



Mersey and West Lancashire
Teaching Hospitals
NHS Trust

Clinical Strategy

2024-2026

“Delivering 5 star patient care at MWL”

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Executive Summary

This clinical strategy sets out the priorities for the new organisation combining St Helens and Knowsley Teaching hospitals and Southport and Ormskirk hospitals to form Mersey and West Lancashire Teaching Hospitals NHS Trust. As the new Trust progresses, this strategy will guide the development of clinical services over the initial post-transaction period, allowing time for engagement with our larger workforce and our local healthcare system as the working relationship continues to evolve with 'Places', as part of two Integrated Care Systems (Cheshire and Merseyside ICS and Lancashire and South Cumbria ICS). As our organisation consolidates and the emerging healthcare landscape becomes clearer, the Trust will develop a long-term strategy which aligns with the new organisation and the new health and social care system.

The Clinical Objectives outlined in this strategy are based around the local and national healthcare system challenges and our priorities for delivery of care. They reflect the strategic direction for the Trust and the patient centred care delivered by clinical staff, both of which will improve quality and safety for those using our services.

Clinical Objectives

- Ensure clinical governance structures are in place to continue to deliver safe and effective clinical care across the Trust
- Review and align pathways to enable integration of clinical services across the Trust
- Complete the stabilisation of fragile clinical services and address any inequalities and barriers to delivery of high quality and effective care to patients
- Achieve national, regional and local NHS priorities to:
 - Improve Emergency Department waiting and ambulance turnaround times
 - Reduce waiting times for elective treatments and diagnostic tests
 - Reduce the time to diagnose or exclude cancer in patients who are referred to hospital





1. Introduction

The formation of a new NHS Trust is a unique opportunity for both patients and staff members. As Medical Director, it is my privilege to help to shape the direction of clinical services in the new Trust through the development and delivery of the Trust Clinical Strategy. This strategy document outlines the background to the transaction between the St Helens and Knowsley Teaching Hospitals NHS Trust and Southport and Ormskirk Hospital NHS Trust, as well as the national and regional context which have set the performance standards which NHS trusts must deliver. To deliver those standards, while also ensuring patients receive safe, effective and compassionate patient care, will be a challenge we will all work together to meet and will require us to work collaboratively with colleagues in primary care, social care, community services, mental health services and the voluntary sector. The document also explains how the strategy has been developed, the principles which will underline the way we deliver care and the clinical objectives for the first two years in the new Trust.

The delivery of clinical services in our Trust is only possible through every member of staff putting patients at the centre of what we do. I am delighted to have the chance to work with colleagues, including medical, nursing, Allied Health Professionals and all other staff in Mersey and West Lancashire Teaching Hospitals NHS Trust and our partner Integrated Care Systems, to deliver this strategy and to provide 5 star care to everyone who uses our services.

Dr Peter Williams
Medical Director



2. About our new Trust

a. Background

Mersey and West Lancashire Teaching Hospitals NHS Trust is a new NHS Trust formed following the long-term collaboration between St Helens and Knowsley Teaching Hospitals NHS Trust and Southport and Ormskirk Hospital NHS Trust.

St Helens and Knowsley Teaching Hospitals NHS Trust (STHK) provided acute and community healthcare services to approximately 360,000 people living in St Helens, Knowsley, Halton and Liverpool, as well as neighbouring areas, in three hospitals: elective and emergency services at Whiston Hospital, elective services at St Helens Hospital, intermediate care and community services at Newton Hospital, and Primary Care at Marshalls Cross Surgery. In addition to general and acute adult, maternity and paediatric services, the Trust also provided community services to patients in the boroughs of St Helens, Halton and Knowsley and burns and reconstructive plastic surgery services to patients across Cheshire, Merseyside, North Wales and the Isle of Man. In addition, the Trust hosted the Mid-Mersey Neurological Rehabilitation Unit at St Helens Hospital.

Southport and Ormskirk Hospitals NHS Trust (S&O) provided healthcare services to approximately 258,000 people across Sefton and West Lancashire at two hospitals: Acute adult clinical services at Southport Hospital, with an adult Emergency Department and inpatient specialty facilities, and women and children's services, including obstetric-led maternity care, paediatric Accident and Emergency Department and elective adult clinical services at Ormskirk Hospital. The Trust also provided the regional spinal injuries unit at Southport Hospital.

