

Shaping #OurFuture



**Strategic Plan
2021-2024**

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1 Welcome from chairman and chief executive

It is a privilege to lead The Dudley Group NHS Foundation Trust. We have such talented, committed and dedicated staff, delivering incredible care to patients, day after day. We are privileged to serve a wonderful community, whose generosity and support has been more apparent than ever during 2020/2021.

During the three years to 2021, we have seen some fantastic achievements in our Trust. Major investments have been made across the organisation, including in the Emergency Department, at Corbett and Guest outpatient centres and in our digital capacity, and we are proud of the significant improvements to the quality and safety of services which have been delivered. The dedication to continuous improvement is evident in the progress that has been made.

COVID-19 has, of course, impacted all parts of the organisation and continues to do so. Now, more than ever, we need to support our staff and enable them to thrive as members of the team in The Dudley Group. We are committed to ensuring that our services are inclusive and that all people in our communities have good access to care so that we can contribute to improving health outcomes and reducing inequalities.

We welcome the changes to the NHS environment, and will play a major role in collaborating with our partners to deliver

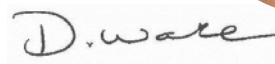
the best services both within Dudley, and in the Black Country and West Birmingham and beyond. We are working hard to deliver our responsibilities as an anchor institution, through creating wealth and jobs in the local community.

This three-year Strategic Plan sets out our vision and ambitious goals and describes how we will achieve them. Our actions are driven by our values - care, respect and responsibility.

We are excited by the opportunities for The Dudley Group NHS Foundation Trust – and we believe that with our fantastic teams and wonderful local communities we will achieve so much together.



Dame Yve Buckland
Chairman



Diane Wake
Chief executive

We have such talented, committed and dedicated staff, delivering incredible care to patients, day after day.



2 Introduction

The 18 months from March 2020 were like no other for the world, the country and the NHS. By June 2021, the global pandemic claimed 3.7m lives globally, and 128,000 lives in the UK. The NHS response was fantastic, with staff commitment and expertise shining through. However, the impact of COVID-19 on care for people with other conditions, and the anticipated economic downturn will have a significant impact on the NHS for years to come.

It was a time of great uncertainty in terms of our relationship with Europe and how this will impact on society and public infrastructure. And specific to the NHS, were in a time of changing orthodoxy, with a move away from the competitive market, which has been in place for 30 years, to integration and partnership working across organisations. Locally, this manifests in two significant developments for the Trust – far greater collaboration with other hospitals across the Black Country and West Birmingham, and far greater integration of preventive, primary care, community, hospital and social care services within Dudley.

We now need to look ahead, and to shape how The Dudley Group NHS Foundation Trust moves forward as an organisation.

This strategic plan sets out our vision, values and goals and embeds how we ensure that we are an inclusive organisation, for staff, patients, families and local communities. It recognises the significant role that The Dudley Group can play as an anchor institution, and the benefits this can bring to the local economy and, in turn, to local people. And it puts improving health outcomes and addressing health inequalities at the core of what we do.

This strategic plan gives us a framework for how we will shape our future as an organisation, and best serve our patients, staff and people.



3 About The Dudley Group NHS Foundation Trust

The Dudley Group NHS Foundation Trust (DGFT) provides acute and community services to the population of Dudley and to other parts of the Black Country, West Birmingham, South Staffordshire and North Worcestershire. We also provide a range of specialist services, some of which are accessed by patients from across the UK. These include vascular surgery, endoscopic procedures, stem cell transplants and specialist genitourinary reconstruction.

Our staff are our greatest asset. We have a workforce of around 4,400 whole time equivalent (WTE) staff making us the second largest employer in Dudley.

Russells Hall Hospital has more than 650 beds, including intensive care beds and neonatal cots. The hospital provides secondary and tertiary services such as maternity, critical care and outpatients, and an Emergency Department that features a brand new Emergency Treatment Centre.

The Guest Outpatient Centre in Dudley and Corbett Outpatient Centre in Stourbridge provide a range of outpatient and day case services.

We currently provide a full range of community services including adult community nursing, end of life care, podiatry, therapies and outpatient services in people's homes and from a range of community venues across the borough.

