NHS
Countess of Chester Hospital
NHS Foundation Trust

WELCOME TO OUR

Clinical Strategy

2025-30



Safe **Kind** Effective

Foreword

Welcome to our Clinical Strategy 2025-2030

Our clinical strategy provides a clear direction for how we will provide care for our population our patients and our families. We want everyone who requires support from us, in whatever setting, to receive the best possible care, experience and outcomes from the services they receive.

This strategy has been developed by our clinical and operational teams along with input from our stakeholders, partners and through patient engagement.

The strategy focuses on the whole life course, and family experience and in all cases applies the Trust values of being Safe, Kind and Effective in the way we plan and deliver services.

We believe that working in this more holistic way affords opportunity for earlier intervention, prevention and in focussing our joint efforts in areas of greatest inequality.

This clinical strategy **`Improving Lives`** is complementary with our corporate strategy **`Transforming Care Together`** and is aligned with emergent thinking within the governments ten-year plan for health and care.

Improving Lives

In the rapidly evolving health service, we believe that the foundation of success lies in a more strategic planning and visionary approach. A well-crafted clinical strategy empowers clinical and operational staff to not only adapt to change but to shape it, ensuring the delivery of high-quality patient care, improved outcomes, and sustainable growth.

This approach is reflected in our clinical strategy as we work towards excellence with a commitment to innovation, collaboration, and whole patient and family-centred care, where each decision is driven by our goal: **improving lives.**

Through our clinical strategy, we intend to harness emerging technologies, streamline operations, and foster a culture of continuous improvement. This journey is not just about achieving metrics—it is about making a meaningful impact and improving lives one patient at a time.

Together, we in the Trust wish to embark on this mission with dedication, purpose, and the unwavering belief that we can transform healthcare both in and out of the hospital for the better.

We will inspire change, lead with compassion, and create a legacy of excellence in care.

A New culture of strategic thinking

When coproducing our strategy, we have promoted a culture of strategic thinking – that is a mindset that crafts solutions to historic challenges, transcends routine tasks and empowers individuals to view challenges and opportunities with a forward-thinking lens.

Cultivating this culture involves encouraging creativity, embracing innovation, and fostering an environment where long-term goals align with everyday actions.

We believe that every team member is not just a participant, but an active contributor to our organisation's vision and purpose. Everyone has the power and ability to shape outcomes, whether in patient care, operational efficiency, or overall organisational success.

By continuously asking "How can we improve?" and "What's next?" we empower ourselves and those around us to anticipate needs, adapt to change, and remain resilient in the face of uncertainty.

This culture does not just stay within our clinical and operational leadership team—it permeates every layer of our organisation, creating a unified approach where everyone is engaged in the process of strategic development.

Together, we will create an environment where innovation is valued, collaboration is key, and every step forward is a part of a broader vision for success.

Our Ethos

We recognise that people and patients present in a quite different way to that when the NHS was created. The wider determinants of health and multiple comorbidities mean that people often present with much more complex conditions than the single acute presentation of the past.

Consequently, we are adapting our approach to make a purposeful shift from the traditional provision to a population health approach.

Together with our Trust vales this approach ensures that whether you are a member of the public, a patient, a carer, family member or member of staff you can be assured of being treated holistically and with the utmost consideration for keeping you safe and being treated with kindness.

In developing our approach, informed by patients and the public, we have considered a whole life course approach

A "whole life course approach" refers to a perspective that considers all aspects of a person's life, recognising the relationship of physical, mental, emotional, and social well-being. In the context of our strategy this means treating people holistically rather than focusing on isolated symptoms or diseases. It also recognises the importance of

making healthy choices at each stage of life to build a strong foundation for physical, mental, and emotional well-being in the future

Starting Well – This means adopting healthy practices during childhood and early adulthood—like balanced nutrition, regular physical activity, and positive social connections. Education & Self-awareness: Early education on mental health, emotional intelligence, and financial literacy also contribute to a strong start. Learning to manage stress, build resilience, and foster healthy relationships from an early age.

Living Well – This is maintaining a healthy balance in all aspects of life and includes things like eating nutritious foods, staying physically active, nurturing mental health, and ensuring adequate rest and relaxation. Having good social connections, building, and maintaining meaningful relationships, engaging in activities that bring joy and fulfilment and adapting to challenges in life, whether they are career-related, personal, or health-related.

Aging Well - As we age, maintaining mobility, strength, and flexibility is essential. Regular exercise tailored to ability helps maintain muscle mass, bone density, and cardiovascular health. Engaging in mental exercises like reading, puzzles, learning new skills, or socializing to keep our brain sharp. Continuing to stay socially active and involved in our community reduces the risks of loneliness and isolation, both of which can negatively affect mental and physical health.

Key elements of a whole life approach

Adopting a whole life approach within our services means we will provide

- Holistic Care: Addressing the physical, emotional, mental, and spiritual health of a person.
- Focus on prevention and lifestyle choices that promote long-term health, rather than just treating illnesses when they arise.
- Personalised Care: Tailoring medical care to the individual's unique needs, history, and circumstances.
- Interdisciplinary Collaboration: Involving multiple healthcare providers, such as doctors, mental health professionals, dietitians, and therapists, to provide comprehensive care.
- Empowerment and Education: Encouraging individuals to be active participants in their own health by helping them to make more informed decisions.

Our Commitments

Developing our strategy in this way has naturally led us to develop several key statements that describe how we would want to normalise care.

We will ….

