical engagement and leadership
- Community Paediatrics Service – can provide remote support , using “virtual” technology
- Good accommodation
- Audiovestibular consultant within the team which is limited in the region and is influential nationally

OPPORTUNITIES

- Training centre for sub speciality of Paeds Community
- Explore the role of nurse specialists
- Lead on training and education in relation to this role
- Follow up appointments with other appropriate partners
- Paediatric Audiology/Audiovestibular Medicine: Input nationally

WEAKNESSES

- WIFI not always available, especially in community/school settings which can impact on access to Cerner. Have to rely on dongles
- Patient journey isn't effective and complex with multiple providers
- Limited audiology resource/personnel
- Lack of early intervention in early years
- The branding of the service doesn't describe what it is
- The workforce to deliver this is a challenge e.g. recruitment, limited numbers, Community Nurses out in the Community Trust
- Limited specialist courses for nurses to build knowledge
- Huge waiting list e.g. > 40 weeks
- Service spread through WUTH and Community

THREATS

- Lack of consultants even with training wider workforce
- Natural attrition
- Patient motivations e.g. systems rewards a diagnosis, so complaints lead to being seen quicker
- Increasing complaints

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support

- Explore and review the flow of patients coming into the service and flowing through
- Commence effective joint working with partners to improve the pathway and enable a full understanding of pathway and improve quality and efficiency.

2. Compassionate Workforce - Be a great place to work

- Explore pathway coordinator role to enable decision making documents to be brought together
- Explore bespoke learning to enable WUTH to be a leader in learning
- Develop workforce planning to ensure succession planning and creative role design

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Reduce variation through pathway review
- Have a focus on research in the Community Paediatrics and Paediatric Audiology, through investment in capacity and support.

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Ensure we work closely with Community Trust to explore paediatrics service and include extended partners e.g. local authority.
- Improve transition to Adults to ensure it works for the patient.

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Improve the basic level of accessibility through WIFI availability and Cerner access/record keeping.
- Improve access to school network to improve off site service.
- Strive towards a paperless service.
- Explore the development of a signposting APP

6. Infrastructure - Improve our infrastructure and how we use it

- Explore clinic availability for community paediatrics.
- Explore the estate for Paediatrics audiology.

Gynaecology and Fertility

The Gynaecology and Fertility service is based in the Women and Children's hospital on the Arrowe Park Hospital campus. The service is managed by the Women and Children's Division. The service has a workforce of over 60 staff made up of nursing and midwifery, medical and administrative and clerical.

Each year the service delivers:

- >16,000 Outpatient New and Follow Up Appointments
- >6,000 Outpatient Procedures
- >2,000 Elective and Day Cases.

88.2% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Gynaecology and Fertility (Updated July 2020)

STRENGTHS

- Centre of excellence Endometriosis
- High day case procedure provision
- High day case rate
- Enhanced recovery pathway
- Co-location with main site
- Clinical expertise within the speciality
- External reputation is excellent

WEAKNESSES

- Competing against other division
- Staff nervousness and motivation post COVID
- Estate for GAU/EPU
- Estate development capability for the increase in outpatient activity
- Endometriosis capacity

OPPORTUNITIES

- Exploration of the specialist nurse role
- Re-design of outpatients
- Explore the potential of the Clatterbridge Site for Elective/Cold Site
- Reinvigorate the brand of the Women's and Children's Hospital
- More theatre trained to deal with gynae cases
- Develop a surgical workforce strategy to ensure a workforce for the future service
- Explore a partnership with Women's hospital and C&M Network
- Improve Patient Portal/Apps
- Explore the potential to offer services elsewhere

THREATS

- Backlog post Covid, need to develop a different approach
- Lost efficiency through staff motivation
- Lack of workforce planning and Strategy to ensure staffing levels are maintained
- Efficiency of outpatient service

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support

- Explore how we can keep patients out of the hospital through triage/patient portal
- Develop partnership with primary care and other partners
- Maintain the high standards with a continued focus on outcomes

2. Compassionate Workforce - Be a great place to work

- Develop a workforce strategy for the service that has succession planning
- Support and develop the workforce for the future through an investment in training
- Explore new roles including Physician Associate role
- Improve identity/culture
- Engage staff in future planning

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Maintain continuous improvement within the service
- Explore the need in relation to beds through modelling to support reconfiguring the estate
- Ensure resource is provided to deliver analytical capacity and capability
- Maintain and develop research and benchmark against similar sized organisations

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Explore with partners how to deliver gynae in the community e.g. GP's
- Build on the understanding of the Healthy Wirral Programme to influence and inform
- Understand how we can work more closely with neighbouring Trusts
- Lead the way in moving away from silo working to deliver services as a system

