Vision | Openness | Integrity | Compassion | Excellence

NHS
Bolton
NHS Foundation Trust

Clinical Strategy

2024-2029

... for a better Bolton

A message from our medical director

We are so proud to introduce a clinical strategy that has been shaped by the collective knowledge, experience and ambition of our clinical workforce.

Together we have built a foundation to help guide the clinical priorities we will set, and the decisions we will make over the next five years. This starts with our three priorities that describe what we want to achieve when it comes to improving the services we provide and the outcomes we deliver.

■ Priority one:
Improving people's experience

■ Priority two:
Innovating and collaborating for the future

■ Priority three:
Playing our part in improving people's health

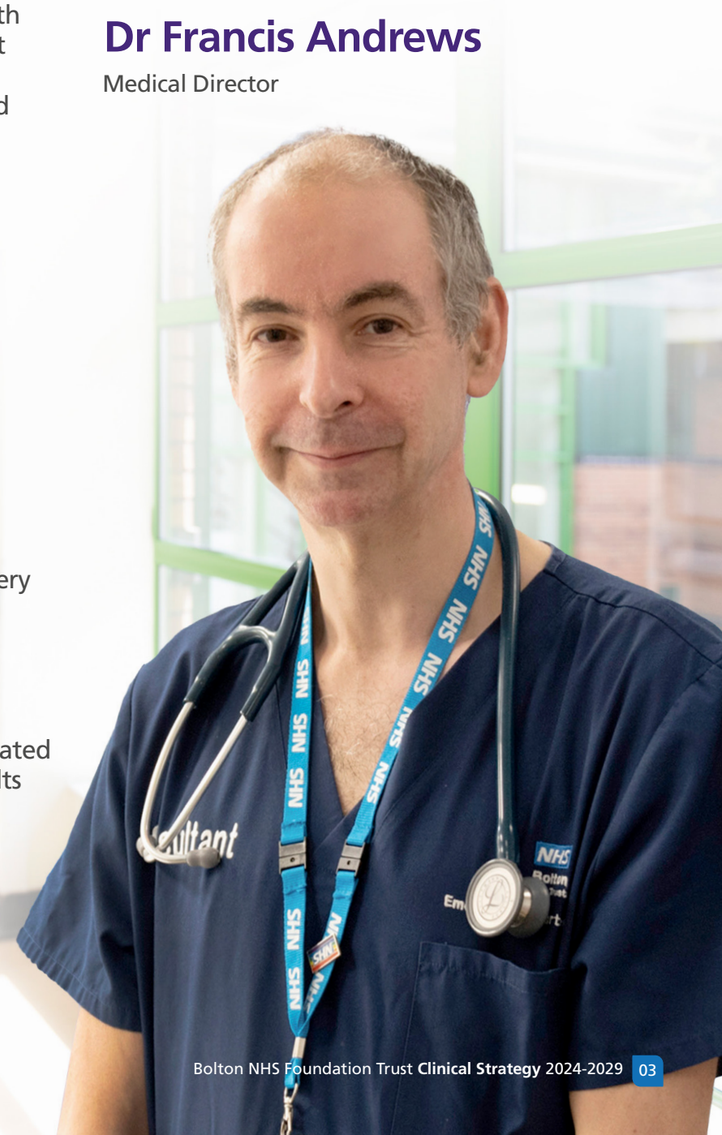
We know that we need to adapt to the evolving healthcare needs of our population whilst balancing the delivery of safe, high quality and financially sustainable services.

By focusing on these priorities, we will be more effective, create a more rewarding environment for our dedicated teams and ultimately, get better results for the people we serve.

On a final note, thank you for the contribution you've made in shaping our strategy, and for the role you will play in bringing it to life for the benefit of our patients and communities.

I look forward to continuing to work with you to deliver the best care and services we possibly can, for a better Bolton.

Dr Francis Andrews
Medical Director



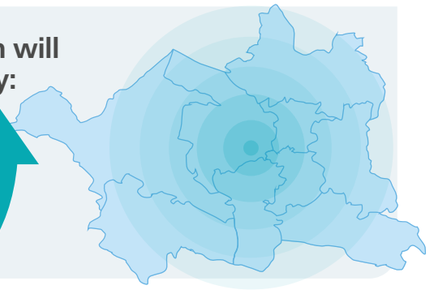
... for a better Bolton

Our case for change

Why we need to do things differently

Predict population will continue to rise by:

4.3% per year

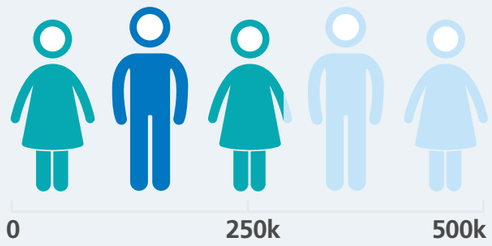


An ageing population

By **2043**, it is predicted that around **1 in 10** of Bolton's population will be aged **75+**