When S&O began to struggle to provide clinical services in several specialties, an Agreement for Long Term Collaboration (ALTC) began, in order to allow these services to continue to be delivered through collaborative working and sharing of best practice. Following this period of successful collaboration, a decision was made to bring the two organisations together to form one single, new Trust through a formal transaction.

b. Our new Trust and drivers for the change

The drivers for closer working and the move to become one Trust came from national, regional and local challenges which will be addressed with collaborative solutions.

National and Regional Challenges

- Increasing demand for healthcare due to an ageing population with more complex needs
- Challenges following the COVID-19 pandemic during which elective activity was reduced to prioritise acute services
- Workforce shortages across all disciplines within the NHS
- Health inequalities caused by high population levels of social deprivation

Local challenges

- Providers unable to provide required level of patient care in some specialties which may lead to reduced service to the population who require them (“Fragile Services”)
- Proliferation of Service Level Agreements between providers which may reduce individual Trusts’ ability to establish their own services.
- Financial sustainability issues and an underlying financial deficit at Southport and Ormskirk Hospital NHS Trust leading to challenges in sustainable service improvement
- High vacancy rates and agency spend reflecting a workforce recruitment and retention problem at S&O

Opportunities exist within a new, larger Trust to address a number of these issues through:

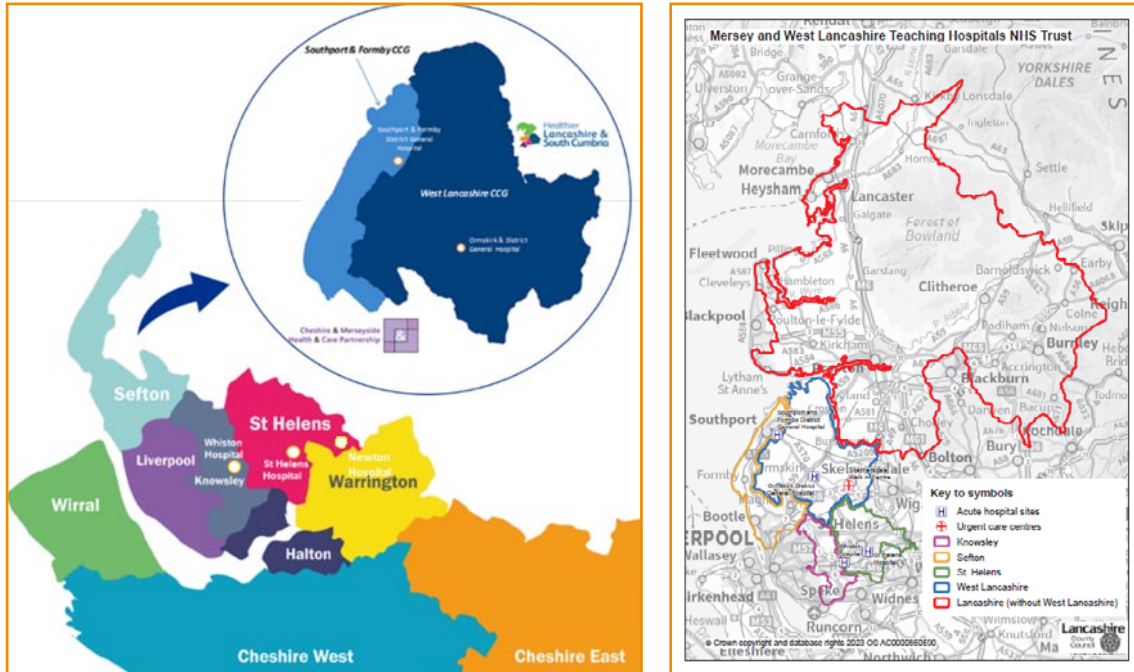
- Improvement in clinical sustainability to achieve the best possible performance across the whole Trust
- Clinical service review and alignment to achieve optimal clinical pathways and patient flow
- Workforce development and growth to attract and retain a higher number of staff
- Economies of scale allowing a larger organisation to leverage its increased scale and purchasing power (eg. during procurement)
- Improved digital services and integration will increase the Trust’s level of digital maturity

The formation of Mersey and West Lancashire Teaching Hospitals NHS Trust will ensure that patients receive the best care available across the whole area which our Trust serves based on the model of 5 Star patient care.



c. The areas we serve

This infographic shows the areas covered by Mersey and West Lancashire Teaching Hospitals NHS Trust which is based directly in four of the nine Place-based partnerships within Cheshire and Merseyside Integrated Care System (St Helens, Knowsley, Halton, Sefton) and the Central and West Lancashire locality within the Lancashire Place-based partnership in the Lancashire and South Cumbria Integrated Care System.