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Embrace digital dictation
- Ensure the workforce are supported to work with the digital changes
- Promote and embed the Wirral Care Record
- Develop patient portal for gynaecology

6. Infrastructure - Improve our infrastructure and how we use it

- Explore the redevelopment of the gynae estate to reconfigure estate to reduce inpatient capacity, develop day case unit, promote OP Treatment centre, enhance gynaecology emergencies service
- Ensure the service is linked into the Strategic Estates discussion



Maternity

Our Maternity service is based in the Women and Children's hospital on the Arrowe Park Hospital campus. The service is managed by the Women and Children's Division. The service has a workforce of over 160 staff made up of nursing and midwifery, medical and administrative and clerical.

Each year the service delivers:

- 3,500 Outpatient New Obstetric appointments
- >46,000 Outpatient Follow Up Obstetric appointments
- Around 3,100 babies delivered

95% of activity comes from Wirral Residents with the remainder of activity received from local health providers.

SWOT – Maternity (Updated July 2020)

STRENGTHS

- Forward thinking and innovative service
- B/F Initiation and rates: GOLD
- People travel to use the service due to reputation
- Workforce are attracted to work here due to reputation
- Lead regionally and within the Network
- Excellent CQC Outcomes
- Antenatal Screening
- Training and Leadership

WEAKNESSES

- Resistance to change
- If lose Level 3 it may become less attractive to the workforce
- Continuity of Care Teams, move from hospital, community midwives less interest
- No standardised approach
- Estates

OPPORTUNITIES

- Build on brand
- Scenario modelling e.g. failure of providers, high risk neo nates
- Birthing Centre between Countess and WUTH
- Community Hubs
- Community Team – Enhanced team
- Further development in triage and with workforce

THREATS

- Focus on C&M perspective
- Regional Plan
- Succession Planning
- Political
- Blended Payments model

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support

- Develop the use of the Patient Portal and review the use of Maternity Apps to support care delivery
- Explore best practice in social media to inform and develop the current offering and to increase awareness of service provision
- Broaden maternity experience from early pregnancy through postnatal care
- Promote personalised and enhanced care promoting perinatal mental health and well-being

2. Compassionate Workforce - Be a great place to work

- Concentrate and Focus on the development of workforce to support the delivery of high quality care
- Continued focus on culture embedding Trust Values and Beliefs
- Support the development of local and regional dashboards to inform maternity specific metrics
- Raise profile and understanding of Maternity Services within WUTH so service and people are valued and recognised

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Ensure time and staff engagement to enable a focus on Quality Improvement, ensuring services are innovative and sustainable
- Explore regional benchmarking to inform different initiatives and quality improvement
- Utilise business Intelligence in collaboration with Maternity Specific data to produce and improve performance metrics

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Explore collaborative working with partners to further develop Fetal and Maternal medicine services
- Build partnership with Community Trust through joint ventures, to further enhance maternity care and experiences
- Explore the potential of working collaboratively with neighboring Trusts including CoC and LWH
- Look at potential of expanding the service to increase the number of women choosing to birth at WUTH
- Explore opportunities to support increase in student numbers and to expand opportunities to across C&M Higher Education Institutions
- Engage with Service users and MVP to work collaboratively to improve care

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Develop and support production of local, regional and national dashboards to monitor performance
- Develop and support an IT focused service to improve social media outputs
- Explore the digitalisation of Maternity care to improve the continuity of care of women and their families

6. Infrastructure - Improve our infrastructure and how we use it

- Develop a plan for current space recognising other specialty needs e.g expansion into Gynae footprint
- Maximize efficiency of antenatal care through exploring using a telephone service/virtual clinics
- Create capacity through moving non clinical rooms e.g note storage room
- Explore basement capacity for potential development

Neonatal

Our Neonatal service is based in the Women and Children's hospital on the Arrowe Park Hospital campus. The service is managed by the Women and Children's Division. The service has a workforce of over 70 staff made up of nursing and midwifery, medical and administrative and clerical.

Each year the service delivers 265 Outpatient New and Follow Up appointments.

The Neonatal unit comprises of 24 cots, 6 of which are used for level 3 intensive support. Around 77% of activity comes from Wirral Residents with the remainder of activity received from other health providers.