Bolton's population is currently approaching

300,000



28%

of Bolton's population are from communities that face racial inequality

Increase in acute care demands

By **2029**, demand for acute care will rise and we could need three additional wards

Bolton's residents experience poorer health than average, and health inequalities

11 Years

Bolton's residents have a lower life expectancy than other areas

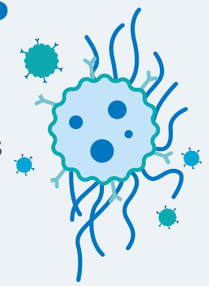
Main languages spoken: English, Gujarati, Panjabi, Polish, Arabic and Somali

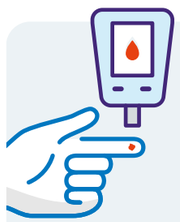
56%

Live in an area of Bolton that is amongst the **56%** most deprived nationally

Diseases

Circulatory, respiratory, cancer and digestive diseases account for over **60%** of the life expectancy gap within Bolton





Diabetes

High diabetes rates **8.4** (England 7.3%)

45%

of residents experience low or very low food security

Our challenges

- Medical conditions are often identified at a more advanced and less treatable stage; leading to poorer health outcomes, increased treatment complexity, higher healthcare costs and in some cases, a reduced likelihood of successful recovery.
- Our healthcare services are often reactive; treatment is provided after the problem has already developed, worsened or the condition is under recognised.
- Disease severity increased, reduced service user wellbeing and greater pressure on our healthcare resources.
- Shortage of healthcare professionals impacting our ability to provide timely care.
- We know there are areas where we can improve patient experience, including communication, long wait times, co-ordination challenges, safety concerns, access to care and involvement in decision-making.

Our resources

- Clinical and technological advances are important not only for improving outcomes and efficiency, but also for meeting the evolving expectations of service users.
- Many of our buildings and technology systems are ageing, outdated, inefficient and unsuitable.
- Limited funding and budget constraints mean we can't do everything we want and need to do straight away.

Our case for change incorporates the requirements of the GM Joint Forward Plan and the NHS Long Term Plan.

... for a better Bolton

Priority one

Improving people's experience

What we heard

Our service users are at the heart of everything we do. Quality, safety and experience must come first.

Communication is one of the most important things for our service users; how we communicate, when we communicate and where we communicate.

We repeatedly heard about the need for us to coordinate care across the whole pathway for people to gain the most benefit from the time they spend in our care; whether that's transition from paediatrics to adult services, or between community and acute services.

We want to treat people in the best place for them – whether that is at home, in the community, at the hospital or with another organisation. If we focus on this then we not only improve service user experience, but we also better protect acute resources for those who need it most.

Our objectives

Establishing and building on strong foundations

Optimising our services and continually striving for clinical excellence

Building seamless services

Creating a healthcare system where services are seamlessly integrated and coordinated

Evolving how, where and when we deliver care

Delivering care in the most suitable setting and transforming services so that they are responsive to the current and future needs of our service users

Priority two

Innovating and collaborating for the future

What we heard

While there's a strong drive for innovation, our workforce currently feels limited by challenges in recovery, changing demand, financial constraints and infrastructure.

We have significant opportunities to cultivate and educate our future workforce through our partnerships across the system and with academic and research institutions.

Collaboration and partnerships are essential to help us meet the changing needs of our population, and make sure that capacity is sufficient to meet demand. We can only solve so many problems alone, so we must work together to plan develop, inform, transform and influence the services of the future.

With more insight from data, we can identify areas of challenge and opportunities, and areas where collaboration could help improve the services we provide.

We want to utilise novel technologies and therapies particularly within diagnostics, where technology, automation and artificial intelligence are rapidly advancing.

Our objectives

Enabling a culture of innovation

Creating the space for our teams to innovate and explore novel approaches and technologies to improve what we do, with an increased emphasis on research

Strengthening our collaborations

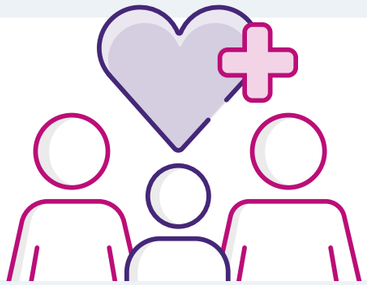
Enhancing and expanding collaborative partnerships with healthcare providers, local communities and external organisations

Evidence based decision making

Harnessing advanced technologies, such as artificial intelligence, decision-support and predictive analysis to enhance decision-making, prioritisation and targeting of care

Priority three

Playing our part in improving people's health



What we heard

The impact of worsening health can be overwhelming for individuals, their loved ones and for the workforce that cares for them.

There are many drivers of poor health that we can't address alone. We can work more closely with locality and system partners, especially public health, to respond to population health needs and to help prevent illness and chronic disease in the first place, by giving everyone the tools they need to support their needs.

