



University Hospitals
of North Midlands
NHS Trust

2025 Vision



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The changing healthcare environment

In October 2014, NHS England published the NHS Five Year Forward View (Forward View). The Forward View set out a vision of how NHS services need to change to meet the needs of the population. It argued that the NHS should place far greater emphasis on prevention, integration of services, and putting patients and communities in control of their health. This was followed up by Next Steps On The Five Year Forward View in March 2017.

Nationally, there is a clear commitment to a primary care led NHS headed up by the clinical commissioning groups (CCGs) and delivered through multi-service community providers (MCPs), primary and acute care systems (PACs) and accountable care organisations (ACOs).

Some services currently delivered from hospital, such as outpatient clinics, diagnostics and long-term conditions management are moving into community hospitals, homes and other settings as people receive care much more locally. For Staffordshire these plans are being co-ordinated through the Staffordshire and Stoke-on-Trent Transformation Programme (STP) which is branded as Together We're Better (TWB).

The STP Case for Change was published in December 2016 and is available at www.twbstaffsandstoke.org.uk. Detailed implementation plans are still under development, with updates posted on the TWB website on a regular basis.

The changing environment for healthcare is both an opportunity and a challenge for UHNM. It is important that we face this challenge head on and continue to develop and improve our services and ways of working to achieve excellent patient outcomes, first class education and training and leading research.

Patients first - always

“A patient is the most important person in our hospital. They are not an interruption to our work, they are the purpose of it. They are not an outsider in our hospital, they are part of it. We are not doing them a favour by serving them, they are giving us the privilege to do so.”

Patient choice is changing the traditional relationship between providers and the communities they serve. Hospitals must expect patients who are better informed and have higher expectations than previous generations. Patients want consultants with excellent technical expertise, but also value customer care skills. They expect and deserve hospitals which are clean, support their privacy and dignity, have low infection rates, staff that can communicate with them as equals in their care and easy and quick access to treatment.

Patients demand safety, but are increasingly asking for much more co-ordinated care with other health and care organisations. Most only want to visit a hospital when necessary and expect kindness and compassion when they are there. We are seeing a generational shift as the young and middle aged, who are used to our modern, customer orientated services, expect seven-day access to care, the use of technology and rapid actions to support their needs.

In the next decade these trends will accelerate and patients will increasingly choose hospitals and their care on the basis of results. There will be an emphasis on choice for their emergency, elective and continuing care. This will be supported by the use of electronic data and communication in order to deliver the best care as close to home as possible.

Supporting the needs of the local population

One of our key roles is to provide district general hospital services and we will continue to adapt these to the changing health environment described. We strive to deliver these at an excellent standard with more joined up working between acute services and community care.

Emergency care

We will provide an emergency care service to meet the needs of the local community. This will be centred on greater primary care delivery where appropriate, fast access and effective rehabilitation. We will focus on caring for critically ill patients and develop a wider range of services which span hospital and primary care. Practically, this will mean that UHNM will deliver:

- Management and advice to GPs on frail elderly patients with multiple or a single condition.
- A range of services comprising telephone advice, rapid diagnosis, hot clinics for advice, intervention and support to manage patients in different settings. These will be delivered in partnership with local community providers.
- Partnerships on intermediate bed capacity with other providers if required.
- Alignment of the urgent and emergency care services delivered at County Hospital to patient demand as it has evolved since Mid Staffordshire NHS Foundation Trust ceased to provide clinical services.

Major and routine elective

We will retain and develop a major elective service for complex surgery and medical conditions, mainly from Royal Stoke due to the infrastructure available there. We will also continue to deliver routine elective services. We will create a centre of excellence at County Hospital to ensure the best experience, improved productivity and short access times for patients. As well as completing the investment in the

£47m facilities, in 2017 we introduced a number of new services including bariatric surgery and 23 hour gynaecology surgery. We also work in partnership with other trusts and undertake some surgery at their hospitals, particularly where they are experiencing shortages of consultants.

Diagnostics and critical care

To support the core emergency, elective and regional services outlined, we will continue to review, update and expand our diagnostic and critical care services to improve access and develop innovative new treatments. Similarly investment will be needed in bio-technology and genetics. There will increasingly be networks in key diagnostic services between different trusts in areas such as imaging (e.g. MRI, PET, Interventional and on-call services) and pathology.

Community care and primary care

The shift towards caring for patients as close as possible to where they live means that some of the services that UHNM has traditionally provided such as outpatient appointments and diagnostics will move into community locations. We will need to continue to work closely with GP practices and clinical commissioning groups to define how this changes future patient care pathways. We will develop a clear view on these services that UHNM will provide, and those services that we will seek the support of others to provide.

We believe that these changes will particularly affect long-term conditions such as diabetes, respiratory disease, heart failure, musco-skeletal services, cancer, frail elderly and stroke. Staffordshire needs to strengthen and develop its primary care workforce to ensure we have the capacity and capability to deliver care in this way, particularly given the shortage of GPs in our region. Increasingly, our hospital staff will have a role to play as part of wider multi-disciplinary



teams, including GPs, social workers, and nurse practitioners to ensure that our patients receive holistic, seamless care.

We will work with NHS England and local CCGs on how we can use our strength in appointing medical staff to deliver more medical support to general practice to facilitate, sustain and develop the primary care workforce to enable care to be delivered outside hospital and closer to people's homes. In time this should have an impact on reducing the growth in acute emergency care demands.

Managing Frail Elderly Patients

The ageing population has resulted in many more frail elderly patients over 80 years of age being admitted to hospitals with a wide range of conditions. Our hospitals need to change to meet their clinical, emotional and physical needs. Ultimately, however, an acute hospital is often not the best place for this cohort of patients to receive their care, and should be seen as the last resort rather than the first port of call.

This is why hospitals, working with their health and social care partners, need to transform their models of care. These models will increasingly focus on prevention, anticipating deteriorating conditions in this group and intervening earlier.

Again, much closer working with GPs and hospital consultants will be needed to manage specific individuals and provide alternative forms of home and community care provision.

Where frail elderly patients do need to be admitted for acute care, the focus should be on discharging them as soon as that acute care has finished in order to prevent de-conditioning (it is well documented that lengthy hospital stays cause muscle deterioration/wasting and disorientation in elderly people, which can make it impossible for them to return home). We want to minimise this risk and are clear that assessment of longer term needs should be completed in the community.