SWOT – Neonatal

STRENGTHS

- Committed workforce including recent consultant recruitment and strong nurse practitioners
- Strong MDT workforce with the majority on site
 - Radiology – one paediatric trained consultant, Radiographer, Physio
 - Dietician support, Community paediatrics, Pharmacy consultant
 - Dedicated outreach team, Dedicated patient and public involvement lead
- Electronic prescription service (Cerner)
- Functional transitional care service
- Located on one site – women's, community, acute, maternal ITU, Ronald McDonald
- Links with Clare House
- Road links to Wales to support SLA to North Wales
- Good feedback from trainees about education
- Contribute to transport rota (only WUTH and St Marys for the North West do this)

OPPORTUNITIES

- More capacity could provide more opportunity to support transport service
- Medial Training Initiative (MTI) Fellows could become permanent recruits
- Build stronger relationships through recent changes in Neonatal ODN
- Expand Level 2 service e.g. Chester
- Drive from WUTH to be part of the neonatal partnership between Liverpool Women's and Alder Hey
 - Promote opportunity of learning at WUTH to the partnership
- Could do more outreach

WEAKNESSES

- Only one paediatric radiology consultant = single point of failure
- Trainees are recruited from HEE NW and NW Wales – the changes to NW Wales mean one less tier one trainee coming to WUTH
- MTI Fellows have to double up (supernumerary) at times, which means more resource and finance
- Estate is not BAPM compliant:
 - Lack of floor space
 - No money to make BAPM compliant with charity fundraising paused by COVID-19
 - No isolation area which has led to closure of the unit at times

THREATS

- Loss of Level 3 beds through the critical care review which would affect
 - Patient service
 - Wouldn't need all of current workforce
 - Makes WUTH less attractive for recruitment
 - Would require a shared rota with paediatrics to cover LNU. Currently WUTH paediatrics consultants have not done clinical care on neonatal unit (as level 3 split rota) and this may not be attractive to them
- Lack of clarity about LWH and Alder Hey partnership threatens WUTH recruitment and retention
- Activity is reducing year on year due to improvements in maternity (LMS) and changes to Wales service through the sub regional service
- Entering into LWH & Alder Hey partnership could have a negative impact on WUTH workforce who may not want to rotate

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support

- Develop clear pathways to support patient flow in conjunction with ODN
- Continue to develop transitional care offer to provide integrated family care
- Develop neonatal outreach service
- Explore community neonate hub offer e.g. digitalization, care closer to home

2. Compassionate Workforce - Be a great place to work

- Develop dedicated practice based nursing learning resource
- Invest in supporting and maintaining staff health and wellbeing for all staff in the service

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Create a culture of multi professional continuous improvement
- Develop a workforce strategy/plan for advanced nursing practitioners

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Drive and develop a single neonatal service for the region through partnership, done in collaboration with neonatal ODN and LMS
- Develop a robust and supportive relationship with ODN

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Develop digital integration with CERNER and other IT systems e.g. ventilators & pumps, Badgernet & CERNER
- Develop patient summary page on EPR
- Be fully paper light
- Explore patient portal idea (including Wirral Health Care Records)

6. Infrastructure - Improve our infrastructure and how we use it

- Become a BAPM compliant unit
- Explore alternative location use

Critical Care

Our Critical Care service is based on the Arrowe Park Hospital campus. The service is managed by the Clinical Support Division. The service has a workforce of over 150 staff made up of Medical, Nursing, Administrative and Clerical. The Critical Care Directorate includes the Critical Care Unit and the Outreach and Clinical Coordinator Teams.

The service sees approximately 800 patient admissions on an annual basis with a higher non-elective demand owing to the onsite Emergency Department (ED).

SWOT – Critical Care (Updated August 2020)

STRENGTHS

- Delivery of a compassionate and quality service as evidenced in patient and family feedback, and very low number of complaints
- One of a small number of units to provide a critical care follow-up service/clinic
- Many improvements made since last CQC inspection and Peer Review 2018, new Leadership Team in place, improvements with infection control rates
- POST COVID: Engagement at front door through COVID experience
- POST COVID: Fully Staffed Critical Care Team

OPPORTUNITIES

- Introduction of capacity management project which looks to improve flow across the organisation and support improved delayed discharge performance
- Explore different models of care for critical care and outreach service that utilise resources more effectively
- Transfer learning from COVID to medicine
- Bed Base: Expand footprint and future proof
- Explore differing Models of Care to develop enhanced care areas
- Manage delayed discharges – introduced critical care step down SOP
- Outreach could support and be resourced differently to bolster
- HDU upgrade of facilities providing modern facility with increase number of siderooms

WEAKNESSES

- National outlier for delayed discharges
- Poor MSA performance
- High staff turnover rates – particularly at B5 level due to lack of career progression
- Restricted critical care capacity at times due to staff shortages
- Have one of the smallest outreach services, unable to provide a 24/7 outreach service
- Poor Critical Care estates. Current facility challenge in relation to IPC, poor patient experience and poor working conditions for staff.
- Trust benchmarks as having lower numbers of staff to deal with deteriorating patients
- AHP and Pharmacy levels not meet critical care service specification