Geographical area of the Trust's sites across Cheshire and Merseyside and West Lancashire

The Trust consists of five hospital sites:

- Whiston Hospital
- St Helens Hospital
- Southport Hospital
- Ormskirk Hospital
- Newton Hospital

Additionally, we deliver care in and from a number of community sites including:

- Lowe House Health Centre
- Marshalls Cross GP Practice
- St Helens Millennium Centre
- Southport Centre for Health & Wellbeing

d. Health systems and partners

Mersey and West Lancashire Teaching Hospitals operates in two Integrated Care Systems: Cheshire and Merseyside Integrated Care System (C&M ICS) and Lancashire and South Cumbria Integrated Care System (L&SC ICS).

Our new organisation covers four of the nine Places in C&M ICS and also part of the Central and West Lancashire locality within the Lancashire Place in L&SC ICS. In the context of integrated care systems (ICSs), "Place" refers to a smaller geographic footprint within a system which often aligns with a local authority area or patient flows for acute care. The aim of Place-based care is to encourage local health and care providers to work more closely together, providing "joined up care" to improve the health of their local communities.

As our new organisation sits across two ICSs, it interacts and collaborates with multiple partners across the health and social care sectors. The future of health care delivery is dependent upon the strengthening of pathways and care delivery models between providers, and collaboration between different organisations. The complexity of delivering care across multiple providers in different Place areas will be one of the key challenges faced by the new Trust.

The table below lists some of the healthcare providers which interact with the Trust and how we work together.

Provider	Relationship
Liverpool University Hospitals NHS Foundation Trust	SLA for some clinical services eg. North Mersey Stroke Alliance, Ear, Nose and Throat (ENT) services and regional specialist centre for some specialities
Merseycare NHS Foundation Trust	Delivers community and mental health services in some areas
Bridgewater NHS Foundation Trust	Delivers community services in some areas
Liverpool Heart and Chest NHS Trust	Regional Specialist Centre
Clatterbridge Cancer Centre NHS Foundation Trust	Regional Specialist Centre
Walton Centre NHS Foundation Trust	Regional Specialist Centre
Warrington and Halton Hospitals NHS Foundation Trust	Neighbouring Trust, collaborative working through shared pathology services
HCRG Care Group	Delivers community services and urgent care services in West Lancashire
Lancashire and South Cumbria NHS Foundation Trust	Delivers mental health services in West Lancashire

Local Authorities:

St Helens, Knowsley, Halton, Liverpool, Sefton, Lancashire and West Lancashire Councils.

Additionally, we work with many private and voluntary sector organisations within each PLACE to supplement, support and enhance pathways of care.

e. Our patients and the population we serve

The vision of C&M ICS is “To ensure that everyone in Cheshire and Merseyside has a healthy start in life and receives the support they need to stay healthy and live longer”. A significant challenge to achieving this vision is the high levels of deprivation across the region; 33% of the population of Cheshire and Merseyside is currently in the most deprived 20% of neighbourhoods in England. The area of West Lancashire is in the Lancashire and South Cumbria Integrated Care System, and has its own specific issues and areas of inequality across its neighbourhoods. Sefton and West Lancashire both have populations which are older than the national average which is often associated with increased health problems, falls, frailty and risk of hospital admission.

	Sefton	St Helens	Knowsley	Halton	West Lancs
Population	279,233	181,000	156,481	128,625	118,200
Proportion of patients aged 65+	23.6%	20.6%	17.3%	18.4%	22.1%
Deprivation	58th most deprived local authority out of 317	26th most deprived local authority out of 317	2nd most deprived local authority out of 317	23rd most deprived local authority out of 317	155th most deprived local authority out of 317
Life expectancy	Male life expectancy at birth 78.9 years Female life expectancy at birth is 82.9	Male life expectancy at birth 77.5 Female life expectancy at birth is 81.0	Male life expectancy at birth 76.2 Female life expectancy at birth is 79.7	Male life expectancy at birth 77.3 Female life expectancy at birth is 81.3	Male life expectancy at birth 78.6 Female life expectancy at birth is 82.5
Alcohol	Admissions to hospital for alcohol specific conditions is 1,187 per 100,000 population	Admissions to hospital for alcohol harm is 8th highest in the NW	Admissions to hospital for alcohol harm is 13th highest in England	Admissions to hospital for alcohol specific conditions is 995 per 100,000	Admissions to hospital for alcohol specific conditions is 749 per 100,000
Smoking	15% of adults smoke England average 14%	13% of adults smoke England average 14%	16% of adults smoke England average 14%	14.9% of adults smoke England average 14%	13.9% of adults smoke England average 14%
Obesity	Approximately 71.5% of adults in Sefton were classified as overweight or obese	Approximately 69% of adults in St Helens were classified as overweight or obese	Approximately 74% of adults in Knowsley were classified as overweight or obese	Approximately 61% of adults in Halton were classified as overweight or obese	Approximately 66% of adults in West Lancashire were classified as overweight or obese



3. Developing our clinical strategy

This clinical strategy will address key challenges faced by the new Trust in providing safe, high quality patient care. Some of these relate to the challenges previously faced within Southport and Ormskirk Hospital NHS Trust while others follow national, regional and local priorities.