We are a designated teaching hospital of the University of Birmingham with more than 100 undergraduate medical students undertaking placements with us. We provide placements for nursing, allied health professionals and technicians from local universities. We have an active research and development team.

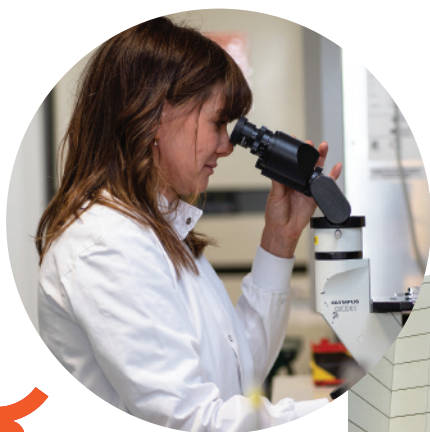
A typical day at The Dudley Group

300 people attend the Emergency Department

2,000 people have an outpatient appointment – either in person or via telephone/video

12 babies are born

Over £1m of expenditure,
60% is our staff



When the NHS was established in 1948, The Dudley, Stourbridge and District Hospital Management Committee was created to oversee the running of all hospitals in the borough. There were hospitals at Wordsley, The Guest, Burton Road and Corbett. Russells Hall Hospital was opened in 1984 by Princess Anne with 400 beds. Following a major re-organisation of the NHS in 1991, The Dudley Group of Hospitals NHS Trust was formed in 1994, managing all acute services in Dudley and Stourbridge. In 1996 plans for the future development of hospital services were approved with an extension of Russells Hall Hospital and the re-distribution of services at Wordsley to Russells Hall Hospital, Guest and Corbett.

By 2005, the new Guest and Corbett Hospital Outpatient Centres along with all phases of the new Russells Hall Hospital were complete. A Clinical Research Unit was opened in 2008 and the Trust became a foundation trust on 1st October 2008. This gave local people the opportunity to become members and have a greater say in the development of local services. In April 2011, more than 500 staff from Dudley Adult Community Services joined the Trust as part of the government's Transforming Community Services programme.

The Trust became the specialist centre for vascular surgery in The Black Country in 2013. In 2018, a brand new Emergency Treatment Centre was opened next to the Emergency Department at Russells Hall Hospital and a new imaging suite was opened at The Guest Outpatient Centre for patients requiring MRI or CT. Our next big development was the opening of a brand new, purpose built Acute Medical Unit in 2021 which offers state of the art care for patients and improved the quality of urgent care for patients in hospital.

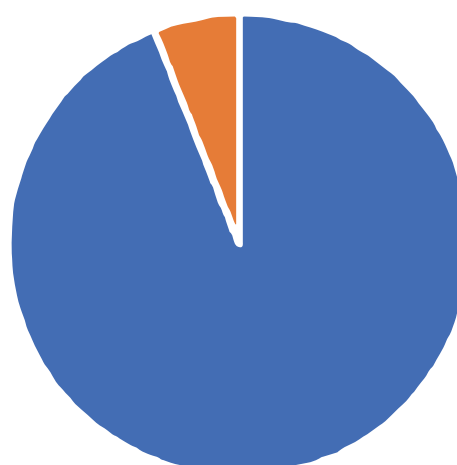


The Trust currently has an overall rating of 'Requires Improvement' by the Care Quality Commission (CQC), with a rating of 'Good' for effective and caring and 'Inadequate' for safety. This rating is based on the inspection carried out in Jan/Feb 2019. Routine inspections from CQC were suspended during the COVID pandemic but the Trust did receive a focused inspection of the Emergency Department in February 2021. This resulted in the safe domain being changed from 'Inadequate' to 'Requires Improvement'. Many staff have been engaged in action to improve compliance against standards. Following the December 2017 inspection, CQC issued four Section 31 enforcement notices although none of these placed any restrictions on the Trust's licence. Due to the efforts of staff, all enforcement notices have now been removed.