THREATS

- Blended payment pilot to be introduced in 2020/21 – income will no longer be generated based on the maximum no. of organs supported during the stay in critical care
- Failure to provide a 24/7 outreach service to prevent critical care admissions and ensure timely admission of those patients requiring a critical care bed on the wards
- Nurse led Outreach not consultant and unclear who point of escalation is.
- Delayed discharges on Critical Care.
- Unable to deliver surge Critical Care capacity without impacting Theatre space

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support

- Expansion of the Outreach Service
- Identification of CIP schemes
- Work with AHP leads to address rehabilitation deficiencies and improve follow up of patients
- Explore different MoC for critical and outreach services
- Agree deteriorating patient strategy for the Trust

2. Compassionate Workforce - Be a great place to work

- Ensure wider workforce stability through retention and attracting new employees – development programme for B6/B7, welcome pack for new staff/coaching, robust training programme for new staff, invest in staff L&D, explore rotation of staff between ED and critical care, employ in house psychologist to support staff, pts and bereaved families.
- Have a pro-active and creative approach to Health & Wellbeing acknowledging the challenges of Critical Care
- Continue to explore and develop a career pathway for nursing through ANPs and ACCPs

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Develop Service Improvement Programmes
- Prioritise resource and time to Continuous Improvement
- Use the learning from COVID and ensure good practice is retained
- Develop plan to deal with future requirement for surge capacity – staffing (nursing and medical), estates, equipment, consumables

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Continue to maintain relationships through the Critical Care Network with a focus on shared learning and resource
- Build contact with AHSN to link as a network to facilitate research

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Raise the profile of being a paperless service
- Explore how to enable the patient diary digitally, ability to add quality standards, audits to cerner, user friendly processes within cerner streamlining information
- Explore regional practice to understand 'good practice'
- Create a dashboard to provide performance overview of Critical Care

6. Infrastructure - Improve our infrastructure and how we use it

- Update estate plans and drafts for Critical Care – Architects to work with the team to develop plans for a unit rebuild
- Agreement to longer term surge plans

Pathology

Our Pathology service has a main base on the Arrowe Park Hospital campus, provides a limited service at Clatterbridge Hospital with the laboratory located in the Clatterbridge Cancer Centre and Microbiology has a laboratory base in Bromborough, Wirral.

The service is managed by the Clinical Support division. The service has a workforce of over 240 staff made up of Medical, Allied Health Professionals, Clinical Support Workers and Administrative.

SWOT – Pathology (Updated January 2021)

STRENGTHS

- Long term efficient strategy which fits with national agenda
- Established partnership working with COCH; clinical services are joined up with some Consultants and scientists already working across both Trusts which will support development of the network hub
- C&M shared EPR
- Localised network provides greater control than single hub
- GIRFT – standardisation of orders with recognition for reducing duplication and creating efficiencies
- Active member of the C&M Pathology Network
- Adaptability and willingness to embrace change in order to scale up covid testing in response to pandemic – requirement to establish model for medium / longer term
- Improved management staffside relationship and partnership working in Microbiology

OPPORTUNITIES

- Network will provide greater sustainability and resilience, mitigating workforce shortages, supplies, supports procurement of previously out of reach equipment
- Broader experience of training
- Workforce development opportunities including Grow Your Own
- Develop new ways of working, including digital enablers / initiatives; single lab system in future patient record, automation
- Private Partnerships e.g. commercial COVID-19 screening
- Pathology to drive population health improvements through testing / surveillance
- Health economy efficiencies through demand management
- Digital pathology to reduce turnaround times and provide greater resilience through network working in longer term

WEAKNESSES

- Recruitment challenges
- High % of workforce over 50
- Governance of the hub network model
- Age of equipment and facilities
- IT functionality and alignment with COCH
- Poor access to patient medical history
- Access to and lack of performance data
- Lack of Blood Transfusion infrastructure at the CGH site to support increases in activity / complexity of work at CGH
- Impact of ICE rollout and lack of adequate primary care label printing

THREATS

- Risk of staff retention impacted by uncertainty of organisational change
- NHS I E view on 3 hubs and potential further reduction
- Impact to WUTH turnaround times
- Clinical communication / interface of hub network approach
- WUTH's governance / control of future pathology service
- Lack of short term investment due to network approach longer term
- Direct access income
 - Change in commissioning model - cost base and private sector competition
 - Demand management
- Hot v's cold work balance
- COVID-19 backlog and specialties increasing activity without communicating to pathology
- Challenges covering 24/7 rotas

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support

- Develop a future proof service and long term strategy through the implementation of the Pathology Network
- Reduce turnaround times through investment in key enablers (workforce, estates facilities, equipment and IT) to drive patient pathway improvements – including development of pre-analytics
- Improve clinical and trust governance to support the network transition
- Ensure the right sample is in the right bottle, is delivered in a timely manner, and that the report is read, understood and acted upon by the appropriate clinician – through development of transfusion services and practices.