- Design our services around the needs of the patients and families

- Deliver services that are safe, kind, and effective and aligned to the needs of the population.
- Target areas of health inequality
- Take a holistic approach to the way we provide care
- Take an integrated multidisciplinary approach in the way we provide care
- Have consideration for equality, diversity, and inclusion
- Collaborate with others at every opportunity
- Empower patients and families to help make choices about their care
- Empower staff to come forward with creative solutions to difficult challenges
- To not be afraid to disrupt the status quo
- Embed research and innovation in everything we do to improving treatments and services we will offer in the future.
- Continually learn and improve at every opportunity
- Develop our social and community value.
- Become a health promoting hospital considering prevention, early intervention, and net zero opportunities.

Our Organisation

The Countess of Chester is a general hospital located in Chester, England, providing the full range of acute and specialist services, and Ellesmere Port Hospital – a rehabilitation, intermediate and outpatient facility. In January 2022, the Trust agreed to take a lease on Tarporley War Memorial Hospital which is located twelve miles outside Chester in the village of Tarporley, providing outpatient and therapy services.

The Trust employs over 5,200 staff (including temporary bank staff) and provides acute emergency and elective services, primary care direct access services and obstetric services to a population of approximately 343,000 residents in Chester and West Cheshire which includes rural areas, Ellesmere Port and Neston as well as the Deeside area of Flintshire which has a population of just over 50,000.

The hospital is known for its commitment to patient care and community health, offering a variety of medical services for both inpatient and outpatient care. It also plays an important role in the local healthcare system, supporting both acute and elective treatments for people in and around Chester.

Our Population

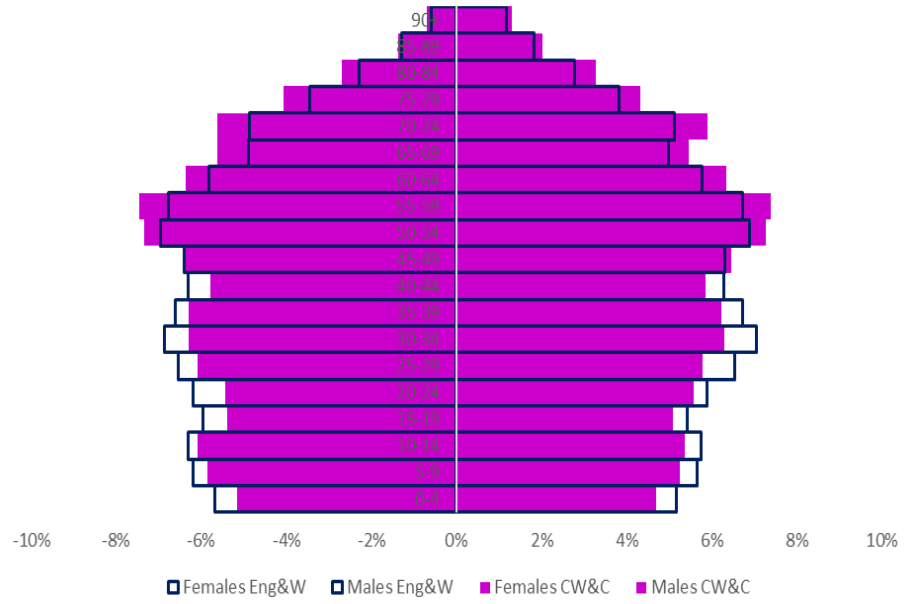
When the NHS was set up it focussed on treating single conditions or illnesses. Since then, things have changed, and we are now living longer (although this has slowed down in the last two years), and we are now living with multiple conditions that require on going care.

The 2021 Census population estimate for Cheshire West and Chester is 357,200. This is higher than the Office for National statistics had previously estimated the population (343,800 mid-2020 estimate).

The mid 2023 estimates reference our population is higher again at 365,106.

There are more people, male and female aged 65+ than the national average and over 80s are projected to double in the next ten years.

Considering the changing demographic and the historic way services are provided has helped define the values, ethos, and principles within this strategy.



Clinical Strategy

We believe that clinical strategy should be based on the core foundation of our shared values of providing Safe, Kind and Effective services. This foundation has helped developed the strategy which is pictured in summary form below



Core Values

Safe – We are dedicated to the health and happiness of every person in our hospital and in our community. We hold ourselves accountable to the highest possible standards of safety in our environments and practices. We want everyone in our care – our colleagues, patients, and visitors – to feel secure, valued and heard. We welcome everyone, whatever their background or beliefs

Kind - We care about the needs of our patients and each other, and we are humble in our expertise. We talk to our colleagues, partners, and patients as equals. Everything we do, we do together. We practise kindness in our everyday actions – speaking, listening, and behaving with warmth, empathy, and consideration. We understand the challenges faced by the people in our care and do everything in our power to improve their experience.

Effective - By effective, we mean that people's care, treatment, and support achieve good outcomes, promotes a good quality of life and is based on the best available evidence. Services that are responsive to our patients` needs

Principles

In developing the strategy, we have explored not just what services we provide and how we provide them but answered the fundamental question of purpose, the why and what drives our motivations. This has helped develop the following principles that we will apply.

- Patient and Family Centred Care:

We will be driven by the needs of people and families and prioritise their needs, preferences, in every aspect of care. We will focus on improving patient outcomes and experiences. Include patient involvement in decision-making and care plans.

For example - We will introduce front door frailty assessment, therapies, and surgical assessment within our same day emergency centre

- Evidence-Based Practice:

Use the best available research and clinical data to inform decision-making. Ensure that treatments, interventions, and protocols are based on proven clinical effectiveness. Regularly update the strategy to incorporate new evidence and emerging practices.

For example – We will share best practice in the rapid implementation of new NICE guidance (haematology being an exemplar of immediate adoption).