The CQC launched its new strategy in June 2021. In the future there will be an increased focus on how services are working together within an integrated system and whether the care provided is improving outcomes for people and reducing inequalities in their care. The Dudley Group is a combined acute and community trust and is classified by NHS England as a medium acute trust. Income comes mainly from our commissioners (local Clinical Commissioning Groups and NHS England for certain specialised services) but the Trust also earns income from the training of healthcare professionals and from research. Over the last three years, Trust income has been:

2018/19	2019/20	2020/21
£372.7m	£411.9m	£450.4m

Income from hospital and community services



Expected income in 2021/22 is £456.4m. The increase has been due to a number of factors including additional funding provided to manage the COVID pandemic including resources for the vaccination programme.

● Hospital
● Community

4 Our context

Over the coming years, the care that we provide and the way that we provide it will continue to be shaped by the national, regional and local factors that impact on us, in particular the on-going impact of COVID-19. Given the uncertainties, we know that circumstances may change and the expectations on us will be different from what they are today. The following section describes the main things that, to the best of our knowledge, will influence the Trust over the next three years.

About Dudley and the Black Country

It is important that we understand the diverse needs and expectations of the local population. Using intelligence from Dudley Metropolitan Borough Council and Public Health England, we have been able to summarise the health status of the communities we serve and how this is predicted to change.

About Dudley:

- The population of the Dudley borough was estimated to be 320,600 (in 2019), with 65,000 people aged over 65 years.^{1,2}
- Residents in Dudley are, on average, older than England's population.
- Life expectancy for men in the most deprived areas of Dudley is nine years lower than in the least deprived areas, 7.2 years lower for women.¹

- Almost a third (28%) of the Dudley population live in areas amongst the 20 per cent most deprived in England.¹
- Levels of GCSE attainment, breast feeding and smoking in pregnancy are worse than the England average.³
- The rate of hip fractures in older people (aged 65+) is worse than the England average. The rates of homelessness, under 75 mortality from cancer and employment are worse than the England average.
- Levels of obesity, including child obesity, and physical activity are worse than the England average.⁴
- Figures from Public Health England showed that there were almost 2000 admissions to hospital for alcohol-related conditions. Dudley borough has a higher mortality rate due to alcohol than the England average.⁵
- There is a higher prevalence of hip and knee osteoarthritis than the England average.⁶
- In Dudley, over 1600 people aged 65 and over are currently in a care home with or without nursing.⁶



How is this expected to change?

- Life expectancy and the number of elderly people will continue to rise. The number of people aged 85 and over in Dudley is expected to increase from 8,300 in 2018 to 9,500 in 2025.⁷
- There will be more people with multiple, complex and long-term health conditions.
- There will be a growth in the number of people with disabilities and mental health issues.
- Following a period that has seen the number of births decrease, this is expected to stabilise and even increase slightly.
- Residents of Sandwell Borough in Rowley Regis and Tipton will continue to make use of our services and even more Sandwell residents may choose us following the opening of the Midland Metropolitan University Hospital in 2022.

References

1. Dudley Metropolitan Borough Council. Dudley Borough in numbers 2019
2. Dudley Metropolitan Borough Council. Older People in Dudley
3. Dudley Metropolitan Borough Council. Understanding Dudley
4. Public Health England. Local Authority Health profile 2019
5. Public Health England. Local Area Profiles
6. Dudley Metropolitan Borough Council. Older People Market Position Statement 2019 – 2022
7. Office for National Statistics. 2018-based population projections

It is clear that there are significant inequalities faced by the people of Dudley, both between Dudley and the rest of England and within the borough. As a major employer and provider of health care services, we recognise the major role we must play to address these inequalities.

The Dudley Health & Wellbeing Board provides leadership for Dudley's health and care system. Using local evidence, it works to identify the needs of local residents, improve efficiency and secure better care to improve health and wellbeing and tackle health inequalities across the borough. The Health and Wellbeing Strategy (2017 – 2022) is about how to make Dudley a place where everyone can live 'longer, safer and healthier lives'. The three goals that have been identified as having the biggest impact on people's health and wellbeing are:

1. Promoting healthy weight
2. Reducing the impact of poverty
3. Reducing loneliness and isolation

We clearly have a role to play in achieving these goals and the steps we plan to take are set out later in this document.