One key driver for the Clinical Strategy is the elective recovery programme, which addresses the impact of the COVID-19 pandemic on NHS Trusts to deliver outpatient care and elective surgery. Another is the ongoing challenge in the delivery of Urgent and Emergency Care, which will require collaborative working between providers to ensure that patients receive care quickly, safely and in the most appropriate place. Finally, cancer care, with growing numbers of referrals and the need to diagnose and treat cancer at an earlier stage is of critical importance following the reduction of patient presentation and diagnostic activity during the pandemic.

a. How this strategy was developed

As Mersey and West Lancashire Teaching Hospitals NHS Trust is a newly formed organisation, the clinical strategy has been brought together to reflect the immediate priorities in the newly formed Trust. For that reason, the clinical objectives are deliberately aimed at delivering those immediate priorities: forming a new organisation with safe, effective clinical services which work towards meeting the local, regional and national priorities. Once our new divisional structure has been created, clinical services integrated and fragile services stabilised, a longer-term clinical strategy will be developed reflecting the clinical priorities of each division.

This strategy was developed by the Medical Director in consultation with senior clinical leaders from both organisations. It has taken into account the learning and experience gained during the period of collaboration between the two Trusts which preceded the transaction and the areas identified for action in the Post-Transaction Implementation Plan submitted to and approved by NHS England.

Consultation on the completed strategy has been undertaken with representatives of local patient groups to ensure that their views are heard and incorporated into the services which they will use. It has also been shared with leaders from the Integrated Care Boards in Cheshire and Merseyside, and Lancashire and South Cumbria to ensure this strategy aligns with the wider strategy within the Integrated Care Systems.



b. National policy and strategic context

National NHS strategy, delivery plans and performance framework ensure that organisations provide clinical services along the same principles of access and delivery. The shared clinical access targets allow Trust performance to be benchmarked across the NHS and ensure providers are delivering care in a timely and effective way.

The NHS Delivery plans for tackling the COVID-19 backlog of elective care and for recovering urgent and emergency care services have set out the priorities for NHS organisations to the targets set out in the NHS Long Term Plan. Along with the NHS planning guidance for 2022/23, these strategies have outlined how NHS organisations will deliver the changes required to meet the healthcare needs of the population in the post-pandemic period. The alignment of clinical services and pathways will work within the planning guidance to ensure we deliver the expected performance in elective care.

The Elective Recovery Plan published in February 2022 sets out an ambitious national delivery plan to address the COVID-19 backlog through increasing staff capacity, prioritising those with greater need and transforming care settings. The COVID-19 pandemic had a significant impact on healthcare delivery, diverting resources usually used for elective care and preventing patients attending hospital for planned surgery and outpatient appointments. Closer working between providers will allow clinical teams to deal with the backlog more efficiently with better utilisation of resources. There are opportunities for the new Trust to optimise capacity and resources across both Trusts to address the backlog through initiatives such as the streamlining of pathways to increase clinical effectiveness and the implementation of a clinical prioritisation strategy to increase productivity and clinical efficiency.

The Urgent and Emergency Care Recovery Plan was published in January 2023 to help NHS Trusts meet the extreme demands on non-elective clinical services. Despite the best efforts of Trusts and Social Care partners, problems discharging patients to the appropriate care settings has seen hospital occupancy reach record levels slowing patient 'flow' through hospitals. To support recovery, the plan sets out a number of ambitions, including patients being seen more quickly in emergency departments and ambulances getting to patients more quickly. Delivery of these ambitions will require sustained focus on five areas:

- Increased capacity (investing in more hospital beds and ambulances and improving flow)
- Growing the workforce
- Improving discharge (working jointly with all system partners to strengthen discharge processes)
- Expanding and joining up health and care outside hospital (increasing use of Urgent Community Response and Virtual Wards)
- Making it easier for patients to access the right care