If we catch issues before they become major concerns, then this not only helps us live well for longer, but ensure that healthcare resources are used wisely.

There was a clear and consistent theme on the importance of understanding and addressing the diverse needs and challenges experienced by people using our services and the wider population.

Our objectives

Prevention and early identification of disease

Reduce the risk and impact of disease through screening, early diagnosis and proactive management of care.

Addressing health inequalities

Ensuring everyone has equitable access to quality care, while actively working to improve health outcomes for underserved populations.

Promoting good health and wellbeing

Actively promoting positive health choices amongst our workforce, service users and wider population while working with partners on wider public health initiatives.

Strong foundations

To achieve our clinical priorities and outcomes, we must first ensure strong foundations for the future. The Trust is committed to establishing a solid, stable base on which to build our clinical priorities and aspirations. We will:

Make the best use of our collective skill mix
developing our staff and embedding a multi-professional, multi-disciplinary approach. This not only improves experience and outcomes for the people who use our services, but means staff skills are utilised to their best effect.

Use our data, insight and intelligence
to identify trends in access, changes in our population and how we can better meet and manage demand.

Horizon scan
for the latest evidence, developments and innovations to stay informed about opportunities to improve our services or do things differently.

Learn from and implement best practice
including adopting Getting It Right First Time (GIRFT) recommendations to ensure we are working to the highest standards of quality and safety.

Establish and develop the neighbourhood delivery model
with system partners, to provide integrated care in the places where people live.

Engage and work with our service users and population
to understand and respond to what is important to people.

Implement quality improvement methodology
as a framework to deliver improvements.

Drive productivity
to maximise our existing capacity and make the best use of the resources we have.

Deliver efficiencies
to ensure we are using our resources to their best effect and focus on delivering sustainable models of care.

Maximise existing technology and systems
to deliver care virtually as far as possible i.e. PIFU, A&G, virtual wards.

Utilise benchmarking tools
such as Model Hospital to enable us to identify opportunities where we can improve what we do.

Building strong foundations is crucial for a stable financial environment. It involves everyone and ensures we use our resources wisely and make smart investments.

Outcomes

We will create a comprehensive outcomes framework, covering short, medium and long-term outcomes, reinforced by precise targets that will be defined as part of the delivering planning exercise. This framework will be established to oversee and guarantee the realisation of our objectives.

Over the next 5 years we will achieve:

Improving people's experience

- Seamless transitions for all service users i.e. ensuring 100% of young people have a managed supportive transition from paediatric to adult services
- More people supported to live well at home, in the community or in the best-suited locations for them, enabled by a shift to place-based and neighbourhood-focused delivery of care
- Improved service performance to the highest benchmarking quartiles in Model Hospital and GIRFT, enhancing overall quality of care and productivity
- A year-on-year reduction in avoidable harm and mortality
- Decreased acute demand by embedding the 'Home First' approach across the organisation, resulting in reduced avoidable admissions, re-admissions and extended hospital stays

Innovating and collaborating for the future

- Realising innovation, collaboration and transformation by supporting the workforce to drive positive change and developing our strategic partnerships
- Enhanced clinical decision-making accuracy and efficiency through the effective utilisation of technologies such as AI, predictive analytics and decision-support
- Expanded research collaboration and provision, providing service users with increased access to clinical trials and supporting our workforce to take part in research
- People confidently taking charge of their health decisions and managing their care independently, empowered by user-friendly technology i.e remote technology, digital care records

Playing our part in improving people's health

- Understanding, addressing and reducing health inequalities in access, experience and outcomes; aligned with the CORE20PLUS5 model and Bolton Locality Plan
- Optimisation of health outcomes for cancer and chronic conditions with earlier diagnosis and specific interventions, including diagnosing 75% of cancers at Stage I/II by 2028
- Providing more personal and timely response by anticipating and addressing needs before they escalate and minimising hospital visits
- Contributing to a reduction in disparities in Bolton's healthy life expectancy

Through our engagement process, our clinical teams and divisions shared their vision and aspirations for their services against each of our three priorities and across ten clinical themes.

The next pages describe our aspirations to achieve these.

Children and Young People (CYP)

We provide acute and community-based health care and preventative services for CYP, with the aim of getting the right start in life for a better future.

Our ambition is to co-produce services with our CYP to ensure they have something that is truly accessible for them, where we care for them as they transition from childhood, through adolescence into adulthood, recognising the impact of ill health, from a social, psychological and long-term perspective. We will reduce health inequalities for CYP using the Core20PLUS5 approach.