A changing context

The NHS Long Term Plan (published in January 2019) set out a ten-year plan for reform and signalled how the NHS would need to change in response to changing health and care needs. The main areas in which improvements will be delivered were:

- The development of out of hospital care to ensure that more patients can be seen in primary and community care settings.
- A reduction in the pressure on emergency hospital services.
- Delivery of high quality person-centred care with improved outcomes.

Key to the Long Term Plan was the development and implementation of Integrated Care Systems across England. This is where NHS organisations and local authorities work together to meet the needs of the population they serve.

The Government White Paper 'Integration and innovation: working together to improve health and social care for all' (February 2021) sets out proposals for changes in the law that will make this a reality. Integrated Care Systems will replace Clinical Commissioning Groups and new duties will be placed on all NHS organisations to collaborate and deliver the 'triple aim' to support better health and wellbeing for everyone, better quality of health services for all and sustainable use of NHS resources.

For us, this means that we will continue to be an NHS Foundation Trust, delivering services for the people of Dudley and surrounding area and remaining accountable to them through our governors and members. We will still be responsible for the quality of services and the way in which we use our resources. But we will play an increasingly important role in integrating services in our 'place' (Dudley) and our 'system' (The Black Country and West Birmingham), and take more responsibility for ensuring that services across organisations are sustainable and of the highest quality.

Our system

The Black Country and West Birmingham Integrated Care System (ICS) is known as 'Healthier Futures'. Like other ICSs in England, the Black Country and West Birmingham is preparing for the expected legal changes that will enable it to become a statutory organisation from April 2022.

The White Paper makes it clear that all NHS providers are expected to be part of provider collaboratives. This will mean that we will work much more closely with the other acute hospital trusts in the Black Country and with providers in Dudley.



Across the Black Country and West Birmingham, we have some good examples of collaboration already, for example:-

- The Trust has a shared procurement function with Sandwell & West Birmingham Hospitals NHS Trust.
- In 2018, the four acute hospital trusts in the Black Country came together to create The Black Country Pathology Service, hosted by The Royal Wolverhampton Trust. Under this arrangement, staff and resources are managed centrally to give better value for money, reduce duplication and improve both efficiency and quality.
- Working together also helps to address workforce shortages and recruit and retain clinicians with specialist expertise. In several specialties, consultants already work at more than one hospital, ensuring services are available locally. Vascular Surgery is an example of this, where consultants from both Wolverhampton and Walsall provide specialist surgery at Russells Hall Hospital and consultants from Russells Hall provide outpatient clinics at Wolverhampton and Walsall.

Over the coming three years, we expect to see these type of arrangements extended to other services, and we have already started a formal programme of acute collaboration with our neighbouring trusts in the Black Country and West Birmingham.

We recognise that this needs to be clinically-led and demonstrate benefits to patients. At the time of the publication of this strategy, the CQC ratings for hospital trusts in the Black Country show that only one of these

(Wolverhampton) was rated Good with the remaining three, including The Dudley Group, as Requires Improvement. Any collaborative effort between the hospital trusts must focus on how this can be improved.

During the lifetime of this strategy, one of the most significant changes to hospital services in our region will be the opening of the Midland Metropolitan University Hospital, managed by Sandwell & West Birmingham Hospitals NHS Trust. The state-of-the art facility in Smethwick will replace many of the inpatient services currently located at Sandwell and City Hospitals, with a scheduled date for opening in 2022. The Dudley Group Trust will need to work closely with Sandwell & West Birmingham Hospitals and the ICS to monitor the impact of this change, particularly for emergency care following the closure of the Emergency Department at Sandwell.



Our place

The direction set out in the White Paper and the NHS Long Term Plan requires all parts of the NHS to work towards better integration of services: integrating primary health care and hospital services, physical and mental health, health and social care. The ICS in the Black Country and West Birmingham identified five 'places' where models of integration are being developed. Each place has developed different approaches to this, with the same ultimate goal in mind.

In Dudley, the local clinical commissioning group and the Dudley Metropolitan Borough Council have commissioned an Integrated Community Provider (ICP) for Dudley. A new NHS trust, Dudley Integrated Health and Care (DIHC), has been formed to provide an organisational home for the ICP.