The NHS Planning Guidance for 2023/23 outlines key areas to improve patient safety, outcomes and experience: improving ambulance response and Emergency Department waiting times, reducing elective and cancer backlogs, improving performance against the core diagnostic standard, and making it easier for people to access community services, particularly general practice.

c. Cheshire and Merseyside ICS priorities

Cheshire and Merseyside Integrated Care System has four key strategic objectives which align with those of the new organisation:

- Improve population health and healthcare
- Tackle health inequality, improving outcomes and access to services
- Enhancing quality, productivity, and value for money
- Helping the NHS to support broader social and economic development

These strategic objectives will be delivered by the Integrated Care Board through its Provider Collaboratives and programmes of work across a wide range of clinical and non-clinical areas in which the Trust will be involved. Several of these programmes are detailed in the table below:

Programme	Description
Ageing Well	Improving urgent community response for older patients, enhanced health in care homes and helping people with complex needs stay healthy.
Diabetes	Improving treatment targets, multi-disciplinary footcare teams, specialist nursing and flash glucose monitoring.
Diagnostics	Improving access to all diagnostic tests including, pathology, imaging, endoscopy, cardiorespiratory and neurophysiology.
Elective Recovery	Reducing waiting lists, restoring services to pre-COVID levels, and embedding sustainable services.
Respiratory	Quality assured diagnostic spirometry, pulmonary rehabilitation and psychological support to manage respiratory disease
Stroke	Reducing the number of strokes in Cheshire and Merseyside by focusing on prevention, reducing health inequalities, improving access and community rehabilitation.
Women's Health and Maternity	Transforming and improving support for women's health, improving wellbeing, life chances and outcomes for women and babies.

The Trust is a member of both the Cheshire and Merseyside Acute and Specialist Trust Provider Collaborative and the Community and Mental Health Provider Collaborative, due to the breadth of care which it delivers. The Provider Collaboratives bring together NHS Trusts to work collaboratively to deliver on ICB Objectives across the whole system.

The Trust is also part of the C&M Health and Care Partnership, a committee of health and care partners from across the region, working together to improve health and care outcomes, and reduce variation in experience of care. By working together across the region the health and care partnership aims to reduce health inequalities and promote wellbeing to all of our residents. The Trust is a signatory to the Prevention Pledge which has a focus on not just treating patients but preventing future admission and promoting self-care and management of an individual's health.



Lancashire and South Cumbria ICB Priorities

The Trust is also part of Lancashire and South Cumbria ICS and works together with partners across the whole region to help deliver the priorities which have been set out by the ICB and the integrated care partnership. The integrated care partnership brings together healthcare providers (including Mersey and West Lancashire Teaching Hospitals NHS Trust), local government, the voluntary, community, faith and social enterprise sectors, education organisations, people that represent local businesses, Healthwatch and residents together to work to a set of agreed priorities to improve the lives of people in Lancashire and South Cumbria.

The priorities will be focused on the life course of residents: Starting Well, Living Well, Working Well and Ageing Well.

- **Starting Well:** Giving children the best start in life, supporting them and their families with problems that affect their health and wellbeing, and getting them ready to start school.
- **Living Well:** Reducing ill health and tackling inequalities across mental and physical health for people of all ages by understanding the cause of these unfair differences.
- **Working Well:** Increase ambition, aspiration and employment, with businesses supporting a healthy and stable workforce and employing people who live in the local area.
- **Ageing Well:** Supporting people to stay well in their own home, with connections to their communities and more joined up care.
- **Dying Well:** Encouraging all residents to feel comfortable in talking about planning for dying, and to be well-supported when a loved one dies.

As part of the Integrated Care Partnership, Mersey and West Lancashire Teaching Hospitals will work alongside partner organisations to help deliver these priorities for residents living in Lancashire Place. The work to reduce health inequalities for residents sits with all providers and organisations in the ICB and the healthcare providers are uniquely positioned to be able to deliver interventions aimed at both primary and secondary prevention of ill health. The Trust will work alongside colleagues in primary and community care to work with patients to help reduce their risk of developing or worsening illnesses in the future.



d. Shaping Care Together

The Shaping Care Together programme is aimed at changing the way we provide health and care services in Southport, Formby and West Lancashire, so that we can continue to provide high-quality services that are both safe and sustainable, now and in the future.

Patients, staff and stakeholders have told us through engagement that has seen almost 2,500 responses they want to see:

- Reduced waiting times for outpatient appointments.
- Care provided closer to home and in the local community wherever possible.