To improve people's experience

we will…

- Align to the priorities of the NHS Long Term Plan for children which includes asthma, end of life and inequalities
- Collaboratively design clinical services with CYPs living with chronic conditions – with a focus on diabetes, improving transition to adulthood and empowering CYP, and their families, to self-care
- Increase access to remote care options, such as virtual wards and remote monitoring, allowing healthcare services to be tailored to CYPs lives and homes
- Ensure neuro-developmental pathways and service offers keep pace with the increased demand
- Improve timely and comprehensive expert assessments that address emotional and wellbeing needs, alongside their physical needs
- Expanding and enhancing paediatric surgical services to Bolton and Greater Manchester
- Use technology to enhance safeguarding processes with an alert to identify CYP in need during every contact

To innovate and collaborate

we will…

- Ensure we have a robust adolescence service offer
- Explore the use of rapid diagnostics, new patient testing and decision support to prevent avoidable admissions and intervene before condition worsen i.e. use Ribonucleic acid (RNA) technology to diagnose infection in children
- Continuously assess opportunities to enhance the paediatric surgical hub
- Work with partners to ensure accessible and integrated mental health services for CYPs

To play our part in improving people's health

we will…

- Eliminate inequalities in access, experience and outcomes for CYP
- Deliver our aspirations around children's hubs and the new healthy child programme
- Implement the CYP NHS England Core20PLUS5 model
- Work with public health and schools on improving health for CYP
- Reinforce education on supportive dental hygiene and health behaviours for CYP attending the hospital for tooth extraction
- Utilise modern media methods to educate and inform CYPs on positive behaviour choices
- To embed an informed, compassionate approach to adverse childhood events and wider safeguarding issues to improve longer-term health outcomes
- Improve where and how we employ diverse languages and alternative communication styles to effectively engage with CYPs and their families

Maternity, Neonates and Women's Health

We are busy maternity unit with approximately 6000 babies delivered each year and we are a tertiary unit for neonates. Our maternity population is growing in complexity and often have higher care needs that influence their pregnancy care. We serve a very diverse population and it is recognised that this can cause variation in outcomes.

Our ambition is to provide an equitable offer of birth options that mean people have the experience they want with the best and equal outcomes for families and babies.

To improve people's experience

we will…

- Provide full choice in birth locations and family-centred caesarean birth
- Reduce induction wait times
- Empower women to take control of their health and address changing demands, such as menopause
- Improve the effectiveness of clinical risk assessment and triage at every contact; focusing on reducing maternal and neonatal mortality
- Increase provision of enhanced recovery for same-day discharge for caesarean birth
- Provide seamless perinatal care from pre-conception, antenatal through to postnatal care - with a focus on early diagnostics
- Provide culturally-appropriate support to those whose babies have died
- Enhance the provision of maternity and neonatal triage safety systems
- Improve rates of same-day discharge for surgery to improve access for inpatients and outpatients

To innovate and collaborate

we will…

- Develop our academic research offer in women's health and maternity care
- Invest in infrastructure and create central areas for a more supportive MDT (multidisciplinary team) environment
- Implement user-friendly health records for women
- Expand the use of evidence-based, minimally invasive gynaecological surgery techniques
- Increase home monitoring for pregnancy-related conditions, such as foetal heart rate
- Reduce preterm birth through novel tests predicting the course of pre-eclampsia, diabetes etc.
- Extend our partnership pathways across GM for gynaecology services
- Implement an end-to-end maternity EPR
- Deliver the Maternity Transformation and Saving Babies Lives programmes

To play our part in improving people's health

we will…

- Eliminate differential maternal mortality and morbidity rates
- Earlier diagnosis and management of perinatal conditions (e.g. gestational diabetes, anaemia)
- Improve and maintain cancer diagnostic timeframes
- Improve access to mental health support in maternity and gynaecology services
- Increase access to and utilisation of pre-conception counselling for individuals with chronic health conditions to improve congenital outcomes
- Culturally-appropriate maternity care to reduce inequity
- Collaboration with therapeutic services to improve overall health and reduce need for surgery
- Ensure high rates of screening and early detection for gynaecological cancers, such as cervical cancer, particularly for under-served groups
- Targeting prevention and management of chronic conditions affecting women, such as heart disease, diabetes and osteoporosis
- Improve healthy behaviours like smoking cessation during and after pregnancy
- Achieving higher rates of initiation and continuation of breastfeeding
- Provide continuity of carer in pregnancy in-line with Core 20 Plus 5 targets

Urgent and Emergency Care

Our UEC services have 130,000 attendances per year and we have the most ambulances attending of any hospital in GM. Often people who attend the hospital may be better served by other health, social or mental health care providers.

Our ambition is to ensure that people get the right care from the right people in the right place. For those that do need our services, they will have the very best care and experience while with us and are supported to get home safely as quickly as possible.