The Dudley Group is working with DIHC, Black Country Healthcare Trust, the local authority and local GPs to take this development forward and to ensure that services are integrated around the needs of patients, regardless of organisational form.

COVID and beyond

The COVID pandemic gave the NHS its greatest challenge in its 73 year history. The NHS was widely praised for its response in managing the pandemic and was able to treat those who needed treatment after becoming seriously ill with COVID-19. This was our experience in Dudley; staff worked incredibly hard and, wherever they were needed, to ensure that care could be

provided. But this was achieved by cancelling many routine operations, diagnostic tests and outpatient clinics with many of the latter moving to video or telephone consultations. There was a marked deterioration in waiting times. The Trust worked hard to restore services to restore services within the constraints of social distancing and the additional infection prevention and control measures that were required to keep staff, patients and visitors safe. It was clear from the advice being given to us by national bodies, such as NHS England, and Public Health England, that we will need to learn to live with COVID-19 for some time to come. Whilst we celebrated the rapid development of effective vaccines and the success of the vaccination programme, there were concerns about new variants and the potential for local outbreaks, especially during the winter months.

The COVID pandemic put some of the ambitions in the NHS Long Term Plan into sharper focus. The development of 'out of hospital' options for patients became even more pertinent to minimise the risk of further spreading infection by requiring patients to attend in person.



The more patients we can treat without admitting them to hospital, or with a brief one-day visit, the better. Before the pandemic, the Trust had been allocated £20.3m of capital funding to rebuild the Emergency Department at Russells Hall Hospital to improve patient flow and provide sufficient space for critically ill patients. Following the government's announcement of additional capital funding to support the NHS manage the pandemic, the Trust received funding to enable the construction of a two-storey modular build at Russells Hall Hospital. When the current acute medical unit vacates, this space will bring together different specialties into a centralised assessment area. One of the key service changes envisaged in the NHS Long Term Plan was the expansion of 'Same Day Emergency Care' whereby instead of admitting patients to a hospital ward, patients are assessed in a designated assessment area with rapid access to diagnostic tests if they need them. In many cases, they will be discharged back home with a support package in place. There were a number of assessment areas located on the ground floor of Russells Hall Hospital. The additional space provided by the modular building enabled these assessment areas to be co-located in the same place and to improve the flow of patients through the hospital. All NHS trusts were asked to create separate zones within their hospitals and other facilities to minimise the risk of patients contracting the virus as a result of attending an appointment for another reason. Increasingly, we will need to think about how we separate planned and emergency care. This includes diagnostic tests such as blood tests, X-rays, MRIs and CTs. We will need to consider how

to minimise the number of people coming to Russells Hall Hospital and make greater use of our other facilities and those run by primary care, such as health centres.

The NHS Long Term Plan ambition to reduce the number of face-to-face outpatient attendances by up to 30 per cent by 2023/2024 through the re-design of outpatient pathways and using digital technology was achieved within the space of a few months. By 2021, a third of all outpatient attendances were delivered virtually. Feedback from patients has been positive. They appreciated the convenience and the reduction in the burden placed on those who care for them. There were concerns that some patients may not find it easy to adjust to these new ways of working and that sufficient steps are taken to ensure that no group of patients is disadvantaged.



The NHS Long Term Plan spoke about the need to reduce health inequalities between different populations. The issue of health inequalities was brought to the fore through the global experience of the pandemic. We know that the outcomes for certain ethnic minorities was worse than the general population, although the reasons for this are still be investigated at a national level. Locally, we know that there is notable inequality in health outcomes with those in the most deprived areas of our community, experiencing lower life expectancy than those in the least deprived areas.

The pandemic saw sudden changes to the way in which the Trust is funded. Prior to the pandemic, the Trust was paid by its commissioners based on the amount of patients it saw. During 2020/21 and 2021/22, the Trust was allocated fixed amounts based on historic funding levels and funding to meet the additional costs of managing the pandemic. Whilst the funding arrangements for future years have not yet been finalised, all the indications are that NHS trusts will receive fixed funding amounts and our ability to earn additional income will be limited. This has forced us to look ever more closely at how we can manage our resources. We will need to ensure that patients who can be seen in alternative ways or settings do not take up precious space and resources that are required for the sickest patients.