2. Compassionate Workforce - Be a great place to work

- Develop a workforce strategy and plan that meets demand and mitigates national shortages including upskilling of support staff and implementation of advanced roles and apprenticeships
- Ensure high quality, accessible, attractive training across the network
- Support the workforce through cultural / organisational change and effective communication
- Secure Executive champion for collaboration and transformation

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- To implement a demand optimisation programme both inside and outside of the organisation; eliminating unwarranted variation of process, pricing, costing, patient experience and patient outcomes
 - -Reduce local and regional variation
- Develop a pathology dashboard that is trusted and owned
- Develop research partnerships across the Cheshire and Merseyside Pathology network

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Formalise the pathology network; 3 hubs
- Increase awareness of impact of service change and demand across the trust on the pathology service e.g. covid recovery response, service business cases
- Improve timely and appropriate access to results between regional centres, primary and secondary care – through implementation of NPEX, ICE regional and integration of systems
- Maintain high levels of Clinician interaction

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Support Information system integration across the pathology network- ICE and MIRTH
- Secure further investment to support full digitalisation to improve capacity and turnaround times- Histopathology
- Increased IT and business intelligence support to: enable performance monitoring, establish cancer datasets, access to patient medical history and front line clinician access to results, review of IT support requirements and resources
- Develop of point of care testing service including accreditation, patients using apps and digital technology to take ownership and be at the centre of their healthcare

6. Infrastructure - Improve our infrastructure and how we use it

- Secure investment in estate and laboratory facilities and equipment to modernise service and improve TAT and capacity
- Maximise opportunities to improve infrastructure through the network
- Improve collection models to support TAT – through improved transport and logistics, linking in with C&M Pathology Network
- Rapid diagnostic centres; get results in the same appointment rather than bringing back for additional appointments
- Joint WUTH & COCH centre where patients can present for vague symptom testing

Pharmacy and Medicines Optimisation

Pharmacy services are managed within the Clinical Support and Diagnostics Division and operate from both hospital sites and within 36 GP practices across the Wirral . There are over 240 staff, including registered pharmacists and technicians, pharmacy support workers and administrative, IT and informatics staff. The pharmacy team are integrated within the multidisciplinary workforce in the hospital and provide services externally to GP Practices, the Community Trust, hospices, primary care clinics, the NW Ambulance Service and multiple aseptic services clients.

Medicines optimisation (MO) is a trust-wide and Wirral Place priority requiring multidisciplinary engagement and delivery. Pharmacy provides the strategic direction for MO in the Trust in partnership with the Medical Director and Chief Nurse, supported by divisional triumvirates.

The Healthy Wirral MO Programme provides a system-wide approach to improve health outcomes from medicines for the Wirral population, led by the Director of Pharmacy in collaboration with partner organisations.

SWOT – Pharmacy and Medicines Optimisation

(Updated November 2021)

STRENGTHS

- Recognised high performer by CQC and NHSI
- Award winning GP Clinical Pharmacy Service
- System-wide MO via Healthy Wirral Programme
- 7 day clinical service, highly skilled staff & specialisms
- Dedicated pharmacy informatics team; EPMA >10 years
- Embedded within WUTH strategic, clinical and operational infrastructure at every level
- Well established strategic planning & mobilisation with “can do attitude of staff”
- Service level KPIs and assurance; recurring CIP delivery
- Staff engagement, recognition and appraisal
- Well networked- influence national & local agenda

OPPORTUNITIES

- Vision for pharmacy services providing seamless medicines optimisation across primary & secondary care, underpinned by joint workforce plans
- Changing NHS landscape & pathway re-design
- Building on Healthy Wirral MO Programme workstreams
- Population health data, metrics and case-finding initiatives
- Partnership working- C&MHCP, Pan-Mersey
- Blending scale & pace with informed local implementation
- Service development to support MDT workforce plans
- Reputation building for recruitment and retention
- Income generation- Aseptic services & supply via WDA