However, funding challenges, staffing shortages, and the aftermath of the Covid-19 pandemic are making it harder for us to do this.

We have an ageing population, high rates of disease, high demand for services and significant health inequalities. In some areas, services are operating with substantial annual deficits.

Following detailed evaluation, several services have been identified as 'fragile', meaning that we are simply not able to continue offering these services as they are today. In 2023, as a first step to stabilising these fragile services, two former Trusts were joined together to form Mersey and West Lancashire Teaching Hospitals NHS Trust. The Shaping Care Together programme is looking at how we can make the best use of our resources - money, staff, and estates - in a way that provides stability to these services today, and in the longer term. Shaping Care Together will be doing more engagement with patients, staff and stakeholders as the programme progresses.

e. Fragile services

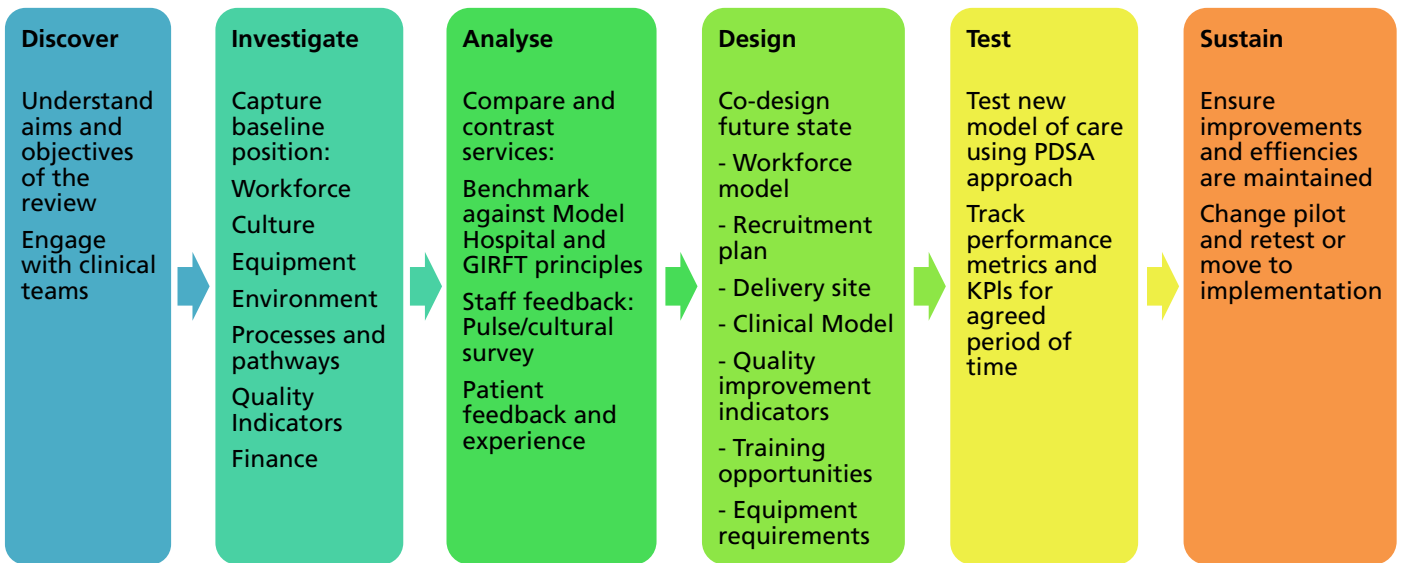
In January 2022, several clinical services provided by Southport and Ormskirk Hospital NHS Trust were identified as “fragile” due to workforce or other challenges following a quality impact assessment. This meant that they were at risk of no longer being able to deliver the level of service required to continue or had closed to new referrals. Since the Agreement for Long Term Collaboration (ALTC) several of these have been stabilised (green) whereas others still remain at risk of not being able to deliver the required standard of clinical care. Each of these services have individual challenges in their delivery and detailed plans to meet these were contained in the Post Transaction Implementation Plan (PTIP), the Trust’s plan to ensure we smoothly transition into a single organisation.

High Risk Fragile Services	Fragile Services	Stabilised Services
ENT	Oral Surgery	Haematology
Ophthalmology	Dermatology	Paediatric Dietetics
Vascular Surgery	Pain	Stroke
	Medicine for Older People	Orthodontics
	Rheumatology	
	Cardiology	
	Diabetes	
	Paediatric A&E	
	Paediatric Ophthalmology	
	Optometry	
	Clinical Physiology	

A critical objective for the new organisation is the stabilisation of the existing fragile services to ensure that patients can continue to access these services across the whole area which the Trust serves. Where possible, this will be done in the way that ensures services will continue to be delivered as close to patients as possible. Where this is not possible, they will be delivered as close to the population as is clinically viable. The stabilisation of fragile services will draw on experience and learning from the ALTC and be carried out by clinical leaders within those specialties supported by members of the senior leadership team.