The experience of managing the pandemic also highlighted the vital role placed by social care in the overall health and care system. The disparity in the public perception between social care and the NHS was thrown into sharp relief, including the low pay for

many care workers. There have been calls for a national level funding arrangement for social care accompanied by a long-term plan, similar to that agreed for the NHS. There has, to date, been no public commitment given on social care, and it remains a sensitive political topic. What is clear is that the number of people likely to require social care is expected to grow and the amount of support they require intensify. Any failures of the local social care system will have a direct impact on the NHS through increased pressures on primary care teams, community services and, ultimately, hospitals.



The next section of the document describes how we will respond to this changing and challenging environment. It sets out our vision, values, goals, measures of success and major programmes of work.

5 Shaping #OurFuture

Strategic Framework

Vision

Excellent health care, improved health for all



Goals

-  Deliver right care every time
-  Be the best place to work and thrive
-  Drive sustainability
-  Build innovative partnerships in Dudley & beyond
-  Improve health and wellbeing



Values





Our vision

Excellent health care, improved health for all

Our new vision is designed to be simple and memorable. It combines our desire to deliver excellent care for our patients but also recognises the impact that we have on the health of the wider population.



Our values

Our values support our vision and define how the Trust and every member of staff will work to deliver the best care possible. The current values were adopted by the Trust in 2015.

Staff told us that these values helped them during the COVID pandemic, providing a framework for them and what they expected from others.

The values are embedded into our local processes. They form part of the recruitment process and are included in annual appraisals, and this helps to keep them live and relevant.

We, therefore, believe that these values will still be relevant to us as we look ahead over the coming three years.



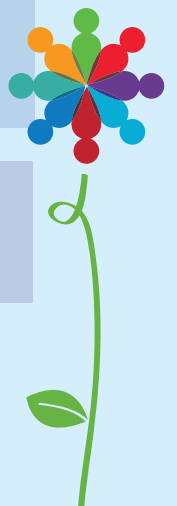
we provide safe, quality healthcare for every person – every time



we show respect for our patients, our visitors and each other – at all times



we take responsibility for everything we do – every day





Our goals

We have identified five goals, the pursuit of which will guide all that we will do.



Deliver right care every time – our desire to deliver care that is safe and effective. Where mistakes are made, we will learn from these and improve for the future.



Be the best place to work and thrive – we want to be recognised by our staff as the best place to work and to offer them opportunities to grow and develop regardless of who they are.



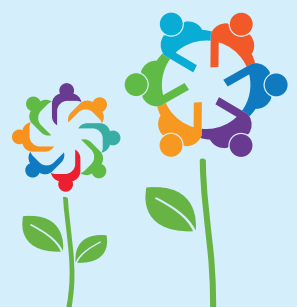
Drive sustainability – includes financial sustainability in the way in which we use resources and become more productive. Environmental sustainability. Environmental sustainability recognises the responsibility we have in reducing the harmful impact our activities have on the environment.



Build innovative partnerships in Dudley & beyond – includes partnering with other acute trusts in the Black Country, health and social care organisations, the voluntary sector in Dudley, local academic institutions and others who can help us achieve our goals.








Improve health and well-being and reduce inequalities – prioritising investment in areas which are likely to have the biggest impact on health outcomes and reducing health inequalities.





Our measures of success

We will monitor our progress against delivering the goals in this strategy through a small number of measures. In designing these measures, we have adopted the approach used by the Dudley Improvement Practice, namely that our measures should reflect four domains: delivery, quality, cost and morale.

 Deliver right care every time	<ul style="list-style-type: none"> • CQC Good or Outstanding for all services • Improved patient experience survey results
 Be the best place to work and thrive	<ul style="list-style-type: none"> • Vacancy rate • Staff survey results
 Drive sustainability	<ul style="list-style-type: none"> • Cost per weighted activity unit • Carbon emissions
 Build innovative partnerships in Dudley and beyond	<ul style="list-style-type: none"> • Increase the proportion of local people employed • Increase the number of services jointly delivered across the Black Country
 Improve health and well-being and reduce inequalities	<ul style="list-style-type: none"> • Improve rate of early detection of cancers • Increase rate of planned care and screening for the most disadvantaged groups



What we are going to do?