WEAKNESSES

- Service development demand exceeds recruitment despite training post expansion and over-recruitment
- Capacity and resource for innovation and transformation
- Estate not fit for purpose (constrained by space)
- Shared decision making and self care / patient’s knowledge of medicines
- Publication/awards successful but not maximised
- Research appetite; inconsistent quality improvement approach
- Medical engagement for meetings (e.g. D&T, AMR, MSOP)
- Pharmacy Informatics Team under-resourced
- WM medicines training not integrated with clinical context

THREATS

- Staffing demand versus capacity, including primary care expansion
- Relationships, leadership & commercial model from some parts of the system make delivery inefficient
- Financial pressures
- Covid19 and Brexit
- National DES can limit flexible approach to PCN staffing
- E&T demands for new professional groups not resourced
- Increasing complexity and disease burden
- Resource intensive management of medicines supply interruptions
- Carter ASU review (threat & opportunity)

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support

- Optimise medication for the best outcomes - Right Patient, Right Medicine, Right Time, Every Time
- Enhance patient experience & outcomes from medicines by supporting self care and shared decision-making
- Develop effective information exchange between care settings to minimise admission/re-admission & enhance care
- Improve post discharge pharmaceutical care via primary care teams and community pharmacy
- Develop care home pharmacy support
- Embed a proactive population health approach

2. Compassionate Workforce - Be a great place to work

- Provide a highly skilled workforce, where staff feel valued and supported to reach their full potential
- Increase profile and reputation (regionally and nationally) to support increased recruitment and retention
- Maximise training opportunities for our staff and placements for undergraduate and vacation students
- Develop a strategic multi-disciplinary integrated workforce planning approach
- Develop new roles including split research posts

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Reduce avoidable harm from medicines, developing an open safety culture to maximise learning
- Increase audit, research and publications across pharmacy
- Ensure that best value medicines are used at WUTH and across the system
- Identify and resolve unexplained prescribing variation
- Embed a culture of improvement and transformation

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Develop integrated pharmacy services to support high quality, best value patient care in the right setting
- Agree a single workforce model to share the training burden across system partners
- Improve outcomes for patients by developing referral processes with community pharmacy
- Strengthen partnerships with academic institutions

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Optimise digital advances to support personalised care, shared decision making, prevention, self care & Wirral population health
- Utilise digital advances to streamline pharmacy/Trust-wide processes, including document & quality management systems, 'Scan4Safety' barcoding, aseptic services automation, asset tracking (e.g. medical gas cylinders), outpatient prescribing, partner communications, virtual outpatients, etc.
- Develop real time business intelligence to reduce reliance on audit for quality improvement and support pharmacy workforce deployment at WUTH
- Improve WM training (integrating functionality & clinical context) to support staff to achieve their potential & mitigate risk
- Implementation of closed loop medicines system (administration & dispensing) and investment in medicines storage/security

6. Infrastructure - Improve our infrastructure and how we use it

- Identify a solution for failing aseptic estate to maximise income generation & address WUTH/ Wirral unmet need
- Increase estate to be safe and fit for purpose for the workforce, patients and medicines storage
- Re-establish dispensary at Clatterbridge, if site is developed for elective and intermediate care
- Replace sub-standard pharmacy equipment including cabinets and cold storage

Radiology

WUTH is the prime provider of Radiology services for the Wirral. Our Radiology service has a main base on the Arrowe Park Hospital campus where the larger radiology equipment is located. Our Radiology service does also provide limited services at Clatterbridge Hospital and in community settings. The service is managed by the Clinical Support Division. The service has a workforce of over 200 staff made up of Allied Health Professionals, Medical, Clinical Support Workers and Administrative and Clerical. The service includes inpatient, outpatient and community based services, providing planned, emergency and screening services.

Each year the service delivers:

- >339,000 Plain X-Ray exams and reports
- >75,000 CT exams and reports
- >32,000 MRI exams and reports
- >38,000 US exams and reports

SWOT – Radiology (Updated February 2021)

STRENGTHS

- Highly skilled, specialised, engaged, resilient, adaptable workforce
- Good workforce retention
- Deliver high quality teaching which in turn aids recruitment with juniors returning to WUTH
- Staff developments – skill mix
- Engagement with specialty colleagues across the organisation and participation in MDTs
- IR service
- PACS team level of provision and support to rest of the organisation
- Embedded technology – VR digital dictation, home reporting, digital imaging
- Covid-19 restart and recovery – cleared backlog and sustaining DM01 targets
- Standardised pathways developed through the MSK service