To improve people's experience

we will…

- Use novel technologies to reduce diagnostic time
- Integrate mental health assessments and responses into routine physical examinations conducted by healthcare professionals in urgent and emergency care
- Place a senior clinical decision maker at the Emergency Department entrance to ensure patients are directed to the right services, like the Urgent Treatment Centre and Same Day Emergency Department
- Increase speed of access to specialities for service users in the Emergency Department to ensure optimum and timely treatment
- Increase the use of specialist teams such as Pharmacy, the Home First Team, Virtual Wards and Specialist Palliative Care to ensure clinical care is provided in the most appropriate setting
- Improve recognition and response to deterioration, including the appropriate introduction of patient and families/carer assessed wellness score and risk assessment
- Improve pathways with primary care for the referral of service users with urgent care requirements to ensure the most timely and appropriate provision of care
- Implement electronic referral pathways from primary care for direct streaming into specialities i.e. ophthalmology model
- Increase the use in the Emergency Department of validated systems such as those used to reduce falls, pressure ulcers and Clostridium difficile to ensure patients are safely managed

To innovate and collaborate

we will…

- Establish a 24/7 command centre of multi-professional experts dedicated to proactively managing healthcare resources, data and patient flows, aiming to reduce unnecessary hospital admissions and support people in the community
- Introduce the use of AI in clinical decision making to aid and support timely diagnosis, treatment and management
- Use personalised medicine and biomarkers to identify patients who are likely to benefit from personalised clinical approaches in the identification of sepsis and other clinical conditions
- Explore development of a same day elderly emergency care unit to better support elderly patients
- Collaborate with the ambulance services to improve management of people in the community and prevent attendance or admission to hospital where avoidable
- Regularly review data to identify opportunities to better manage and respond to the needs of people who access urgent and emergency care

To play our part in improving people's health

we will…

- Conduct additional screening while service users wait or when they are in our care, i.e. wellbeing, diabetes, cholesterol, chlamydia, high blood pressure
- Enhance care navigation services to help individuals understand and navigate the healthcare system, particularly in emergency situations

Diagnostic and Supportive Care

Our diagnostic, pharmacy and support services are mainly focused on the hospital site and Bolton One; people often stay in hospital awaiting their needs to be met.

Our ambition is to improve our diagnostic offer and accessibility, using advancing technology to ensure quicker diagnosis so that people get their treatment more rapidly. This will achieve better outcomes. We will coordinate diagnostic services alongside others to make them more efficient and less burdensome for patients to access them. We will deliver more therapies in people's own homes and help them to take charge of their own care more.

To improve people's experience

we will…

- Provide laboratory support nearer the patient's home with further development of IV therapy team services and delivery of point of care testing for the admission avoidance team
- Provide "drive through phlebotomy" service to improve access and convenience, focus on prevention of pre-analytical issues in blood sciences to reduce unnecessary repeats and admissions and explore self-sampling strategies for monitoring conditions
- Scope the development of the Cardiac CT service
- Empower people to manage their own medicines, with the support of pharmacy and local delivery options
- Provide clinical reasons for medicine
- Use novel devices for IV therapy teams to increasingly deliver treatments in patient's own homes
- Develop pathways for multi-disciplinary professionals such as First Contact Practitioners and GPs to request appropriate diagnostics
- Develop 24 hour blood culture testing

To innovate and collaborate

we will…

- Enhance and expand our community diagnostics hub and laboratory testing offer
- Implement new genomic technologies for improved diagnoses across all disciplines, working with genomic hubs to deliver this where required E.g. molecular PCR for enteric and respiratory pathogens, NIPT for trisomy screening, POCT genomic tests and histopathology cancer genetic testing for personalised treatment.
- Implement digital pathology and increase the use of AI to support diagnosis and increase efficiency to deliver faster and more accurate image and histopathology interpretation
- Develop bloods sciences workflow to further improve turn-around times
- Develop the delivery of non-invasive post-mortem examinations through CT scanning in collaboration with the NW sector
- Scope and support how we can innovate in diagnostic technologies and minimally invasive tests such as ingestible sensors, liquid biopsies and hair and breath sampling to improve patient experience and outcomes
- Develop better access to the Genomic Hub to support cancer work, and enhance and expand the use of Advanced Nurse Practitioners for diagnostic capability
- Continue to collaborate with GM partners on the pathology and radiology networks

To play our part in improving people's health

we will…

- Develop an equitable patient centred radiology offer where patients can receive all the imaging they need in a single visit with quick and accurate reporting, including overnight and at weekends and shared appropriately across treating clinical teams
- Support and develop the (Commission) faecal transplant service for patients with recurrent C-Diff, implement enteric molecular technologies to improve diagnosis and prevent unnecessary procedures
- Deliver new testing strategies and risk algorithms for improved patient care e.g. pre-eclampsia risk prediction and liver and renal risk predictors to identify conditions sooner

Care of the Older Person

We are seeing rising numbers of older people with increasingly complex health and social care needs; we know the impact that frailty can have on outcomes. People can often have protracted stays in hospital, which means their ability to recover from their illness is affected, so it takes more time to get them back to their homes.

Our ambition is to help people to age well. We will have a joined up service across the Trust that manages the needs of older people, minimising any time spent in hospital and by supporting them more effectively in their own homes, thereby reducing the impact of ill health.