For acute hospitals this will mean a fundamental shift for certain specialties, such as general medicine, respiratory, cardiology and neurology, to be much more community facing. This will include sessions in the community, developing rapid specialist advice seven days a week for GPs and other health professionals, developing hot emergency assessment and treatment clinics and increasing the role of acute hospitals in supporting intermediate care services. This will increasingly make the experience of our consultants available to community and primary care teams.

Supporting the needs of the regional population

Fundamental to our plans is the retention and continuous development of our complex and specialist services. These enhance our ability to attract and retain high quality staff as well as sustaining and growing our single biggest source of income.

Growth in regional services

Technological, demographic and research trends are creating a greater demand for specialised regional services, which will continue to expand. The demand for and complexity of services such as trauma, neurosciences, cardiothoracics, clinical genetics, oncology and other complex medical and surgical services will increase.

However, the situation will be fast-moving as the development of skills and technology will allow certain regional services to be moved to more local settings. For example, simple cardiology procedures like echo-cardiography, which have become routine, might be performed in the community.

A regional centre

The West Midlands Specialised Commissioners invest over £170m in UHNM to deliver specialised regional services. Our local health system plans to support the delivery of specialist care at UHNM for people in Staffordshire, Wales, Cheshire, south Manchester and the Black Country.

We are a leading major trauma and major emergency centre with a full range of 24 hour services. These complement the services provided at local district general hospitals and we will continue working in a network with them.

Smaller Hospitals Sustainability

There is a continuing trend to move the most critically ill patients to regional centres. As a consequence district general hospital services face lower incomes and difficulties in recruiting and retaining staff.

This is compounded by reduced training places for doctors and other clinical staff. These factors along with national quality standards and performance targets are driving profound changes in the ability of smaller local hospitals to deliver and sustain emergency care and certain other services.

Our future plans for services at Royal Stoke include the continuing development of our Major Trauma Centre, regional hyper-acute stroke and cardiac services and further development of vascular, cancer and paediatric networks with their providers.

There will need to be close working with hospitals in Crewe, Macclesfield, Shrewsbury, Telford, Burton and Wolverhampton. This will help to reduce referrals to Manchester and Birmingham and develop excellent services locally, increasing patient choice for the populations we serve.

At the same time we will need to increase co-operation with other hospitals in rehabilitation and step down transfer of patients back to local settings.



An overview of our activities

UHNM seeks to get the right balance between delivering on our obligation to provide excellent services to our local population, whilst also providing key national specialist services to a much wider area. In all our services we aim to produce outstanding research, innovation and service levels to patients that will be amongst the best in the country.

Our doctors and nurses work alongside scientists to create more integration of clinical and academic innovation. Keele University Medical School is a key partner in dealing with Post Graduate education training and research. Below is a summary of our key services and the priorities for the future.

Children's, Women's and Diagnostics Division



UHNM offers a wide range of Obstetrics and Gynaecology services.

More than 7,000 babies are born every year at UHNM and we expect this to grow by 1% year on year over the next three years. This is supported by a Level 3 Tertiary Neonatal centre based at Royal Stoke that offers premature babies the best possible chance of survival.

Our Gynaecology services range from general to specialist provision, including managing

approximately 200 gynaecological cancers per year as part of the Cancer Centre within the North West Midlands Cancer Network.

Future planning priorities:

- Increasing the number of complex obstetric patients cared for at Royal Stoke and expanding fetal maternal medicine.
- Continuing to build collaborative pathways between our neighbouring providers to ensure that women and babies who require specialist skills have equitable access to our services, building on our reputation as a fetal medicine centre and Level 3 Tertiary Neonatal Centre.
- Delivering increased Level 3 Tertiary Neonatal care as part of a regional network that includes Shrewsbury, Crewe and others.
- Expanding gynaecology inpatient services at County Hospital and Royal Stoke University Hospital to ensure that women of Staffordshire receive a timely and highly quality service.
- Providing the highest quality personalised maternity care, supporting women's choices in their place of birth and throughout their pregnancy developing multi professional services for complex medical conditions in pregnancy such as cardiac antenatal clinics.
- Developing the perinatal mental health pathway within maternity in collaboration with mental health providers.

Children's Services

The Children's Centre at UHNM has a proud reputation for providing first class general paediatric services, and is a centre of excellence in many of these disciplines.

Future planning priorities:

- To deliver complex and routine paediatric general surgery, ENT, spinal, orthopaedic and urology services to Staffordshire and Shropshire, partnering with a specialist centre.



- Attracting more specialised centres to deliver shared care with our paediatricians and developing specialised services at Royal Stoke University Hospital.
- Developing our paediatric cardiology, respiratory, gastrointestinal (GI) and allergy medicine services.
- Expanding our elective and urgent spinal, ENT, orthopaedic and urological and GI services.

Diagnostic Services

Imaging and Pathology services are delivered across Royal Stoke and County Hospital, along with walk-in access through GP surgeries, community clinics and hubs. Both hospitals carry an excellent reputation in delivering high quality and timely services that impact on performance and patient experience.

Diagnostic Imaging

The Imaging Department encompasses a wide range of services including MRI, PET-CT, Ultrasound, CT, Interventional Radiology, Fluoroscopy, Nuclear Medicine and X-Ray. There is expected to be growth for at least the next two years alongside a national shortage of staffing to both report and acquire images.

UHNM have developed a Diagnostic School of Radiography with its first intake year in September 2017 and first qualified radiographers in 2020. Additionally, the department has introduced innovative approaches in advanced practice, reporting radiographers, consultant radiographer appointments, skill mixing and a move to more general on-call rather than by service to offer greater efficiency.

Future planning priorities:

- Ensuring there is on-going development of

Imaging facilities so UHNM can maintain market share and reduce opportunities for private providers.

- Increasing utilisation of County Hospital with the level of activity to meet demand and the implementation of a new digital reporting system that will give improved patient continuity and access to images across both hospitals.
- Further develop relationships with local trusts to bring in more activity to UHNM where opportunities exist and we have the capacity. E.g. Nuclear Medicine.
- Exploring private patient expansion, alongside the availability of high quality equipment and specialised imaging expertise.
- Expanding research activity.

Diagnostic Pathology

The Pathology Directorate encompasses a wide range of sub-specialties including Clinical Biochemistry, Haematology & Blood Transfusion, Immunology, Microbiology, Cytology, Histopathology and the Mortuary. Similarly to Imaging the service has experienced growth across specialities.