- Continuity of Care:

Ensure seamless transitions between various stages of care (e.g., hospital to home, primary to secondary care). Promote integrated care pathways that support collaboration between providers and services. Foster clear communication across all levels of care teams to avoid fragmentation.

For example – through our hospital at home services, provide innovative solutions in areas such as antibiotic therapy in the community and change protocols and pathways / care records that promote care and improve clinical, patient and family decision making.

- Quality and Safety Focus:

We will ensure that safety is the cornerstone, minimizing risks, errors, and harm. Establish quality metrics and benchmarks to evaluate clinical performance. Foster a culture of continuous quality improvement through audits, feedback, and learning from mistakes.

For example – we will continue to develop our operational, clinical, and aspirant clinical leaders, sharing learning and coproduction across all disciplines.

- Digital and Data

We will develop mechanisms to collect real-time patient data for better care planning and outcomes tracking. Use predictive analytics to anticipate patient needs and resource requirements.

For example – we will introduce predictive analytics, embrace quantum technologies to solve historic challenges and make best use of artificial intelligence to improve patient care. We will use auto-monitoring to predict deterioration in patient conditions

- Collaborative and Multidisciplinary Approach:

We will encourage teamwork across different clinical specialties, support staff, and leadership. Promote a culture of communication and mutual respect within teams. Design care pathways that involve input from diverse professional perspectives (e.g., doctors, nurses, therapists, social workers, people).

For example – We will collaborate with our partner organisations to develop neighbourhood teams and improve prevention and protection in area such as heart failure and multimorbidity within cardio-vascular disease.

- Scalability and Flexibility:

We will ensure that our strategy can be adapted to different patient populations, and care settings by aligning the development of services with the introduction of new technologies. We will be responsive to future challenges and opportunities, such as emerging health trends or demographic changes.

For example – we will partner with our patients to support empowerment and management of their health care needs.

- Efficiency and Resource Management:

We will design processes to maximize efficiency without sacrificing quality of care. Ensure that resources (staff, equipment, time) are allocated optimally. Identify and eliminate inefficiencies, such as unnecessary tests or prolonged waiting times.

For example - we will provide one stop clinics reducing the need for multiple appointments in areas such as our Breast Care, Endoscopy, and Gynaecology services. We will introduce a phased program of virtual appointments and explore virtual glaucoma developments.

- Technology Integration:

We will leverage digital tools and technologies for improved clinical decision-making (e.g., electronic health records, AI diagnostics). Incorporate telemedicine and remote monitoring where appropriate to enhance access and convenience. Ensure that technology enhances rather than disrupts patient care and clinical workflows.

For example – we will seek rapid adoption of AI and real time diagnostic reporting. We will integrate our electronic patient record with complementary systems to enhance intelligence and support improved flow in support of an improved patient experience.

- Sustainability and Long-Term Viability:

We will design strategies with sustainability in mind, considering the long-term financial, environmental, and social impact. Plan for workforce development and ensure clinical staff are well-supported, trained, and engaged. Ensure the strategy is adaptable to future healthcare system changes, such as policy shifts, funding constraints, or public health crises.

For example – we will facilitate safe, kind, and sustainable leadership programs, promoting apprentices and skills development with local education and businesses.

- Transparency and Accountability:

We will foster a culture of openness, where successes, challenges, and failures are openly shared and addressed. Ensure that clinical leaders and teams are accountable for delivering on strategic goals. Encourage transparency in decision-making processes and patient care outcomes.

For example – we undertake thematic reviews, safety summits and shared learning, triangulating feedback to improve outcomes. Working with our academic partners we will become a teaching hospital and over the lifetime of this strategy, a university hospital.

- Patient Empowerment and Engagement:

We will involve patients in their own care through education, support, and shared decision-making. Design strategies that promote self-management, particularly for chronic conditions. Ensure patients have access to resources, tools, and guidance to make informed choices about their health.

For example – we will support patient through our Hip and Knee, Gynaecology, and Diabetic `schools`, introduce electronic handheld records (app based) and prehabilitation in areas such as rheumatology, lung, and colorectal cancer

- Culture / Health Inequalities

We will design care strategies that are culturally sensitive and accessible to diverse patient populations. Address health disparities by incorporating inclusive practices and policies. Support staff to understand and respect cultural differences in patient care and communication.

For example – using advanced digital and data developments, we will provide access to services in areas of greatest need. Utilising our health bus, we will take opportunities to provide point of care screening at local events.

- Workforce Wellbeing

We will support the wellbeing of all our staff to prevent burnout and maintain high-quality care. Create a positive work environment that fosters professional growth and

job satisfaction. Address workforce challenges, such as workload stress to ensure sustainability.

For example – we will promote continued professional development, staff wellbeing hub, support flexible working wherever possible and develop the hospital as a health and wellbeing hospital park, including the ever-increasing use of our country park

- Prevention and Early Intervention

We will become a health promoting hospital, working in new ways with community partnerships to individualise care and empower communities in creating greater social vale. We want to move away from over prescribed / hospital-based case and support communities in their own management in living healthier and longer lives.

For example – We lead on health education programs and preventive screenings which can help prevent chronic diseases (e.g., diabetes, cardiovascular diseases).

We are supporting patients with chronic illnesses through education and management strategies can lead to improved quality of life and reduced hospital readmission rates. We partner with local organisations to address broader health issues that can strengthen community ties and health outcomes.
We are focusing on sustainability, reducing the environmental impact of the hospital, and implementing policies like smoke-free environments, healthy food options, and physical prehabilitation activity in the promotion and adoption of a holistic approach to health.