To improve people's experience

we will…

- Expand virtual community wards for older people to facilitate appropriate early discharge
- Establish a new model of care in the community for elderly care that includes a geriatric physician proactively addressing needs
- Enhance ED referrals directly into the Frailty service
- Ensure every appropriate person has a frailty assessment
- Targeting evidence-based assessments, such as surgical liaison, on those aged over 65 to improve individual and service-level outcomes for older people
- Improve the identification of risk factors associated with delirium to ensure appropriate prevention and treatment is provided
- Ensure all clinical staff are appropriately trained to recognise frailty indicators and use standardised tools to identify individual frailty status and manage required clinical response
- Ensure appropriate management in the first 24 hours of admission for people living with frailty so optimal clinical care can be established
- Ensure carers and family members are empowered with the knowledge and access needed to understand and actively participate in the management of healthcare

To innovate and collaborate

we will…

- Implement a new model and approach to care of the elderly in acute and community – Roles, pathways, delivery
- Implement a fracture liaison service
- Collaborate on dementia diagnosis and management
- Using the expertise of our community geriatrician to expand and enhance our out of hospital care model for care homes
- Deliver an enhanced community frailty pathway, including in reach to the emergency department
- Work with partners on increasing the number of advanced care planning conversations and plans
- Ensure that every appropriate person has a structured medication review to address polypharmacy and improve the identification of risk factors for falling in hospital

To play our part in improving people's health

we will…

- Improve the diagnosis and management of delirium
- Take steps to ensure there is effective and equitable recuperative rehabilitation for older people on all wards in hospital and in linked community services
- Develop equitable routine screening for risk of malnutrition across health and social services for people at risk of developing frailty and to provide targeted nutritional education and support
- Develop an accessible and recognised rapid crisis response service for older people and those living with severe frailty
- Promote healthy eating habits to improve nutritional health and reduce malnutrition amongst older people

Community Care

We are an integrated care provider, working with local authority, social care, mental health and voluntary sector colleagues, to provide care and improve health outcomes for our local population.

Our ambition is to support people to live well at home. We recognise our part to play in addressing healthcare inequalities across the borough, and we are committed to delivery of place-based care within the six neighbourhoods as our vehicle to do this. We will provide proactive care to support people to manage their own care needs and access preventative services.

To improve people's experience

we will…

- Deliver integrated care across health and social care at a neighbourhood level, to support people to stay well at home
- Improve information sharing and working across hospital and community-based services
- Ensure community-based staff can access investigations and point of care testing in the community, to avoid hospital attendances for diagnostic tests
- Develop clinical practices to support the community-based management of appropriate orthopaedic and MSK conditions by first contact practitioners
- Further develop the IV Therapy service for wider clinical practice such as inserting lines, zometa at home and home transfusion
- Provide IV Biologics in the community, including service user administration

To innovate and collaborate

we will…

- Work across acute, community and social care to identify and transform pathways to avoid unnecessary hospital attendances and admissions
- Expand the virtual ward offer to support both admission avoidance and earlier discharge from hospital
- Improve advice, transition and support between acute and community teams, using the hub at Castle Hill to enhance this
- Facilitate earlier discharge by 7-day therapies and social care services, with therapy delivered closer to home
- Develop the service for clinical rotation between community and hospital-based services to ensure full integrated provision, develop understanding of care delivery and strength of offer in the community
- Leverage non-medical prescribing to provide wider and timely access to medication such as anti-coagulation
- Develop a community-based clinical pathway for osteomyelitis treatment

To play our part in improving people's health

we will…

- Take a place-based approach to delivering services, working in neighbourhoods to understand community issues and assets, recognising that answers to health inequalities may lie beyond formal health and care delivery
- Embed 'no decision about me, without me' across all community care service
- Support wider health and wellbeing services through our Health Improvement Practitioner offer
- Maximise opportunities in the community to actively screen or encourage screening for disease

Cancer Care

We provide cancer screening, diagnosis and treatment for the people of Bolton and beyond. We do perform well with regards to our cancer targets, but we are predicting increasing rates of some cancers and our patients often have to attend the hospital for multiple different appointments to manage their cancer.

Our ambition is to improve the accessibility and uptake of screening services and to ensure early diagnosis of cancer by developing "One-Stop Shops." We will work as a multi-professional team using the most up-to-date techniques to both identify and treat cancer, getting people the best outcomes.