Future planning priorities:

- Further develop relationships with other local trusts with the potential to centralise specialist work to maximise economies of scale and to help to increase capacity in a hub and spoke arrangement
- Exploring opportunities to increase market share by working in partnership with other healthcare providers, or commercial partners or trusts, to ensure the service is better equipped to respond to tenders and to improve marketing and sales skills with an aim to having a more private sector/business focus.
- Ensuring there is the capacity to support the Specialised Division's plans to increase market share.
- Further developing histopathology services to underpin UHNM as a Cancer Centre.
- Procurement and implementation of a new laboratory information management system.
- Ensure Pathology is future proofed and is able to maximise associated efficiencies and to improve linkages with strategic partners.

Pharmacy Services

The Pharmacy Directorate aims to deliver excellence and innovation in medicines optimisation and pharmaceutical care for the benefit of our patients, customers and staff. The intention is to raise the regional and national profile of the Pharmacy department to enhance our reputation and support recruitment and retention strategies. It will also continue to support UHNM's education and research programmes.

The service is primarily delivered across two sites, in three locations - the main pharmacy in the Main Building, a dedicated satellite chemotherapy dispensary in the Cancer Centre at Royal Stoke and a smaller pharmacy department located at County Hospital. In addition, a LloydsPharmacy is available at the Royal Stoke.

Future planning priorities:

- Implementation of the UHNM Hospital Pharmacy Transformation Plan and a trust-wide medicines optimisation strategy (2017-2020) that is in-line with national medicines optimisation requirements.
- In partnership with other divisions, developing innovative service solutions and improvements to address increasing demand, improve patient flow and be an effective and efficient support service.
- The Directorate will continue to grow its market share and income streams in relation to the wholesaling of medicines, sales of manufactured items, including pre-packs and the marketing of clinical pharmacy services to CCGs, GP practices and hospices etc.
- Implementation of a major trust-wide IT project that will improve electronic Prescribing and Administration of Medicines (ePMA).



Surgery Division



The Surgical Division encompasses more than 17 clinical specialties, which are grouped into three clinically led directorates.

- Theatres and Anaesthetics (including HSDU, Pre-assessment, Central Treatment Suite and Pain services) and Adult Critical Care (including Surgical Special Care Unit).
- General Surgery & Urology (including the Surgical Assessment Unit, emergency surgery, Upper & Lower Gastrointestinal surgery, Hepatobiliary & Pancreatic Surgery, Breast surgery, Vascular Surgery, Paediatric Surgery and Urology).
- Specialist Surgery (including ENT, Plastic surgery, Dermatology, Ophthalmology, Oral & Maxillofacial surgery, Orthodontics, Restorative Dentistry and Audiology).

One of the key challenges for the Surgery Division is creating the required capacity to meet the anticipated surgical demand, to achieve both the 18 weeks and cancer standards.

The Division's strategic objectives are to:

- Maximise productivity opportunities, in particular increasing the throughput of Theatres and Outpatients.
- Develop the depth and range of our surgical specialist services to deliver high quality surgical secondary care for our local populations and support the continued delivery of secondary care in surrounding hospitals.
- Expand services at County Hospital and explore the potential opportunity to move

further services to County. E.g. skin and eye services.

- Collaborate/partner with surrounding hospital surgical services to achieve the optimal configuration of services and deliver the best possible clinical outcomes and patient experience.
- Deliver transformational change in Critical Care, including implementation of a patient data management system and enhancing the rehabilitation provision.
- Implement new technologies. E.g. minimally invasive surgical techniques / advances in interventional radiology and robotic systems.
- Expand the potential to develop sensitive services. E.g. eyes and dental.

Medicine Division



Emergency Medicine

This Directorate operates one of the largest Emergency Departments (ED) in England. Royal Stoke receives complex emergency patients, including trauma admissions via helicopter. The department also boasts a dedicated Ambulatory Emergency Care (AEC) facility to help avoid unnecessary admission.

General Medicine

Older adults, diabetes and endocrinology are all catered for by this directorate across UHNM. There is a Frail Elderly Assessment Unit and dedicated specialist older persons team based at both Royal Stoke and County Hospital. The Directorate also encompasses a state-of-the-art Renal Unit service for nephrology patients, including Haemodialysis, Transplant, Home Therapies and Chronic Kidney Disease

services with strong links to Keele University and Research.

Oncology and Haematology

UHNM provides a range of specialised treatment and support services to adult cancer and haematology patients from North and South Staffordshire as well as for some patients from Shropshire and South/Mid Cheshire from a purpose-built Cancer Centre opened in 2009. The Immunology and Allergy service has recently expanded and now delivers Home Therapy. The Palliative Care service is a Trust wide team delivering specialist palliative care advice support. The team also provide extensive training for palliative and end of life care. The Trust has an extensive cancer service incorporating radiotherapy, an emergency assessment unit and an outpatient/daycase chemotherapy unit.

In December 2016 a new £2.1m Chemotherapy, Oncology and Haematology Unit at County Hospital was officially opened with state-of-the-art facilities to provide treatment for a range of cancers, to further enhance our service and provide care close to patient's homes.

Specialised Medicine

This Directorate includes Gastroenterology, Respiratory and Infectious Diseases, which are provided across both Royal Stoke and County Hospital. Our Respiratory department provides both an inpatient, outpatient and day case Sleep & Ventilation Service, Interstitial Lung Disease, Cystic Fibrosis, Asthma, Lung Cancer, Pleural Procedures and General Respiratory service.

Gastroenterology manage a variety of diverse and complex services, including Bowel Cancer Screening (BCS), Inflammatory Bowel Disease, Hepatology, Nutrition, Capsule Endoscopy and Functional Disease. There is a stand-alone infectious diseases ward supporting infection control, HIV and select disease management.

Future developments:

- Urgent treatment centres (UTCs), staffed by GPs, are currently being developed at both hospitals ensuring that patients get the right care, in the right place and at the right time.
- UHNM will consolidate its position as one of the three cancer centres for the West

Midlands.

- Work with the hospice sector to develop effective and improved end of life support.
- Delivering increased clinical trials activity, including radiotherapy.
- Working with GPs to support early diagnosis and treatment.
- Developing with community partners the discharge to assess service which will ensure that patients are discharged from the acute sector within 24 hours of their treatment being

Specialised Division



completed.

Heart Centre

The Heart Centre is a national centre of excellence for the North Midlands and North Wales. Cardiology and Cardiothoracic Surgery have led the way to provide an award winning Heart Centre and national frontrunner in the delivery of Cardiac and Thoracic Care, offering highly specialised services with excellent results.