We will lead on educational events promoting preventative opportunities, increase our outreach for antenatal educations and frailty classes. We will collaborate with Cheshire Wirral Partnership Trust in areas such as health checks, vaccinations, and work with local industry. We will work with local schools providing education, health awareness and career opportunities as well as early diagnosis and audiology services.

Key Strategic Challenges

- **Demographics / Health Inequalities**

Cheshire West is a growing population with significant inward investment in new housing and business development. There are more people, male and female aged 65+ than the national average and over 80s are projected to double in the next ten years.

Furthermore, there are cross boundary flows of people from North Wales who look to the hospital for their care.

Life expectancy and access to care differs within the catchment population of the Trust and we are committed to targeting resources where need is greatest, an approach known as proportionate universalism.

A holistic approach to care (as described in this strategy) and investment is required, focusing on preventing health risks and reducing the cumulative effect of long-term conditions and co-morbidities.

- **Urgent and Emergency Care**

The urgent care system in and out of the hospital is such that there is an overreliance on hospital care. The wider urgent care offer is less developed than in other parts of Cheshire and Merseyside. (lack of walk centres or minor injury units).

- **Demand on healthcare**

The way people present, be it primary, secondary, or urgent care has become more complex as people live longer and present with more than one longer term condition. This and population growth continues to put additional demand on the hospital and the wider system.

- **Lack of capital investment**

The restraint on capital to investment in new equipment and building maintenance means that the hospital infrastructure is less efficient than it could be.

- **Financial position**

Like other district general hospitals, the forward look for our financial position is challenged and we will consider how this strategy can support a shift from hospital to home, treatment to prevention and analogue to digital.

- **Workforce**

We will support the wellbeing of all our staff to prevent burnout and maintain high-quality care. Create a positive work environment that fosters professional growth and job satisfaction. Address workforce challenges, such as workload stress to ensure sustainability.

Expected Outcomes

As a result of adopting our new approach we expect the following outcomes to be delivered

Hospital to Home

- People will be managed closer to home, and for most people, care will be provided in a community setting and not in the hospital.
- People will only come to hospital when their need is for those services provided for in that setting.

- People will spend less time in hospital and be discharged home as soon as their condition allows.
- People will have high quality, personalised and consistent care.
- People will experience reduced waiting times, and timely access.

Analogue to Digital

- We will increasingly see the use of digital advances such as artificial intelligence (AI) in diagnostic testing and patient held records as we move from analogue system to a more modern integrated digital system.
- People will see improved co-ordination and working relationships with partners and a more seamless and consistent service.
- People will begin to see more appointments offered by video links.
- People will see an increased use of technology to keep them safe and well at home (Virtual Ward).

Treatment to Prevention

- People will see a shift in approach to preventing disease and promoting health and wellbeing.
- People will see less reliance on hospital care and be supported in the management of their conditions through strategies such as social prescribing.
- We will become a health promoting hospital.

Health Promoting Hospital

As a Health Promoting Hospital our goal is to improve the overall health and well-being of patients, staff, and the surrounding community.

By adopting health promotion strategies within the hospital, we expect to achieve include:

Improved Patient Health Outcomes:

Prevention of Disease: We lead on health education programs and preventive screenings which can help prevent chronic diseases (e.g., diabetes, cardiovascular diseases).

Better Management of Existing Conditions: We support patients with chronic illnesses through education and management strategies can lead to improved quality of life and reduced hospital readmission rates.

Enhanced Staff Well-being:

Healthier Work Environment: Promoting mental and physical health among staff to reduce burnout, absenteeism, and stress, improving overall productivity and job satisfaction.

Health Promotion Programs: We offer wellness programs, stress management techniques, and fitness activities can contribute to a healthier workforce.

Community Engagement and Support:

Health Education Outreach: Providing community education and resources on healthy living and disease prevention can lead to a healthier community.

Collaborative Partnerships: Partnering with local organisations to address broader health issues that can strengthen community ties and health outcomes.

Sustainable Health Practices:

Environmental Health Initiatives: Focusing on sustainability and reducing the environmental impact of the hospital (e.g., waste management, energy efficiency) supports both the planet and public health.

Health-Conscious Policies: Implementing policies like smoke-free environments, healthy food options, and physical activity promotion helps create a holistic approach to health.

Cost Savings:

Reduced Healthcare Costs: Preventive care and early intervention reduce the need for expensive treatments and hospital admissions, leading to lower healthcare costs in the long term.

Increased Efficiency: Health promotion efforts can lead to better use of resource and efficient use of healthcare services.

Increased Patient Satisfaction and Trust:

Holistic Care: Focusing on not only physical but also mental, social, and environmental factors of health can improve patient satisfaction.

Trust Building: Providing a supportive, patient-cantered environment promotes trust in the hospital and its services.

Excellence and Ambition

Our clinical strategy builds in a strategic mindset at its core. That is learning from past, delivering for today and developing for the future.

Examples of clinical exemplars

Milk Bank – As a regional leader the milk bank provides approximately 2,000 litres of donor milk per year from circa 250 donors. This milk is supplied to over seventy hospital trusts in England, Wales, and Ireland.

Hearing Implants – The Trust is leading the way in new innovative technology with an implant placed under the scalp for a completely invisible and infection free solution.

Liver screening – A significantly expanded offer for liver screening using an ultrasound like device known as a Fibro scan in community-based clinics

Breast Surgery – An innovative modern service providing the full range of oncoplastic surgery except, for autologous free flap reconstruction (this being a regional service), adapted to population needs.