OPPORTUNITIES

- Develop a Radiology diagnostic “cold” site
- Potential development of Community Diagnostic Hubs (CDH)
- New CT scanner
- Standardised regional infrastructure for viewing and reporting images – integrated care and make WUTH an attractive place to work with latest technology
- Radiology led recovery bed base for IR procedures and biopsies
- IR hub and spoke model – robust on-call system
- Continue to support staff developments and skill mix – IR Radiographers
- Patient portal – empower patients to manage own health care (would require robust control mechanisms and queries directed to clinical specialty team)
- Radiology network and potential development of community diagnostics hubs

WEAKNESSES

- Workforce capacity does not meet service demand and not in-line with other similar size Trusts
- Lack of time and resources to participate in newly formed/future MDTs and research programmes
- Dependence upon outsourcing to private provider – governance
- Equipment age, lack of rolling replacement programme and the cost of associated hardware replacements in a short timeframe as a consequence
- Estates and facilities require maintenance to improve working environment and reduce risk of damage to equipment
- COVID-19 highlighted the inability to deliver services from a “cold site” due to the large radiology equipment being located at APH our “hot site”. The main service being delivered from APH leads to competing outpatient and inpatient demands resulting in patient delays.
- WUTH is an outlier regionally in using PACS and RIS, leading to integration difficulties. WUTH is reliant upon CERNER to find a solution but due to limited CERNER PACS users internationally, there is limited incentive
- Lack of facilities at CGH to support inpatient care

THREATS

- No dedicated IR, biopsy recovery beds – short notice patient cancellations and risk of major incident
- Inability to deliver “hot” and “cold” estates
- Workforce age range – number of skilled staff due for retirement – need review of staff structure
- Outdated equipment and PACS system do not make WUTH an attractive place to work and threatens recruitment
- National way of working in subspecialties makes recruitment difficult as skill mix means that you can’t replace one Consultant Radiologist with one Consultant Radiologist as they won’t possess all the required skills
- No planned equipment rolling replacement programme – risk of service disruption and delayed patient care due to ongoing breakdowns
- Poor standard and layout of estates

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support

- Develop the Radiology Department at CGH to enable the prioritisation of inpatients at APH and ensure patients are receiving treatment at the most appropriate site and right time
- Establish a staffed Radiology led recovery bed base for IR procedures and biopsy patients at APH to prevent short notice cancellations and delayed treatment
- Review models of care for Ca patients to streamline their diagnostics and reduce hospital visits
- Undertake work to optimise referrals and demand including scope and assess the “I -Refer” system to standardise diagnostic orders and reduce queries and cancellations
- Support the development of Breast services through cross site reporting

2. Compassionate Workforce - Be a great place to work

- Undertake a review of workforce models for all modalities and formulate a workforce plan for Radiology, including completion of capacity and demand
- Continue to develop staff through skill mix programmes i.e. IR Radiographers
- Improve staff recruitment by making WUTH an attractive place to work through investing in equipment and technology

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Explore potential research opportunities and provide staff with dedicated time for research
- Undertake departmental accreditation through participate in Quality Standard Imaging audit
- Empower staff to make positive change through developing a continuous improvement framework where staff have the mechanism to share and implement ideas, review and reflect upon progress
- Model recovery area for IR and CT patients

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Maintain engagement in system wide working, including IR network proposal
- Embed pre-MDTs for Ca patients with specialty teams, which are NICE and RCR recommendations
- Engage with and support Surgery in developing CGH as an elective hub
- Mid year review of Radiology Regional Network plans

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Improve business Intelligence for Radiology including dashboard for all modalities which can be manipulated to monitor service delivery performance
- Improve digital infrastructure to be fit for purpose and fully integrated electronic functionality, improving patient safety and staff experience
- Regional integration of image display software and Radiology scheduling system to enable system wide working
- Explore usage of AI innovative software and underlying process for the introduction of digital innovation, including: collaborative business case

6. Infrastructure - Improve our infrastructure and how we use it

- Introduction of a rolling replacement programme for Radiology equipment which details equipment life span and decommissioning dates to ensure a proactive approach and continued service delivery
- Maintenance programme for clinical and non-clinical areas to ensure good working environment and reduce risk of damage to equipment
- Development of a “cold” imaging site by expanding CGH Radiology Department footprint to ensure timely patient diagnostics at the most appropriate site
- IP X-Ray room required at CGH to support the elective hub project
- Develop and estates and infrastructure plan for the department

Therapies

WUTH is the prime provider of the MSK service on the Wirral. Therapies also provide inpatient and rehabilitation services. Therapies are based across the Arrowe Park Hospital and Clatterbridge Hospital campuses as well as community settings. The service is managed by the Clinical Support Division. The service has a workforce of over 260 staff made up of Allied Health Professionals, Therapy Assistants, Administrative and Clerical. This includes a broad range of professions; Physiotherapy, Occupational Therapy, Speech and Language, Dietetics, Orthotics and services includes services such as MSK, inpatient therapy, support for ED and Assessment Services, community based therapies and the Wirral Limb Centre.