UHNM is in the top 5 cardiac surgical centres in the UK and has the best day case rates for ICD implants and pacemakers. As a specialist centre we have quick access to specialist cardiac and cardiology services, including minimal invasive procedures and pioneering keyhole by-pass surgery. Patients from Manchester, Birmingham, Wigan, Solihull and the Wirral choose to come to UHNM for treatment. Minimally Invasive Coronary Bypass Grafting is provided at UHNM and only two other centres in the country.

The Heart Centre is committed to developing services as follows:

- Continue to strengthen alliances in Cheshire,

Wales, Shropshire and Staffordshire in cardiology and cardiac surgery.

- Develop academic posts in Cardiology and Cardiothoracic training posts.
- Continue to develop the national profile in research.

Trauma and Orthopaedics

The Trauma Directorate provides comprehensive and highly specialised services in Major Trauma, Orthopaedics, Spines and Neurosurgery.

The Major Trauma Centre (MTC) serves the population of Staffordshire, South Cheshire, Shropshire and North Wales.

Trauma and Orthopaedics continues to develop services:

- Supporting academic development, emergency trauma and orthopaedics linked to acute rehabilitation.
- Supporting the development of orthopaedic services and expanding referral sites at County.
- Developing and strengthening partnerships and developing ortho-plastic services to support our Major Trauma Centre.
- Developing our spinal complex surgery with West Midlands partners.

Neurosciences

The Neurosciences Directorate is one of three sub-regional centres offering neurosciences services (neurology and clinical neurophysiology) within the West Midlands region, and currently serves a population in excess of 1.6 million.

The Directorate provides a comprehensive range of high quality inpatient and outpatient services for the diagnosis and management of patients with acute and chronic neurological diseases and includes a team of specialist nurses who further enhance the quality of care given to patients.

Areas covered include Parkinson's disease, epilepsy, multiple sclerosis, motor neuron disease and headache. The Directorate's Stroke and Transient Ischaemic Attack Service was established in 1995 providing hyper-acute and acute bed based services and outpatient clinic based activities.

The Stroke service is one of the most active thrombolysis centres in the region. Neurosurgery

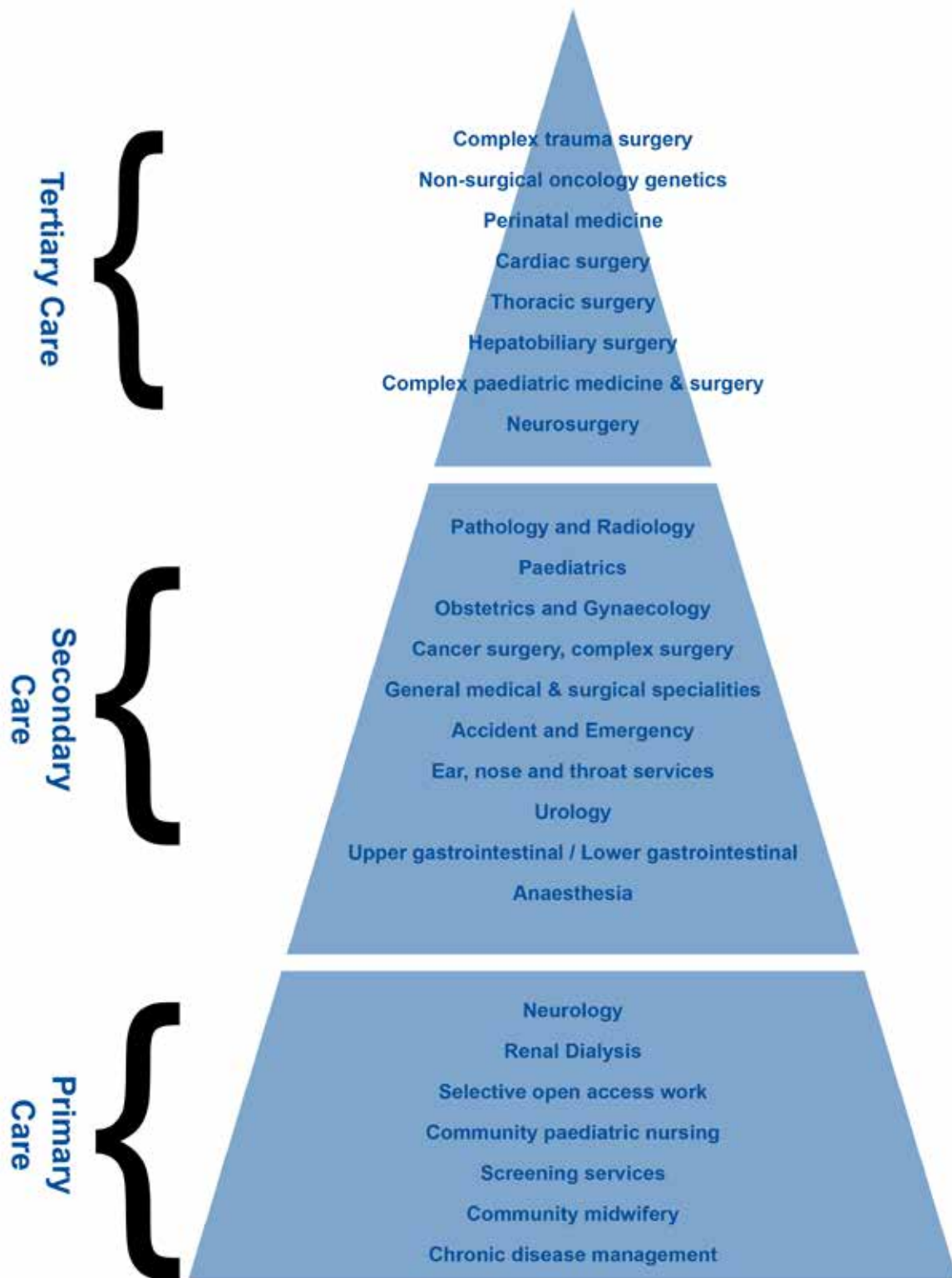
introduced an Awake Craniotomy service providing prolonged survival and improved functional outcomes for patients. Providing services locally is a major boost for Staffordshire patients.