Service Development Strategy

In addition to stabilisation of fragile services, the new organisation will undertake a standardised approach to integration of all clinical services, reviewing and agreeing the future delivery model of care across the organisation, in consultation with patients, local communities and partners. Using the principles of service improvement and led by clinicians, we will collaborate to understand the challenges and identify the opportunities for clinical delivery then develop a transformation plan to move the service forward. Each specialty will have their own unique journey of integration which will reflect the individual challenges for their service. This will be supported by a senior leadership team with a remit to oversee the integration of clinical services and ensure this is done in a way which maximises the effectiveness and efficiencies outlined ahead of the transaction. The diagram below outlines the principles which will underline the integration of services in a systematic way.



Model of clinical service integration



4. Our clinical ambition

a. Our principles

The following principles underpin the clinical strategy and guide the development of the clinical objectives. They are linked to the Trust's strategic aims and ensure that the clinical strategy aligns with the aims and objectives of the new organisation.

Domain	Principles	Linked Strategic Aim
Best Practice, Policy, and Guidance	<ul style="list-style-type: none"> Services will operate to a common set of clinical standards, quality metrics, policies and guidelines across the new Trust, wherever they are delivered Good practice will be shared to ensure that services achieve the best of what is currently delivered by the two Trusts and comply with standards set by national professional bodies eg. National Institute of Clinical Excellence (NICE), Getting It Right First Time Programme (GIRFT) and the Academy of Medical Royal Colleges Closed services will re-open to referrals and enhance the care delivered to the population of Sefton and West Lancashire where this is clinically and financially viable Utilisation of estate and clinical facilities will be optimised across the four main hospital sites if beneficial to patients Improvement practice will be embedded in each clinical service and developments will be supported where these will enhance the health of the local population or reduce health inequalities Participation in clinical trials and research will be supported and encouraged Excellent opportunities for teaching, training and development will be provided throughout the new Trust 	<p>Be the Trust of choice for patients</p> <p>Deliver high quality, personalised care</p>
Service Delivery and Workforce	<ul style="list-style-type: none"> Clinical services will continue to be delivered as close to patients as possible Where services cannot be delivered locally, they will be delivered as close to the population as is clinically viable Other than the proposed strategic clinical service reconfiguration between Southport and Ormskirk Hospitals (subject to public consultation led by the ICBs), there is no intention to move services between sites. If this does occur, it should only be where there are clear patient and clinical benefits which outweigh any potential disruption and following consultation 	<p>Be the Trust of choice for patients</p> <p>Respond to local health needs</p> <p>Attract and develop caring, highly skilled staff</p>
System and National Responsibilities	<ul style="list-style-type: none"> C&M and L&SC ICS priorities will be supported including elective recovery and restoration Sustainable solutions to the remaining fragile services at S&O will be found through collaboration with system partners where appropriate Report performance and outcome measures as a single organisation Provide timely and accurate information about activity, performance and outcomes to allow clinical teams to continuously improve. 	<p>Work in partnership to improve health outcomes</p>

<p>Clinical Leadership, Education and Research</p>	<ul style="list-style-type: none"> • Clinical Leadership will feature prominently in the workforce strategy as we develop a clinical leadership programme which will focus on equipping new and aspirant clinical leaders with tools and resources to take further steps in leadership in the organisation. • Clear, visible and easily accessible reporting and escalation structures will be embedded across the new Trust with an integrated, compassionate approach to leadership • We will continue to develop our undergraduate and postgraduate education services, with closer links between the Trust and our partner Educational Institutions and through the use of innovative methods of teaching to ensure that every clinical service is able to maximise the educational offer for students of all healthcare disciplines. • The Trust will continue to expand its portfolio of research studies and will work with University colleagues to develop relationships which will enable increased collaboration between the Trust and partner academic institutions. The Research, Development and Innovation Team will identify new research opportunities in all clinical areas and our work with Clinical Research Network North West will place the Trust be at the forefront of clinical research in the region. 	<p>Attract and develop caring, highly skilled staff</p> <p>Work in partnership to improve health outcomes</p>
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b. Our clinical objectives

Having considered the national, regional and local context, our vision is to provide 5 Star Patient Care and deliver the following clinical objectives over the first 2 years of the new Trust.