Interventional Radiology – The Trust holds a strong reputation for delivering high-quality clinical care. Being a key hub in the hospital network the Trust has a leadership role.

Insulin Pump Management – The Trust has an advanced hybrid closed loop insulin pump management services supporting over 350 people. Reports as life changing, improving quality of life, improved sleep, and better time in range with improved glycaemic control and glucose levels.

Aseptic Services - The aseptic suite provides for the manufacture of injectable medicines to treat cancers and high-risk injectable medicines.

Examples of Clinical Ambition

Women and Children's services - Our new Women and Children's development aims to be the services of choice for women and children's healthcare in the Northwest, providing exceptional and safe services to patients and their families in a new outstanding facility.

Frailty – Development of a fully integrated frailty service both at the front door of the hospital and in the community.

Urgent Care – The Trust has strong patient pathways enabling primary care to refer into same day emergency care.

Community Partnerships – our new integrated community teams (Countess of Chester and Cheshire and Wirral Partnership Trust) are providing more seamless care across pathways.

Surgery – Ambulatory Surgery – working with orthopaedics, to increase the number of day cases for hip and knee replacement and a strategic intent to introduce robotic surgery across a variety of surgical specialties

Theatre - Redevelopment of our theatres, hybrid theatre and recovery areas to improve patient flow through theatres.

Research – Achieve university hospital status, make multiple joint appointments with the university, continue growth in clinical trials and begin to attract commercial research income.

Innovation – embrace innovation opportunities and new technologies to deliver improve patient experience, efficiency, and flow throughout the hospital.

Aligning National Priorities and Enabling strategies

Out Strategy has considered the emergent Ten-Year Health and Care plan and priorities within the operational planning guidance.

Our clinical strategy **`Improving Lives`** does not sit in isolation and we have ensured that there is a read across to themes within our corporate strategy **`Transforming Care Together`.**

`Transforming Care Together` and **`Improving Lives`** provide a framework for our enabling strategies in the following area.

- Quality and Safety
- Patient and Family Experience
- Finance
- Data and digital
- Research and Innovation
- Health Inequalities
- People and culture

Divisional and Service Priorities

The delivery of our strategy will be through the established departments / divisions within the Trust and new collaborative relationships that will develop with neighbouring hospitals, primary, community services and voluntary services.

Divisional Plans

Adopting our strategic approach Divisional plans have now been developed that describe how, over the lifetime of strategy, we will begin to make the improvement, development, changes and `shifts` in care we envisage.

The following appendices reflect this with each division describing

- Divisional Priorities, strengths, and opportunities
- Divisional Objectives, short, medium, and longer term
- Divisional Outcomes, expected outcomes in the short, medium, and longer term

Research, Education and Innovation

Underpinning our ambition is a passion to deliver, at scale research as a key enabler to improving practice and clinical outcomes.

A separate appendix is included describing our research strategy and ambitions to become a University Hospital, with a thriving educational offer.



Divisional and service priorities

Safe **Kind** Effective

Divisional Priorities: Planned Care

Initiatives	Breast	Metastatic holistic support clinic
	Dermatology	Artificial Intelligence for Skin analysis
	ENT	Trans-nasal Oesophagoscope in an outpatient clinic setting
	Surgery	Exemplar Stoma care provision
	Ophthalmology	Virtual Glaucoma service
	Orthopaedics	Improving hip fracture patient care
	Plastics	Align demand and workforce capacity
	Theatres / ICU	Medical emergency team successfully established
	Urology	Elective care transformation
	Vascular	Centre of excellence for amputation prevention
Strengths	Breast	An innovative breast surgery service
	Dermatology	28-day cancer performance
	ENT	Head and Neck cancer performance
	Surgery	28 Day cancer performance
	Ophthalmology	Provision of high volume any complexity cataract surgery
	Orthopaedics	Region leading day case arthroplasty, low infection rates
	Plastics	Consistent levels of day case surgery
	Theatres / ICU	Exemplar collaboration with medical and nursing and outreach
	Urology	Innovation – Optimum, LA Uro-lift. Exmis prosthetic stend
	Vascular	Excellent training reputation and outcomes
Opportunities	Breast	Menopause symptom management clinic and complimentary therapies
	Dermatology	Become a centre of excellence
	ENT	Walk In Walk Out for paediatric day case patients
	Surgery	Robotic surgery
	Ophthalmology	Elective hub for cataract outpatient and surgery
	Orthopaedics	Improve use of highly unstable bed base due to urgent and medical demands
	Plastics	Skin cancer/met one-stop shop
	Theatres / ICU	Enhanced preoperative medical model including No One At Home Pathway
	Urology	Become a Stone / benign centre
	Vascular	Integrate primary and secondary care to reduce hospital admissions