Neurosciences continues to develop services:

- Increase the delivery of specialised neurology clinic services.
- Expanding our academic appointments in neurology and stroke medicine.
- Integrating stroke rehabilitation, with acute and hyper-acute stroke and a community team to drive improved outcomes and better productivity (single provider model). Streamlining the Stroke/TIA care provided to East Cheshire patients.
- Rapid “One-Stop MS Diagnostic Service” through triaging and rapid access to diagnostics.
- Neurology hot clinics (dedicated specialist clinics – i.e. headache) – changing the way we deliver neurology emergency pathways.
- Community multi-disciplinary team for long-term conditions.
- Internal expansion of hot TIA/Mimic Stroke Clinic capacity.
- New hyperacute intracerebral hemorrhage (ICH) pathway.
- Expansion of neurosurgical/neuro-intervention work load in line with coiling aneurysms to treat sub-arachnoid bleeds.



The links between our national specialisms and local services





Supporting services

Our People Strategies

As a large acute Trust we face many challenges. In order to meet those challenges and seize opportunities for the future it is essential that we have the right people in the right jobs with the right skill mix at the right time. We are clear that our staff are our most important resource and we must work hard to attract and retain them in a competitive market.

We will do this by ensuring that UHNM is a great place to work. We will provide a supportive environment in which people can develop their careers by gaining experience and specialist skills. We know that excellent staff experience leads to excellent patient experience and improved patient outcomes. We want our staff to work to the very highest standards and to be able to communicate openly in an organisation which respects people's views and values the diversity of individuals and teams.

Through our people strategies, we are developing our leaders in line with our values, providing opportunities for all staff to develop in existing or new roles, and we aim to improve the overall wellbeing and experience of those who work here.

Through our organisational development activities we will encourage the development of a compassionate culture to improve the organisation's performance, increase the capability and capacity of our workforce, and focus on sustaining continuous learning and improvement.

Achieving Excellence through our people

For UHNM this means:

- Having a shared set of values, which identify and exhibit the right behaviours, attitudes and approaches.
- Focusing everything we do to improve patient

care, from delivering outstanding teams which exceed patients' expectations, to delivering clinical outcomes that are benchmarked with the best and delivering safe care.

- Having robust management systems and processes that are implementing "best in class" ideas, concepts and approaches.
- Making our clinicians the leaders of our organisation.
- Delivering the best staff experience so we are seen as one of the top employers in the country.
- Having a clear vision and strategy, which is shared with and supported by our staff, the public and our partners.
- Being a research led, evidence based organisation. The clinical and non-clinical work we undertake continually being at the cutting edge of healthcare development.
- Being an organisation where compassion and care count. Where you can see and feel it in everything we do and where it is built up with a focus on delivering our goals. This means being clinically vibrant as well as financially sound as an organisation.



Having strong Values

We have refreshed our values following consultation with both patients and staff as follows:

In valuing our staff, equal opportunities and the embracing of diversity are central to everything we do. We will continue to support improvements in staff wellbeing and reward and recognition, with the aim of offering an excellent staff experience at work and being an employer of choice.



- We communicate well
- We are organised
- We speak up



- We are supportive
- We are respectful
- We are friendly



- We are a team
- We are appreciative
- We are inclusive



- We listen
- We learn
- We take responsibility

Teaching and training

We will continue to enhance our teaching and training capability to support the development and progression of our workforce. The development of our teaching / training staff is paramount to ensuring new and existing staff improve and develop their competencies, which will ultimately improve patient care. We will support the development of new and redesigned roles to address workforce shortages and to provide opportunities for career enhancement. We will also continue to collaborate with local partners – schools, colleges and universities - in addition to other providers of health care to offer opportunities for skills development at all levels of the workforce and to support future generations.

Leadership that works

To secure the changes we believe are necessary we will need to continually develop and grow the

capability and competencies of our clinical and managerial leaders at all levels. Our Connects Leadership Development Programme and prospectus have been designed to provide opportunities for all staff at all levels to meet their potential.

As part of this we are adopting a UHNM approach to continuous improvement. Our Project Management Office and Organisational Development and Quality and Transformation teams will work with a volunteer group of around 500 colleagues from across the organisation who will be trained in a common improvement methodology to deliver projects in line with our strategic objectives, financial recovery plan and values. Our staff engagement champions will also play a key role in helping us to move the organisation forward.

We are developing the leadership style in line with our corporate values. This will be open, frank, and engaged with staff at all levels. It will be determined, ambitious and achievement orientated. Individuals will be encouraged to take responsibility and be accountable. The climate will be one where we are less hierarchical, more engaging, persuasive and inclusive. We will be more innovative, reflective of our successes and failures, and not be afraid to tackle mediocre or poor performance of any individual, team or services.

Research and Innovation

The research community is focused on expanding the number of sites across the UK that deliver research trials. At the same time, complex research is being concentrated in a smaller number of hospital trusts, with their university partners, to compete globally in research.

UHNM has a relatively small research infrastructure and has focused on clinical translational research. This takes basic discoveries in science and turns them into improvements in patient care. This opens a significant opportunity for the expansion of our clinical translational research programmes and the opportunity to deliver more commercial and non-commercial clinical trials activity.

The UK pharmaceutical industry is keen to advance our vision for the health sector in this area. We will work with Keele University in our clinical research and collaborate with other UK and international research centres around this academic research. The revolution in genetics and genomic technology will result in more targeted medicine in cancer, brain and cardio-vascular conditions. In conjunction with the reduction in monoclonal drugs and genetic treatments, this will place new demands on our staff. We will also seek to exploit our talent for service and commercial innovation by looking to develop capability around commercial activities, intellectual property and encouraging staff who have great ideas.

Facilities

We are committed to working in partnership with key existing and potential stakeholders to deliver our vision, values and strategy over the next 5-10 years and to improve the effectiveness and the efficiency of our non-clinical services. We are committed to maintain and maximise existing positive relationships with the universities, local authorities, private finance initiative (PFI) partners and other healthcare partners, looking



at opportunities to consolidate and rationalise our estate where possible. We will work with our PFI partners around flexing the use of the estate to optimise utilisation and respond to the needs of the UHNM operational plan. This will include defining a future for the Royal Infirmary and former outpatients car park sites and a number

of other leasehold properties.

Lord Carter's review of the NHS endorses the creation of an NHS "model hospital" to promote the ability to aim to deliver best in class performance in core estates and facilities, including running costs, procurement and asset utilisation. The Estates, Facilities and PFI team continue to use technology to support innovation and transform the way in which services are delivered. This will help to improve the quality of these services provided at the same time as reducing costs.