To improve people's experience

we will…

- Provide more seamless and integrated clinical and therapeutic services after cancer treatment closer to home
- Develop a Community Diagnostic Centre and one-stop shops for cancer diagnosis and management planning including the scope of patient self referral to diagnostics (increase scope of self referrals and diagnostics and screening)
- Ensure all eligible people receive enhanced recovery for surgery to help service users finish their treatment journey more quickly
- Develop Endoscopic Ultrasound (EUS) and Positron emission tomography (PET) provision for patients with alignments to the single queue diagnostics programme for Cancer care within Greater Manchester
- Increase the use of the Christie@Bolton for more patients, providing more cancer care closer to home – such as lung biopsy
- Promote wider single queue in GM
- Diagnose 75% cancers at stage 1 and 2 by 2028

To innovate and collaborate

we will…

- Utilise novel screening and diagnostic techniques, such as MR screening for prostate cancer
- Scope the use of robotic surgery to reduce complications and improve surgical recovery time for patients with cancer
- Provide personalised chemotherapy, in collaboration with the Christie based on genetics and individual disease
- Target implementation of AI to achieve more rapid diagnosis for patients with cancer and pre-cancerous conditions
- Use personal biopsy data for patients, and secure links with the Genomic Hub to ensure personalised cancer treatment continues to develop
- Utilise novel biomarkers of cancer as they are developed
- Further develop our homecare service provision
- Support the development of endocrine therapy improvement programme (ETIP) within Cancer services such as breast, prostate and thyroid

To play our part in improving people's health

we will…

- Work with communities to understand barriers to the uptake of screening offers
- Provide the best personalised cancer care, treatment and follow up to ensure equitable outcomes for all patients
- Collaborate with system partners to understand, recognise and react to early diagnosis of cancer through screening initiatives
- Provide expert support to the wider system to address rising incidence of skin cancer in Bolton and GM
- Increase the use of appropriate anaesthesia as requested for diagnostic tests (e.g. hysteroscopy)
- Maximise initiatives to provide smoking cessation support for patients and staff
- Increase the provision of psychological and holistic compassionate support for patients during their cancer journey with system partners such a Macmillan and the Wellbeing Hub at Bolton Hospice
- Adopt the Prehab4Cancer programme for Bolton
- Understand and target our approach to late diagnostics – focus on high-risk groups i.e. prostate
- Focus on prevention and health behaviours

Elective Care

We are progressing in reducing our elective surgical waiting lists, but it is an ongoing challenge to ensure people get their surgery in a timely way.

Our ambition is to use evidence-based techniques, such as robotic surgery, to reduce complications and get the best outcomes. We will take a holistic approach to ensuring people are ready for surgery and recover rapidly, spending as little time away from their own homes as possible. We will reduce variation in outcomes by actively targeting those most at need for earlier intervention.

To improve people's experience

we will…

- Use nurse associates and appropriate clinical skill mix to improve access and support i.e. delivery of specialised ophthalmology services such as injecting eyes and pre-operative management
- Use innovative approaches such as rapid diagnostics at first appointment and direct to test pathways to continue to support the waiting list management
- Develop community-based rehabilitation outreach and patient-initiated follow-up services included clinically managed virtual wards
- Increase the number of treatment procedures which are delivered as outpatients appointments, day case surgery and laparoscopic
- Streamline the pre-operative assessment pathway for investigations and diagnostics
- Increase the use of specialist teams such as pharmacy to improve pre- and post-op medication assessments improving patients understanding of their medicines, reduce delays and improve discharges

To innovate and collaborate

we will…

- Develop the use of robotics and AI to provide minimally-invasive surgery options to support enhanced recovery i.e. for joint arthroplasty surgery
- Use more camera-based technology, such as those in ENT services, to reduce infection risk, improve outcomes and experience
- Scope the provision of post operative medications at the pre op assessments to improve patients understanding, reduce delays and facilitate discharge
- Develop wider outpatient department swabbing and pre-op provision prior to surgical admission to reduce the need for re-attendance to specialist pre-op clinics

To play our part in improving people's health

we will…

- Provide equitable clinically led waiting well services for patients awaiting surgery including appropriate input from Allied Health Professionals, e.g. dietetics, pain management, physiotherapy and occupational therapy where appropriate
- Develop clinically led and equitable management of patients not on national targeted pathways, such as the management of pre-malignant conditions and secondary breast cancer

Long term conditions (LTCs)

We successfully manage people with LTCs, but with the growing numbers of people with multiple medical problems and an ageing population, we will see the need for greater coordination of care.

Our ambition is to provide people the option to be managed differently, with the use of things like virtual wards and wearable technology, to facilitate remote monitoring to reduce the need to attend the Trust's sites. We will deliver care closer to home and help people to take control of their own conditions. Overall, we will aim to deliver the best recommended care that reduces complications in those with long term conditions.

To improve people's experience

we will…

- Reintroduce one stop shop, for TIA patients to improve patient experience and clinical outcomes
- Scope wider support provision for stroke patients including clinical psychology, speech and language therapies
- Increase the provision of patient-initiated follow up (PIFU) across wider clinical specialities to improve patient access and experience
- Develop the delivery of IV diuretics for heart failure patients at home
- Develop an early inflammatory arthritis service with an effective referral management system aligned to best practice as seen in GIRFT to support affected patients
- Develop the pain management service to provide a teenage pain management programme and a paediatric-to-adult transition service in addition to a specific provision for older people