In developing this Strategic Plan, we identified three transformational programmes of work that will help us make progress in achieving our goals.



Programme	Description
Black Country system service transformation	<ul style="list-style-type: none"> ● In the aftermath of COVID, restore activity levels as quickly as possible; recover elective waiting times and diagnostic waiting times in accordance with national standards; embed the changes to services that were made during COVID. ● Implement changes to the urgent and emergency care pathway to provide increased capacity to manage peaks in demand and improve flow through the hospital. ● Recover cancer waiting times in accordance with national standards; re-design pathways to reduce delays to diagnosis and treatment; provide specialist treatment to patients with skin, breast, colo-rectal and urological cancers. ● Deliver effective, accessible and sustainable acute care services for the Black Country and West Birmingham by optimising clinical outcomes, securing sustainable services delivered by a robust workforce, maximising efficiency and addressing inequalities in access and outcomes.
Local leadership to address health inequalities	<ul style="list-style-type: none"> ● Use the Trust's scale, purpose and roots in Dudley to address the challenges faced in addressing the wider determinants of poor health and inequalities, a credible sustainability agenda and the integration of health and care services. ● Address health inequalities through embedding a population health approach to service re-design, informed by evidence of local population health needs. Increase the use of population data in decision-making by staff at all levels.
Research and Development, Education and Innovation	<ul style="list-style-type: none"> ● Promote participation in research and education by staff at all levels by developing closer relationships with local universities and colleges; promoting the adoption of innovative treatments and the use of technology to support the delivery of care.

Our underpinning strategies and plans

The Trust has a number of strategic documents that underpin and support the delivery of our vision, values and goals. We intend to use the development of this Strategic Plan to reduce the number of underpinning strategies, simplify them and ensure that they align to this Strategic Plan.

The Dudley People Plan (our workforce strategy) has five areas of focus:

- A workforce for now and for the future
- A caring, kind and compassionate place
- Equality, fairness and inclusion
- Improvement and development culture
- Using technology to innovate

This plan will evolve in light of the changing national agenda and the expectations of the Integrated Care System (ICS).

Clinical Services Strategy

This strategy sets out how the Trust proposes to develop, organise and deliver its clinical services which will ultimately lead to improved quality, patient access, clinical outcomes and patient experience. The Clinical Services Strategy 2017 – 2020 is due to be revised and further work is needed to set out in more detail how our clinical services will develop. Clinical support services (e.g. pharmacy, imaging, pathology and therapies) will be included in the development of this strategy since they are vital to the development of our clinical services.

The Clinical Services Strategy will be affected by the changes in our local context that have already been discussed. The Integrated Care Provider will impact the provision of community-based services. The development of the Integrated Care System (ICS) in the Black Country and West Birmingham and the Acute Provider Collaboration will affect the services we provide in the future and how these will be managed. There are also national guidelines and changes in healthcare technology that will need to be considered.

Our approach to quality improvement, including the use of the Dudley Improvement Practice, will be included within this strategy. This will update our existing Quality Improvement Strategy and Patient Safety Strategy and will set out how we intend to improve the quality of care and achieve improved ratings on the CQC inspection.



Estates Strategy

The Trust's Estates Strategy 2018 – 2020 is due to be revised. Development of a new strategy will take place during 2021 due to the need to agree the type of clinical services to be provided before decisions can be taken about the estate required to deliver these services. The new strategy for estates will need to align with the ICS Estates Strategy and national plans. It is likely that access to significant capital funding will continue to require agreement across our partners in the ICS.