Responding to the Information Age

UHMN is committed to making the best possible use of IT with further investment planned across both hospitals. Having already implemented



resilient infrastructure and integrated core County and Royal Stoke systems, the focus will now be on clinical decision support, clinical productivity and improved patient safety. Joined up health and social care information will create a care record that can facilitate proactive care planning and management across Staffordshire and Stoke-on-Trent. This will allow patients to access their tests, investigations and manage their own condition at home.

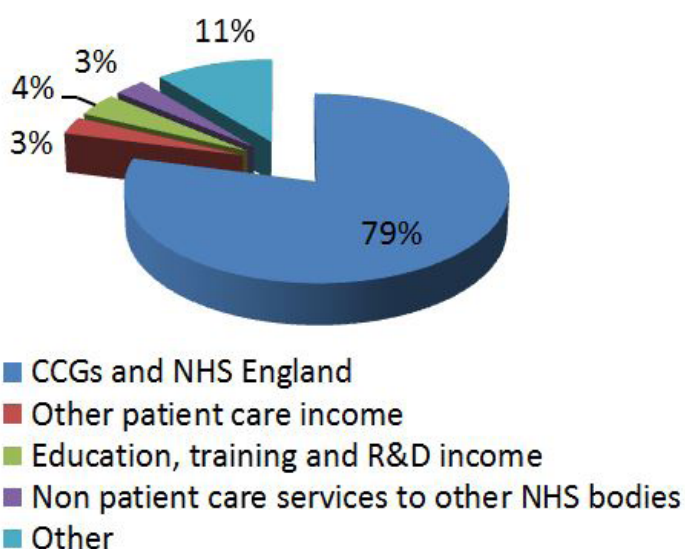
Internally UHNM will look to improve patient safety and clinical productivity with electronic observations, video consultations, electronic medicine administration and prescribing and the digitalisation of patient information. These tools

will give clinicians access to clinical information available at the point of care, irrespective of location.

Finance

As shown in the pie charts (opposite), the majority of UHNM's income comes from providing clinical services to the local population and tertiary services to the regional population. However, healthcare demand is rising by around 2 – 3% per annum across all sectors and this is not expected to abate but, if anything, to grow over the next decade. In addition to this rise in demand the costs of providing NHS services is growing at a rate of 3-4% per annum and this requires continuing improvements in productivity through investing in IT and changing working practices.

2016/17 - Sources of income by %



Whilst these pressures apply to the NHS as a whole, UHNM is operating in a health economy which is spending considerably more than its allocated per head budget. Our health

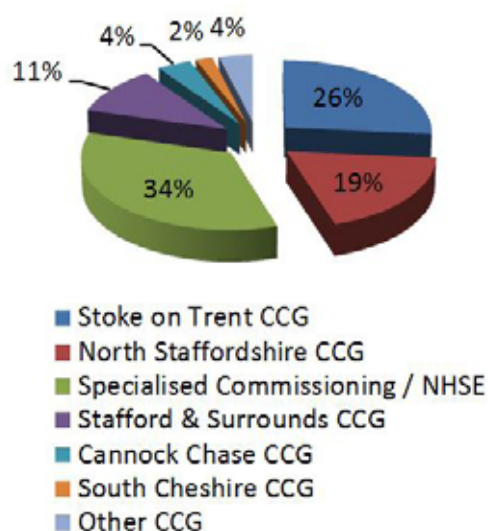
economy faces the challenges of dealing with inflation, producing above inflation productivity improvements every year and clawing back a material financial deficit as its starting point.

We are therefore working with our partners in the STP and the national regulators to tackle these financial pressures over the next five years and this will involve looking at all aspects of our operations and continuing to develop our specialist services to help recruit top quality staff. Working with other partners to develop the out of hospital pathways is key to returning to financial balance.

Internally our organisational focus on improvement will be underpinned by a new mindset towards achieving financial sustainability, supported by strong governance and positive peer challenge. Change will be clinically driven and cost will be taken out of the organisation, meaning that we will be less dependent on income generation to balance the books. Our structured career and leadership development programme will ensure colleagues can fulfill their potential, which will help recruit and retain them, bringing significant financial benefits.

We will work with external consultants and peers when we need to, but will ensure a transfer of knowledge and skills so that our internal leaders continuously develop and improve their own skills and capabilities, which will further help us achieve sustainability.

2016/17 - Summary of income from CCGs & NHSE by %





An achieving organisation

Positive relationships with our partners

We work with a wide range of stakeholders and to a great extent our success is reliant on establishing good relationships, recognising areas of potential conflict and negotiating mutually acceptable solutions that benefit our communities. This can be challenging as we all have financial obligations to meet, and the regulatory regimes we work within sometimes put us at odds with one another. The local STP has a major role to play in this area.

For our clinical commissioning groups there will be a focus on longer-term whole system changes. They will develop care nearer to people and improve their own capacity and capability to manage their own chronic disease and rehabilitation. Specialised services will be equally engaged to move greater levels of specialist and complex work to UHNM.

Working with our local authority partners will be key if we are to change urgent and primary care systems and to avoid hospital admissions by keeping people well. We need to, as a major employer in the county, support our city, county and district councils in delivering these goals. It can only help improve youth employment, crime and disorder and promote health for the citizens of Staffordshire and neighbouring counties. There will be real opportunities by expanding our research to bring wealth back to the county and more jobs.

Local authorities play a major role in preventing ill-health by impacting on some of its causes - low educational attainment, debt and poor lifestyles. UHNM will work with Stoke-on-Trent City Council and Staffordshire County Council to develop a health promotion hospital environment and work with councils on their community engagement actions through established forums such as Health and Well Being Boards. We will also continue to work with councils in more

integrated approaches to health and social care to monitor the independence of people at home, reduce their dependence on public services and promote their self-management of conditions.

We will work with Stoke-on-Trent City Council to support its social and economic regeneration. UHNM has a role to play in attracting local people to our well-paid jobs in all areas of employment, which will also help the city. We must develop and build a workforce from within our city alongside our efforts to deliver workplace experience, education and training. The development of our research and education bursaries will offer additional opportunities in Stoke-on-Trent.

The management challenge

We aim to become a high performing Trust, meeting our activity and quality targets and balancing our books. To secure this we will develop three key functional competencies:

- Business development (strategy, planning, commissioning).
- Operational delivery (organisation and management of services around our customers).
- Service transformation (improving our services, products and outputs to add value to our customers and the business).