To innovate and collaborate

we will…

- Develop the use of wearable technology, virtual wards and novel digital solutions for remote monitoring and management of patients' conditions, linking directly to the EPR
- Use AI to assess clinical information such as skin lesions
- Use Tele-derm, advice and guidance and develop the use of AI and Biologics within the dermatology service to clinically support patients
- Develop virtual reality provision for stroke survivors to reduce the risk of falls and to support physiotherapeutic rehabilitation through virtual reality (VR) with the provision of virtual environments and multisensory inputs to train balance
- Scope the use of closed loop systems for patients with Type 1 diabetes

To play our part in improving people's health

we will…

- Develop robust equitable access and provision of vaccinations for people with LTC, for example TB and Pneumococcal pneumonia
- Develop a clinically led pain management self-care programme that reflects the culture and language of the patients and population
- Address health inequalities specific to long term conditions
- Introduce an annual health check for LTCs

End of Life Care

We are committed to providing the best care at the end of people's lives and working collaboratively with colleagues across the locality to help people die comfortably in the place of their choosing.

Our ambition is to help people recognise when they are approaching the end of their lives and plan in advance for that, giving time to discuss with their families what they might want. We will provide culturally-appropriate palliative care support where people need it, addressing the holistic needs of people as they reach the end of their lives, keeping them comfortable as they die.

To improve people's experience

we will…

- Enhance specialist psychological support for dying patients and their families and carers to help in the management of anxiety and depressive symptoms
- Further develop pathways associated with condition-specific triggers and risk factors associated with the dying person to enable access to appropriate clinical care
- Improve palliative and end of life care in reach into the emergency department

To innovate and collaborate

we will…

- Use digital tools to connect technologies that could have direct and immediate impact on dying people and their experiences, including appropriate remote monitoring of symptom assessment and management
- Consider use of AI to better understand and identify the optimal time to put in place advance care planning needs and wishes
- Develop specialised services
- Avoid unnecessary acute admission through round the clock access to community palliative care expertise and care

To play our part in improving people's health

we will…

- Ensure barriers to end of life care are recognised and managed to provide equitable access for all to hospice care, specifically including people with dementia and learning disabilities
- Provide specialist and multi-disciplinary clinical support to address and meet the needs associated with symptom control and management for the dying person in both hospital and community settings

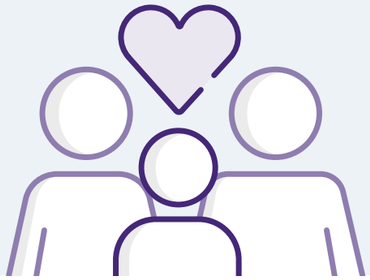
Change catalysts

In driving our clinical strategy, we have pinpointed catalysts that will play a crucial role in enabling delivery.

- Without these catalysts, we will not be able to implement the strategy effectively.
- They are overarching and connect various aspects of our clinical priorities to support positive change.
- They will help align efforts and ultimately contribute to successful delivery of the clinical strategy.

People

- Prevention
- Supporting people to live independently for as long as possible
- Focus on wellbeing with physical needs
- Workforce wellbeing and equality



Research and Technologies

- Research provision
- Predictive analytics
- Artificial Intelligence
- Service user led technology
- Decision support
- Remote technology

Workforce, Skills and Culture

- New skills
- Time and space
- Inter professional teams and roles
- New roles
- Proactive, preventative and personalised care culture

Infrastructure

- Digital system integration
- Place based delivery and neighbourhood models
- Community and home based care
- 24/7 hub models
- 'One stop shops'

Relationships and Partnerships

- Academic
- Locality System
- Community and neighborhood integration
- Commercial and private sector partnerships

Finance and Efficiencies

- Best practice and benchmarking
- Using data to target resources

Our strategy into action

Our strategy provides the blueprint for the Trust's clinical future over the next five years.

Over the next five years we will:

- Define our short, medium and long term outcomes with supporting measures
- Develop divisional level delivery plans to support the achievement our clinical strategy priorities and objectives over the next five years
- Establish robust oversight and assurance through a clearly defined governance structure; from Board through to delivery teams
- Align approval of internal business cases to the clinical strategy; investments must deliver significant benefit or savings
- Embed and deploy the clinical strategy priorities through the Trust appraisal process
- Align to the aims and goals of our corporate strategy and other strategic plans
- Continuously review and monitor plans and progress
- Celebrate success

Thank you

The healthcare landscape is constantly changing and evolving. To recognise this, we will review the strategy goals every six months. This will allow us to respond effectively to those emerging changes and refine our objectives and plans accordingly.

We will also undertake an annual evaluation of the overall strategy to ensure progress and to stay aligned with national, regional and local context.

At a divisional level we will consistently assess the needs of our services, workforce and service users while actively monitoring our environment for opportunities and innovations.

A plan is nothing without the people who drive it, and every member of our workforce has a role to play in helping us achieve the ambitions of our clinical strategy and to deliver high quality services for the people we serve.

... for a better Bolton

Vision | Openness | Integrity | Compassion | Excellence

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