Divisional Objectives: Planned Care

Immediate	Breast	Maintaining faster diagnostics and improving 31- and 62-day targets
	Dermatology	Deliver higher levels of care to improve diagnostics and treatment
	ENT	Set up Audiology to request and review MRI scans for certain patient cohorts
	Surgery	Family history colorectal clinics
	Ophthalmology	Dedicated Electronic Patient record – standardised patient documentation
	Orthopaedics	Collaborate with other surgical centres
	Plastics	Research fellowship
	Theatres / ICU	Increase provision of percutaneous tracheostomy in intensive care
	Urology	Optimise access points to the service and use of continence service
	Vascular	Obtain training in advanced venous intervention
Medium Term (1-3 Years)	Breast	Introduction of Artificial Intelligence in Breast radiology
	Dermatology	Joint one stop clinics with plastic surgery
	ENT	Introduce Advanced Clinical Practitioner role and GPs with specialist interest to deliver direct patient care
	Surgery	Set up rectal one stop bleeding clinic
	Ophthalmology	Retinal scanner
	Orthopaedics	Dedicated orthogeriatric lead hip fracture unit
	Plastics	Develop International fellowships programme
	Theatres / ICU	Enhance Pre-Op anaesthetic offer, including full pre-habitation service
	Urology	Dedicated emergency theatre
	Vascular	Provide training to community teams in home-based wound care
Long Term (3-5 Years)	Breast	Develop training programme with primary care.
	Dermatology	Phototherapy utilised as a first option where appropriate
	ENT	Introduce a Vestibular Rehabilitation Service
	Surgery	Robotic surgery
	Ophthalmology	Improve clinical pathways
	Orthopaedics	Transfer of care from surgery to an orthogeriatric unit, rehab facility
	Plastics	Create a centre of excellence for microsurgery
	Theatres / ICU	Redevelopment of theatres, hybrid theatre and new recovery areas.
	Urology	Delivering nephrectomy, cystectomy and proctectomy procedures

	Vascular	Regional wound care centre at COCH in partnership with community

Divisional Outcomes: Planned Care

Immediate	More holistic assessment of frail patients and post operative outcomes Reduction in waiting times for routine and urgent appointments Improved patient experience Reduce incidents and levels risks Safer prioritisation of emergency surgery Reduction in clinic waiting times Streamlined diagnosis and treatment on a cancer pathway
Medium Term (1-3 Years)	Improve quality of life for women living with the effects of cancer treatment Reduced length of stay and optimal discharge Improvement in hip fracture outcomes Increase training opportunities Ability to offer access to new innovative treatments Introduce mentorships Increased academic appointments
Long Term (3-5 Years)	Meet increasing demand due to increased screening Increased research opportunities High quality clinical training Centres of excellence for Plastics and Vascular recognised More seamless and integrated care provided High quality outcomes and improved patient experience

Divisional Priorities: Urgent care

Initiatives	Delivery of 7-day medical cover across all inpatient areas by senior and junior medical staff.
	Integration with Northwest Ambulance to avoid ambulance conveyances
	Senior medical teams' job-planning. To clarify roles and effectively meet capacity and demand in services.
	Outpatient transformation: Effective demand management of elective pathways
	Project manage capital investment in ED
	Workforce planning: Senior medical teams' job-planning.
	Outpatient transformation: Effective demand management of elective pathways
Strengths	Elective: Maintain strong performance across DMO1 specialities and cancer within division
	Workforce with diverse roles working in integrated roles; clinical nurse specialists, ACPs, pharmacists, working alongside medical and nursing teams.
	Strong same day emergency care pathways enabling direct primary care and ED referrals
	Leadership: Continue to engage and enable the workforce to challenge the status quo and resolve issues. Workforce is diverse but committed to high quality patient care.
	Strong partnership in support of patients requiring mental health support on wards and ED
Opportunities	New medical equipment for diagnostics and surveillance – e.g. expansion of Zio patch pilot.
	Integration with the University of Chester medical school to develop opportunities for R&D
	Specialist medical teams now able to deliver improved elective and non-elective performance.
	Integration with NWAS and primary care to manage non-elective demand and expansion of UTC hours
	Specialised Medicine: Developing integrated model with Wirral Hospitals

Divisional Objectives: Urgent care

Immediate	Delivery of NHS Standards
	Workforce: Capacity and demand for imminent concerns – including CRV, general medicine and ED/UTC.
	Updated integrated model for Renal Services
	Integration of digital systems with the operational system to be configured for maximum benefit
	Further development of structures to ensure learning, escalation of issues, and celebrating concerns.
Medium Term (1-3 Years)	Prompt senior and junior medical review across wards and medical acute take.
	Capacity and demand model for specialities completed, triangulated with new digital opportunities
	Comprehensive Frailty geriatric care for increased numbers of patients:
	Expansion in the Same Day Emergency Care opening hours
	Closer integration of the community geriatric team with hospital at home, virtual wards.
	Development of a short-stay unit within the hospital with daily MDT frailty input
	Improve the management of patients who no longer require acute hospital admission awaiting care in the community.
	Develop experience and expertise across the divisional MDT to enable innovation and change.
Long Term (3-5 Years)	Horizon scanning for innovative technical solutions to issues. E.g. artificial intelligence
	Workforce development and succession planning enhancing specialist roles and clinical leadership
	Estate planning to maximise and upgrade current estate footprint – wards and departments
	Non-Elective: Comprehensive solution for bed base and clinical resource to manage all non-elective admissions, with increased delivery of same day emergency care.
	COCH biome's clinical leader in specialist medicine and urgent and emergency care.

Divisional Outcomes: Urgent care

Immediate	Improved patient safety (prompt reviews, shorter time to urgent and first appointments) Strong patient experience outcomes through greater access to clinical staff. Prioritisation of workload to release clinical time and improve access Enhanced staff engagement with improved quality of recruitment and retention delivering improved patient outcomes. Improved interface between clinical teams to improve patient pathways.
Medium Term (1-3 Years)	Overall improvement in patient safety across non-elective pathways Reduced long-term or temporary escalation spaces and boarding on wards and ED Use of new technologies in delivering patient care, reducing duplication and providing complete visibility of pathways Additional clinical capacity in clinical reviews of non-elective patients Improvement in the full range of inpatient and outpatient quality indicators.
Long Term (3-5 Years)	Improvement in non-elective indicators: length of stay, ambulance conveyances, Reduction in unwarranted variation in clinical outcomes and healthcare inequalities in the community through improved timely access. Improved patient outcomes for elderly frail patients in their last 1000-days with a comprehensive frailty and geriatric model integrated with the community. Be considered as the provider of choice for transformational opportunities and bids for new capital investment