The organisation of UHNM at a corporate level will reflect this.

Divisions driving change

Too often there is a misalignment of clinical services with management systems, processes and structures, which results in a disconnect between strategic direction, planning and delivery. We have decentralised resources to empower frontline divisions and clinical directorates and ensure that they operate

effectively to meet the new challenges, with support from a strong team of Board Directors.

Each division/directorate will plan its own vision, strategy, business plan and performance framework, which will be used to build the corporate plans.

A performance management framework

NHS Improvement, with support of the Care Quality Commission, set out performance measures through the publication of the Single Assessment Framework. This identifies NHS providers' capability across five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability

UHNM has revised the strategic objectives of the organisation for 2017 to 2020 and these are aligned to each of the five themes above.

Underpinning the five strategic objectives are a series of critical success factors (see p.29), which have been approved by the Board, as the mechanism by which the level of achievement against each of the strategic objectives will be measured.

This Framework is being used as the approach for reporting and monitoring progress and providing assurance at Board and at the relevant Committees of Board, usually monthly.

Clinical engagement is key and therefore at every level (including Board, executive, divisional and directorate), clinical leaders embrace and engage appropriately in the performance management process.



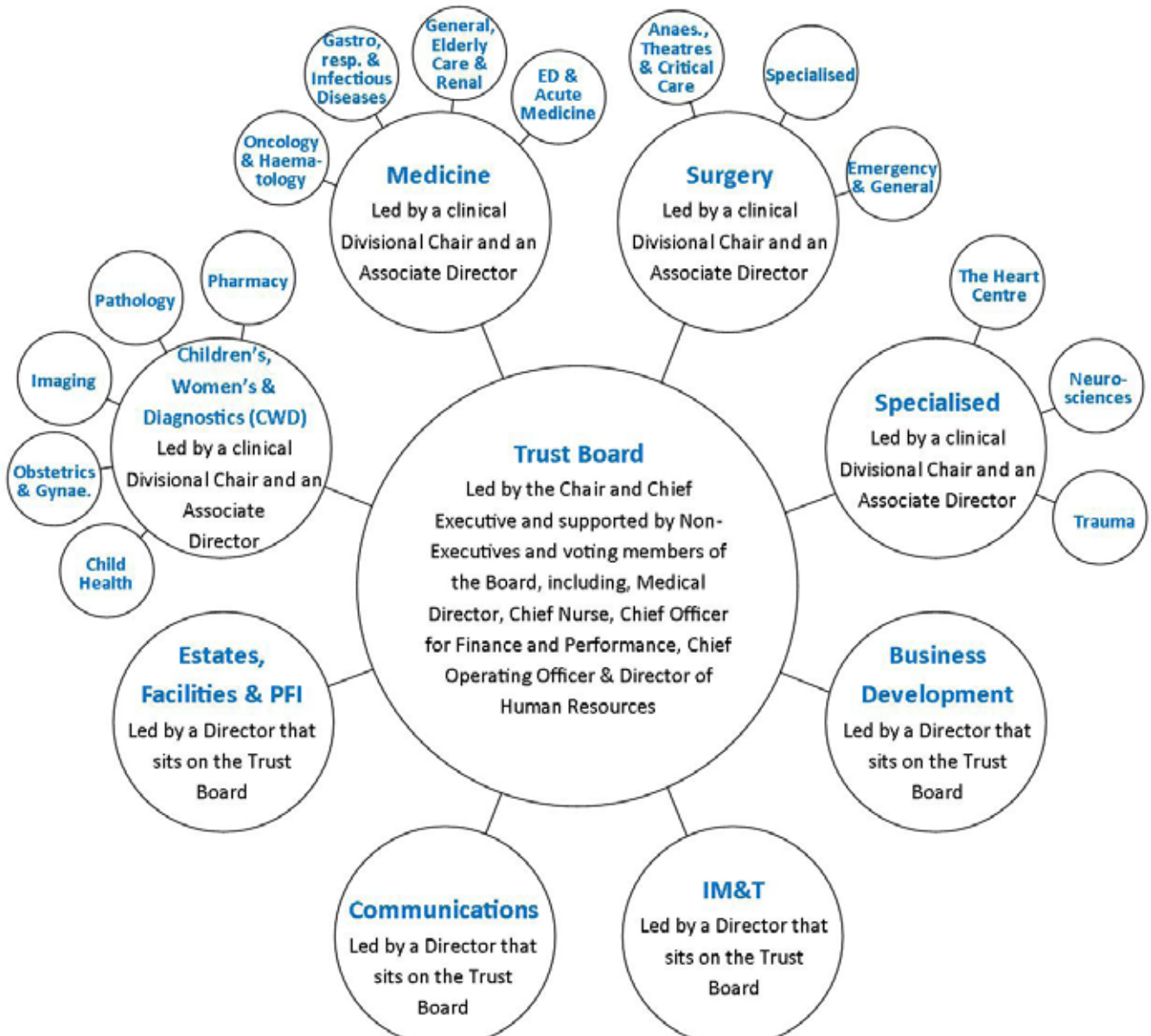
Decision making

Setting future vision and strategy of UHNM is a key responsibility for Trust Board. This applies to the overall strategy and supporting strategies, although the approval of supporting strategies may be delegated to a Committee of the Board. The Chief Executive, as Accountable Officer, supported by Board Directors, will present draft strategies to the Board following full consultation and involvement of each of the Trust's divisions and directorates, culminating at Trust Executive Committee, where support for draft strategies is obtained. The diagram demonstrates how each division and corporate service feeds into the Trust Board.

Each division prepares plans based on the Trust's vision and strategy, coupled with

regulatory and NHS Constitutional targets, performance measures and within available budgetary provision. These plans are owned by clinical divisional chairs and respective senior teams and compiled with full engagement of clinical directors and their clinical teams.

Decision making responsibilities are set out within the Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation of Powers, underpinned by the Budgetary Control Policy. These policies collectively ensure that at every level of the organisation from the Board, through the Chief Executive, Executive Directors, divisions, directorates and individual departments, the level of budgetary delegated authority within which decisions can be met is clear and understood.





Objectives to deliver our vision

Our five strategic objectives are all underpinned by a number of critical success factors, which are used to monitor progress as follows:

Objective 1 – Provide safe, effective, caring and responsive services

The Care Quality Commission (CQC) is the independent regulator of health and adult social care and they measure the providers of these services against the domains of caring, safety, effectiveness, responsive and well led before giving them an overall performance rating. At our last review UHNM were rated as “requires improvement” and we wish to reach a higher standard at our next assessment.