Each year the service delivers:

- >2,400 Dietetics new and f/up outpatient appointments
- >1,000 Occupational Therapy new and f/up outpatient appointments
- >68,000 Physiotherapy new and f/up outpatient appointments
- >600 Speech and Language new and f/up outpatient appointments

SWOT – Therapies (Updated October 2020)

STRENGTHS

- Very skilled & knowledgeable therapists
- Responsive 'step up' approach
- Workforce valued by MDT and Wards
- Stroke pathway approach
- Well established MSK physio triage effectively reducing outpatient referrals
- Outpatient referrals reduced – MSK physio triage
- Management more structured and open approach
- High quality internal service training
- Blended working between professions

OPPORTUNITIES

- Learning from stroke pathway
- ACP/AP/FCP Therapy roles in ED, Medicine & PCNs
- Systems approach to development
- To inform integrated Wirral PAS to provide access to health information from partners
- B5 rotations – internal and external – knowledge exchange
- Develop offsite facilities and digital potential
- Integrate fully within wards
- Workforce business case
- Specialist knowledge to support research
- Integration with Community Trust on pathways
- Further develop blended working through workforce planning
- Knowledge within team to help better inform discussions about planning for Trust bed base requirements

WEAKNESSES

- Low therapist to bed numbers when compared nationally, under funded compared to peer organisations
- Not involved as ward team members in change decisions
- Digital potential not realised (paperless OP risk register flag, access to hardware, no routine review of templates, lack of analyst resource)
- Unclear commissioning (Community provision/quality, referral processes, social/education services in Paeds)
- Estates are outdated and poor quality (on risk register)
- Limited research & CPD due to time and resource constraints
- Fire fighting for discharge
- Long consultant waiting times lead to referral too early (increase wait for diagnosis) or too late for therapy support
- Lack of outcome measures / measures of service effectiveness
- Lack of visibility of staffing levels / lack of e-roster

THREATS

- Politics of MSK contract
- PCN recruitment of physios outside of MSK service
- National shortage of therapists across all disciplines
- Commissioning intentions (MSK contract performance notice, Orthotics contract, Rehab, ED, H2H)
- Legal request for Paeds therapy
- Reliance on private providers in Wirral for diagnostics
- Estates
- Hydro pool requires replacement and inadequate internal resource for maintenance
- Outpatient area to be used by other services
- MSK subcontract – WUTH responsible for performance but limited ability to influence delivery

Clinical Service Priorities 2021-2026

1. Outstanding Care - Provide the best care and support

- Reduce requirement for follow up attendances by empowering patients to self manage their condition (via Patient Portal, apps)
- Develop the future model for Orthotics provision to simplify pathways and prepare for future contractual changes
- Define therapy model / role in patient journey within the Trust and more broadly in the health economy
- Therapies to support decision making on bed requirements within and outside of the organisation

2. Compassionate Workforce - Be a great place to work

- Through workforce & succession planning and business case submission ensure we have the right number of staff, in the right place to meet demand
- Fully integrate therapists into ward teams to improve communication (dependent on workforce business case)
- Develop a training plan for Team Leaders on compassionate leadership

3. Continuous Improvement -Maximise our potential to improve and deliver best value

- Implement staff rotation and use business intelligence to reduce variation
- Define outcome measures to drive improvement and make available on BI portal
- Engage staff in continuous improvement via sharing of good practice and quality events

Clinical Service Priorities 2021-2026

4. Our Partners - Provide seamless care working with our partners

- Promote the role of integrated First Contact Practitioners with Primary Care Networks
- Define the role of therapists in the full discharge process to ensure accurate and timely knowledge exchange across the discharge pathway (internally with IDT and externally with community services)

5. Digital Future - Be a digital pioneer and centre for digital excellence

- Improve business intelligence information to support improvement by improving data quality
- Implement an e-roster to improve rotas and the recording of absence
- Transfer sub-contracted physio activity to Cerner Millennium to improve waiting list management
- Develop the patient portal to support MSK patients in self management

6. Infrastructure - Improve our infrastructure and how we use it

- Secure involvement of therapists in trust wide specialty and governance meetings to ensure participation in decision making
- Complete and implement an Estates strategy to re-provide a physiotherapy gym, update the outpatient accommodation and hydrotherapy pool provide suitable storage space for mobility equipment and provide safe workspaces for inpatient therapists