Divisional Priorities: Diagnostics and Clinical Support Services

Initiatives	Biochemistry	Demand optimisation
	Diagnostics	Outpatient transformation programme
	Pathology	Service improvement through the promotion of dissection training.
	Pharmacy	Recommissioning of aseptic suite
	Radiology IR	Initial planning and design for two new IR theatres
	Radiology	Use of new referral technologies for improved demand management
Strengths	Biochemistry	Established service providing a UKAS accredited service
	Diagnostics	Proven history of regional presence and collaboration
	Pathology	Excellent turnaround times across blood sciences and cell pathologies.
	Pharmacy	Highly clinically skilled workforce
	Radiology IR	Reputation for Excellence
	Radiology	Excellent performance across key performance indicators
Opportunities	Biochemistry	Micro sampling techniques to decrease phlebotomy demand
	Diagnostics	Use of digital to automate processes
	Pathology	Increased automation and the expansion of in-house testing repertoire
	Pharmacy	Home office licences in place to facilitate collaboration
	Radiology IR	Expanding IR service and improving on-call coordination across hospital network
	Radiology	Advanced practice opportunities in imaging

Divisional Objectives: Diagnostics and Clinical Support Services

Immediate	Biochemistry	Ensure Biochemistry provide a safe service with inappropriate test repertoire
	Diagnostics	Horizon scanning for new technologies, changes in clinical pathways
	Pathology	Implementation of end-to-end blood product traceability.
	Pharmacy	Collaborative medicines value activities though invest to save plans
	Radiology IR	Develop second Interventional theatre to integrate into a fully operational day-case unit
	Radiology	Complete and secure funding for Interventional Radiology Phase 2
Medium Term (1-3 Years)	Biochemistry	maintain a safe and functional service whilst network forms
	Diagnostics	Implement digital opportunities
	Pathology	Progress collaboration with partners for a joint laboratory hub
	Pharmacy	Expansion of aseptically prepared product range (elastomeric devices)
	Radiology IR	Fully implement a multi-hospital on-call system
	Radiology	Ensure well-being strategies in place to support staff team
Long Term (3-5 Years)	Biochemistry	Provide an accredited point of care testing service
	Diagnostics	Adopt cutting-edge technologies at the forefront of clinical innovation
	Pathology	Wider use of digital opportunities in pathology
	Pharmacy	Adoption of digital opportunities to support patient centred decision making
	Radiology IR	Regional centre of excellence in interventional radiology
	Radiology	Wider use of digital opportunities in radiology

Divisional Outcomes: Diagnostics and Clinical Support Services

Immediate	Enhanced patient outcomes Improved turnaround times for test results and quality reporting Reduce inpatient admissions
Medium Term (1-3 Years)	Evidence-based modernised and efficient services Adoption of digital innovation for faster diagnosis, tests, and treatment Reductions in health inequalities Increased day case for interventional radiology
Long Term (3-5 Years)	Clinical services delivering national standards Increased provision of out of hospital care Digital innovation delivering faster diagnosis Overall patient outcomes will improve, with shorter hospital stays Reputation for early adoption of new innovations

Divisional Priorities: Therapies and Integrated Community Services

Initiatives	Virtual Wards & 2 Hour Crisis Response (Hospital at Home)
	Integrated community collaborative
	Community response hub development
	Acquired Brain Injury pathway development
	Ward based initiatives (no pass zones, no harm falls, pressure area protection, deconditioning & get moving)
Strengths	A significant out of hospital workforce delivering a wide range of community care
	Critical home care services including rapid response, rehabilitation, call before conveying.
	Demonstrating the impact that therapy interventions can make on safe/effective care
	Success in growing our own workforce
	Adaptable and flexible workforce able to work in and between traditional care settings
Opportunities	To expand the role of the advanced health practitioner workforce across a range of specialities
	To build on the successes of community-based rehabilitation & home first
	To support more patients to avoid admissions and be discharged earlier
	To provide more joined up community services with better integration with secondary & primary care
	Interfacing with more specialities across the trust to deliver new models of care

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Divisional Outcomes: Therapies and Integrated Community Services

Immediate	Reduced number of patients waiting to be discharged and shorter length of stay Reduced admission and re-admission rates Improved outcomes and less deconditioning of patients Increased numbers of patients having some or all of their care delivered in their own home
Medium Term (1-3 Years)	Reduced number of patients attending the trust with a condition which could be treated at home Increased number of patients remaining or returning home who are independent and self-caring Increase in patients managed with non-surgical interventions for therapies amenable conditions Increased role of prehabilitation for in patient pathways across the trust
Long Term (3-5 Years)	Wider range of specialities available in the community/primary Earlier interventions and improved outcomes Frail and elderly patients receiving more proactive care Happier workforce working across hospital and community boundaries Effective & established prehabilitation and rehabilitation improving surgical outcomes for patients