The key themes of the new Estates Strategy are expected to include:

- Redevelopment of our Emergency Department
- The modular building and co-location of all assessment areas to deliver Same Day Emergency Care
- Development of additional theatre capacity including a hybrid theatre at Russells Hall Hospital
- Maximising the use of Guest and Corbett
- Reconfigure space to meet the requirements for social distancing and designated COVID-free areas
- Reconfigure space used by back-office functions as a result of increased remote-working
- Assessing the impact of the Electronic Patient Record on storage requirements for paper-based patient records
- Development and investment in schemes to de-carbonise our estate
- Maximising our green space to promote biodiversity and enhance patient and staff well-being.
- Aligning our estate to the developments of the ICP and ICS



Digital, data and technology plan

The Trust has recently updated its Digital and Technology Strategy 2019 – 2024 reflecting changes made as a result of managing the pandemic. The Digital Trust vision for 2024 is:

1. To become an interactive digital trust, where citizens have digital access to services, to contribute and participate actively in their health record – so they may better manage their health. In doing so, we will protect privacy and give citizens control of their medical record.
2. To become a digitally enabled organisation, where, as a workforce, we are able to embrace technology to support different ways of working so that we may access the information we need wherever we are.
3. To become a data-driven healthcare partner, where decision support and artificial intelligence (AI) help limit unwarranted variation whilst genomic data, predictive techniques and co-authored care plans enable personalised care.
4. To be known as a responsible digital leader, in our approach to delivering national standards in data security, cybersecurity, interoperability and workforce development.
5. To become a provider that will not need a 'digital strategy', as technology will be adopted as mechanism for innovation to meet the core Trust Strategy.

The three fixed point strategic objectives are:

- **Brilliant Basics** – creating a secure, safe environment where equipment, access and service do not create barriers to care provision
- **Digital First** – creating a place that embraces innovation with a workforce skilled to deliver different ways of working, so that teams can deliver safe, caring efficient services and board development of digital confidence
- **Connected Care** – creating a place where teams across the borough are joined up around our citizens to improve outcomes, prevent ill health and link together as a regional health and care system

Financial Strategy

Stewarding the financial resources that we are responsible for is key to the successful delivery of our strategic commitments and to enable us to operate as a going concern. In the new financial regime we are likely to find ourselves in, we will inevitably need to focus on the elimination of waste. We will need to deepen existing partnership, and develop new ones, in areas such as the purchasing of good and services and developing new workforce models that reduce our dependency on high-cost temporary staffing.

Green Plan

The Trust approved a plan in December 2020 to respond to the ambitions of the NHS to become the world's first net zero carbon health system. The plan sets out actions the Trust plans to take, in conjunction with our PFI partners, who own and manage much of the estate we use, to reduce the carbon emissions associated with our activities.

Given the breadth of this agenda, the Board has requested that for the first two years of the plan, the Trust focuses efforts on energy consumption and the management of waste, including recycling. This includes reviewing the supplies and equipment we purchase with the aim of reducing single-use items.

The plan commits the Trust to provide regular updates on progress and to partner with staff, other NHS organisations in the ICS, the council and others.

Research and Development Strategy

The Trust has a vision to develop, across the Trust, a high-quality research culture where research will be integrated into the routine clinical care of our patients and seen as everybody's business.

The strategy (2018 – 2021) has the following goals:

- Foster a research culture across the whole organisation and in all staff groups
- Become a fully research active organisation
- Optimise research capability and capacity
- Further enhance partnerships between industry, academia and the Trust to improve the delivery of our research portfolio
- Improve patient experience by providing the opportunity and choice to participate in research all possible specialties in our organisation



6 Implementing our Strategic Plan

This Strategic Plan sets out our goals and what we are going to do from 2021 to 2024 at a high level. Our approach will be to create a culture of continuous improvement, known locally as the Dudley Improvement Practice (DIP).

In 2018, we made a long-term commitment to building a system for continuous improvement and were selected by NHS England and Improvement to be part of the first national cohort in the Vital Signs programme. Supported by NHSE&I, eight trusts have co-produced an approach to developing a culture of continuous improvement which is founded on supporting and empowering staff to improve the services they are passionate about.

Strategy deployment

All improvement activity supported by Dudley Improvement Practice (DIP) is aligned to the Trust's vision and goals which describe the state of perfection that we continually strive towards. Each division, department and team will use the vision and goals to guide their improvement efforts by defining breakthrough objectives specific to their work area. Using a structured process (known as A3s) for each project as a standard problem-solving tool, and a ward to board reporting information cascade of virtual or physical improvement boards and team huddles, every member of staff will know how their work is contributing to the strategy.



7 References

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