<p>Clinical Objectives for Mersey and West Lancashire Teaching Hospitals NHS Trust</p>
<ul style="list-style-type: none"> • Ensure clinical governance structures are in place to continue to deliver safe and effective clinical care across the Trust
<ul style="list-style-type: none"> • Review and align pathways to enable integration of clinical services across the Trust
<ul style="list-style-type: none"> • Complete the stabilisation of fragile clinical services and address any inequalities, delivering high quality and effective care across to patients who use any of our hospitals
<ul style="list-style-type: none"> • Achieve national, regional and local NHS priorities to: <ul style="list-style-type: none"> ◦ Improve Emergency Department waiting and ambulance turnaround times ◦ Reduce waiting times for elective treatments and diagnostic tests ◦ Reduce the time to diagnose or exclude cancer in patients who are referred to hospital

National benchmarking tools including data from the Getting It Right First Time (GIRFT) Programme and Model Hospital System will provide many of our services the information to identify where each service will focus interventions for improvement. This will be supplemented with guidance from NICE, NCEPOD and professional bodies to support the safe and efficient delivery of clinical services.

5. Our clinical services

Work will be undertaken across 2023/24 to align our services and pathways to be led and overseen by the most appropriate division. This will allow a greater focus on integration, understanding of the gap in equitable provision for our population and the mitigation of clinical risk.

Clinical services will be divided into divisions which will be led by a triumvirate of nursing, operational and medical leaders. This leadership model and the departmental leadership structure which sits beneath it will help to unify specialty delivery across the new organisation.

The services will be allocated to one of the following divisions:

- Medicine and Urgent care
- Surgery
- Women and Children's Services
- Community and Clinical Support Services

Consideration has been given within this model to factors such as:

- Site management and presence
- Specialty oversight when accountable for delivery across multiple sites
- The spread of high risk and fragile services across portfolios
- The introduction of roles to improve the architecture of the leadership teams and to support career progression

The divisional structures will be kept under constant review in accordance with the clinical transformation plan to ensure that they are delivering the optimal model for clinical and operational leadership.

Corporate leadership roles will remain and report directly to the Medical and Nursing Directors as in the previous model to ensure safety and quality remains at the top of the Trust agenda and has executive oversight and accountability.

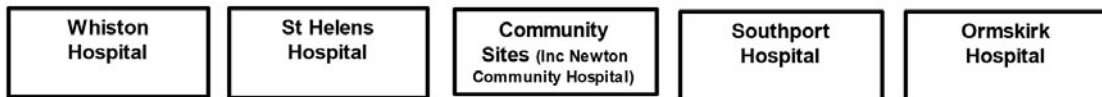
Post Transaction Organisational Structure



- Bringing together services from across all of the delivery sites and grouping them into 4 new Clinical Divisions.
- Future delivery models to focus on local site delivery and equity in access for populations across our footprint.
- Awareness and future focus on pathways for patients that move across all divisions.



- Triumvirate leadership model to head up each of the Divisions.
- Reflecting clinical and operational leadership in the governance, oversight and development of services in the division.
- Providing professional and operational support to services and staff e.g. business partner model from the corporate services.
- A balanced focus on clinical delivery, quality and safety, and operational efficiency across the triumvirate through challenge and support.



a. Enabling strategies

The Clinical Strategy is only one of the strategies for the new Trust to deliver the benefits which will be realised through the transaction. It is through close, collaborative working between clinical and non-clinical services which will allow us to deliver the Trust's objectives, give patients high quality care and create a working environment which attracts and retains the best possible employees.

The Trust strategies which will enable the delivery of the clinical strategy include:

- Digital Strategy
- Workforce Strategy
- Estates Strategy
- Environmental Sustainability Strategy

6. Monitoring and review

The clinical objectives will be monitored through the regular committee and council meetings which make up the Trust's Corporate Governance Structure. Each committee will provide assurance to its Executive and Non-Executive members that teams are working safely and effectively to deliver this Clinical Strategy. As stated previously, this Trust Clinical Strategy will be reviewed and updated ahead of the publication of the next Clinical Strategy in 2025 when integration of clinical services is completed, allowing objectives to be set within individual clinical divisions to develop their services.

Delivery of the Post-Transaction Implementation Plan (PTIP), developed prior to the transaction and approved by NHS England, will be monitored by the Transaction Board to ensure that the patient and organisational benefits identified for the new Trust are realised. This will run in parallel with reporting to NHS England to provide assurance that the PTIP delivery is on track.



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