We have developed and implemented a unique integrated Care Excellence Framework (CEF) of measurement, and clinical observations around the CQC domains to help us to track our progress. This includes an award system for each domain and an overall award for the ward/department based on evidence. The awards range through bronze, silver, gold and platinum and those reaching the platinum standard are invited to a Board Meeting to receive their certificate.

Our key success factors for this objective are integral to the CEF process. These include:

- Improvements in the CQC Inpatient Survey scores for care and treatment and overall experience.
- Reductions in the number of falls which cause harm, and the number of avoidable pressure ulcers at grades 2, 3 and 4.
- Maintaining our strong performance in relation to our Hospital Standardised Mortality Ratio (HSMR), infection control, and in the Patient Led Assessment of the Care Environment (PLACE) annual inspections across both of our hospitals.

Objective 2 – Achieve NHS constitutional patient access standards

The NHS Constitution sets out rights for patients, public and staff and provides a series of pledges on maximum waiting times for services such as diagnostic tests, A&E and treatment for diagnosed cancer. These pledges are not legally binding but as a Trust we aspire to meet them all so that we provide the best possible care for those we serve.

The targets in which we are focusing on improving are:

- 4 hour A&E maximum waiting times
- 12 hour trolley breaches
- Maximum time of 18 weeks from referral to treatment
- Cancers – maximum 62-day wait for first treatment from urgent GP referral
- Cancers – maximum 62-day wait for first treatment from cancer screen referral
- Maximum 6-week wait for diagnostic procedures

Objective 3 – Achieve excellence in employment, education, development and research

Our staff are our most valuable resource, and it is well documented that happy and motivated staff provide better patient care and experience. Investing in their health and well-being not only fits with our values, it also makes financial sense.

We will aim to do the following:

- Reduce staff sickness rates.
- Increase the number of staff recommending UHNM as a place to work (from Staff, Friends and Family survey).
- Increase the numbers of staff Performance Development Reviews.
- Improve the perception of leadership engagement (measured via the staff survey).
- Roll out seven-day working across both hospitals.

As a major University Hospital, maintaining a reputation for high standards of teaching and training and research is essential and the best way to ensure this is to provide an excellent experience for our students. We will therefore measure:

- Post Graduate Medical Training via the levels of overall satisfaction in the General Medical Council (GMC) National Training Survey.
- Undergraduate Medical Training via the organisational ranking of Keele University in the National Student Survey.
- Research via the number of open research studies that are actively recruiting patients into them.

Objective 4 – Lead strategic change within Staffordshire and beyond

UHNM is one of the largest employers within Staffordshire and Stoke-on-Trent and our work impacts on the lives of significant numbers of people. As such we have a responsibility to play a key role in supporting the future prosperity of our County and in particular the future shape of our health and care system.

We aim to do so by improving care and the patient experience in partnership with other providers and commissioners, whilst ensuring that we do so as efficiently as possible by:

- Increasing the planned income each year from using County Hospital effectively as a centre for elective (planned) care.
- Increasing income from NHS Specialised Commissioning Services (e.g. spinal surgery).
- Leading, via the STP, the development and implementation of cancer and end of life strategies.
- Reducing the numbers of medically fit for discharge patients occupying acute beds.
- Improving the UHNM NHS segmentation rating (this is an NHS Improvement measurement of overall trust performance).

Objective 5 – Ensure efficient use of resources

All public sector organisations have the

responsibility to make the most of the resources available to them and UHNM aims to do this via a combination of reducing costs and increasing income, and measuring these as follows:

- Reduction of any agency within the national ceiling.
- Improve bed utilisation by reducing the average length of stay for both elective and non-elective treatment, and reducing overall bed occupancy to minimise cancellations.
- Increase theatre utilisation for elective/ planned surgery across both our hospitals to maximise income.
- Improve procurement efficiency by reducing costs, increasing income and generating an increased return on investment, thus improving our position within the national league table.
- Reduce estates and facilities running costs per metre squared of estate.
- Digitalisation of clinical notes.

We will only achieve our vision if our colleagues fully understand our values and strategic objectives. We have built them into our organisational development and communications strategies and have produced our strategic objectives overleaf.

Our strategic objectives



Our values



www.uhnm.nhs.uk



University Hospitals of North Midlands

Our 2025 Vision

What we will deliver - our strategic objectives



Provide safe, effective, caring and responsive services

- Improved CQC ratings through implementation of our Care Excellence Framework
- Maintaining strong performance in relation to the Summary Hospital-level Mortality Indicator (SHMI)
- Positive Patient Led Assessment of the Care Environment (PLACE) annual inspections across UHNM



Achieve NHS constitutional patient access standards

- Improving pathways in and out of hospital
- Consistent implementation of best practice
- Provision of seven day services



Achieve excellence in employment, education, development and research

- Recruitment and retention of highly skilled staff & implementation of UHNM improvement methodology
- On-going development of specialist services
- Building our links with Staffordshire & Keele Universities



Lead strategic change within Staffordshire and beyond

- Increased income from NHS specialised commissioning services & elective care at County
- Leading role in the Staffordshire and Stoke-on-Trent STP
- Reduced number of medically fit for discharge patients in acute beds



Ensure efficient use of resources

- Year on year improvements in our finances
- Optimum use of our estate to support the services we deliver
- Digitalisation of clinical notes

How we will deliver this - our values



Together

- We are a team
- We are appreciative
- We are inclusive



Compassion

- We are supportive
- We are respectful
- We are friendly



Safe

- We communicate well
- We are organised
- We speak up



Improving

- We listen
- We learn
- We take responsibility

www.uhnm.nhs.uk



We are committed to equal opportunities and to building a valued workforce whose diversity reflects our community. Our Equality and Diversity Policy takes into account all current UK and EU legislation and guidelines issued by the Equality and Human Rights Commission on compliance with the Equality Act 2010.

We aim to be an inclusive organisation, ensuring that patients, job applicants, employees, contractors, agency staff and visitors will not be disadvantaged by conditions or requirements which cannot be justified, particularly on the grounds of ethnic origin, or nationality, disability, gender, gender assignment, marriage or civil partnership, pregnancy or maternity status, age, sexual orientation, trade union activity, political or religious beliefs.

We are a Disability Confident employer.

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