Divisional Priorities: Women's Services

Initiatives	Opening of the new Women & Children's Building in Summer 2025.
	Increasing Advanced Nurse Practitioner (ANP) and Consultant Midwife roles.
	Strengthening career pathways, particularly in paediatric care teams.
	Establishing patient-led service improvement groups.
	Strengthening digital access to services, including patient-held records and real-time
	Developing one-stop antenatal, gynaecology, and breast clinics to reduce multiple visits.
	Expanding community-based clinics for breast pain and menopause support.
	Increasing access to pelvic health and perinatal mental health services.
Strengths	High-quality outcomes
	A committed multi-disciplinary team who actively contribute to innovation and service improvement
	The new building (will be state-of-the-art, designed specifically for family-centred, high-quality care
	Commitment to Patient-Centred Care:
	Active use of service user feedback to drive change, supported by engagement events
Opportunities	Expansion of digital capabilities: leveraging patient-held digital records
	Strengthening training, retention, and flexible career pathways for midwives, nurses, and health professional.
	Expanding specialist outreach services for paediatrics, gynaecology, and neonatal follow-up.
	Collaborating with primary care, social services, and community networks to deliver holistic, wraparound care.
	Development of endometriosis services and strengthening of accreditation and expansion of services

Divisional Objectives: Women's Services

Immediate	Implement the Patient Safety Incident Response Framework to enhance patient safety learning and response.
	Transition into the new Women & Children's Building (opening 2025).
	Roll out the NEWTT-2 and Paediatric Early Warning Score
	Enhance one-stop clinics for maternity, gynaecology, and breast services.
	Patient Engagement: Expand real-time patient feedback and ensure user voices shape service improvements.
Medium Term (1-3 Years)	Achieve a CQC rating of 'Good' overall, with 'Outstanding' elements.
	Develop specialist pathways vulnerable maternity service users.
	Integrated transition pathways for paediatric patients moving to adult care.
	Improved early pregnancy loss care, ensuring sensitive and appropriate support.
	Increase community services, such as pain management clinic.
	Education sessions in schools on paediatric long-term conditions.
Long Term (3-5 Years)	Achieve a CQC rating of 'Outstanding' across multiple W&C services
	Sustain and further develop national excellence in maternity & neonatal services
	Expand paediatric home-care services to reduce hospital admissions.
	Increase one-stop diagnostic and treatment services for gynaecology and breast patients.
	Ensure all service leaders have completed leadership training, fostering a sustainable and resilient workforce.

Divisional Outcomes: Women's Services

Immediate	Full compliance with the Maternity Incentive Scheme One-stop clinics for maternity, gynaecology, and breast services Reduction in waiting times / pelvic health, perinatal mental health. & neonatal follow-up services. Increased use of the Hormone Replacement Therapy (HRT) pathway
Medium Term (1 - 3 Years)	Implementation of digital patient records and self-service appointment booking Growth of Advanced Nurse Practitioner (ANP) and Consultant Midwife roles Expanded community nursing and early intervention programmes. Increased accessibility for vulnerable service users and families with complex paediatric care needs. Integration of continuity of carer teams for high-risk maternity patients, improving patient experience and outcomes.
Long Term (3-5 Years)	CQC 'Outstanding' rating achieved across multiple Women & Children's services. Expansion of remote monitoring and telehealth services Development of a fully integrated digital patient journey Expansion of paediatric and maternity outreach services Increased early-stage cancer diagnosis through enhanced screening pathways. Increased number of endometriosis patients being treated at CoCH – Accepting regional referrals

Divisional Priorities: Children's Services

Initiatives	Same day emergency care being strengthened on Children's Assessment unit
	Hospital at Home and community nurse services keep patients out of hospital and reduce acute stays
	Hold a contract with regional children & young people's mental health team for specialist eating disorder service
	Developing the service to cope with the ever-increasing volume of neurodiversity referrals/requirements
	Family integrated care on the neonatal unit, community outreach team established and expanding to support care closer to home
	Provide safe, high quality screened pasteurised milk to a huge geographical area of neonatal units. (Milk Bank)
	Raising awareness, at a national level, around lactation choices following loss
Strengths	New facilities that improve patient experience, potential capacity in acute assessment, day case surgery recovery and outpatient activity
	Community Paeds: Strengthening more efficient processes for reducing number of appointments required to achieve diagnosis.
	Neonatal: Dedicated, hugely resilient team. Striving to continue to improve and innovate for the babies and families in our care
	Milk Bank: Increased visibility following awareness campaign.
	Ongoing work promoting and providing education across multiple platforms and to non-health agencies
Opportunities	Expand hospital@home using virtual ward model to increase community-based care
	Potential to achieve combined working with primary care offering specialist service in GP practices
	Co-location with Ancora house (children and young person inpatient mental health facility)
	Opportunity to develop specialist clinics such as obesity clinic as "spoke" with Alder Hey as "hub"
	Promote the new facilities as the best place for ongoing level 2 neonatal care to be placed for the local region
	Milk Bank: Lead on best practice at national level
	Lead on best practice for supporting lactation after loss
	Increase research opportunities

Divisional Objectives: Children's Services

Immediate	Utilising increased acute care at home (via hospital@home, virtual wards)
	Identify opportunities with primary care to establish combine primary care/secondary care working
	Identify gaps in transitional care for young people moving from paediatric to adult care
	Neonatal: Reduce the separation between baby and families by reducing numbers needing transfer out
	Milk Bank: support research to use DHM, lead nationally in raising awareness around Lactation after loss
	Support equitable access to donor milk, and ability to donate across all ethnic groups
Medium Term (1 - 3 Years)	Acute Paeds: Increase patients seeing right person, right time, right place in acute services
	Allow more patients to have care delivered at home with remote/virtual medical care delivered
	Provide physical health support to specialist (regional) mental health services
	Move referral pathways to a digital solution to improve community access
	Expand ne-natal offer at home to allow earlier discharge, i.e. treating jaundice and nasogastric tube
	Lactation choices on all pathways in bereavement care and reviewed by NCMD
Long Term (3-5 Years)	Acute Paeds: Establish one-stop clinics for anxious parents within a community setting
	Achieve better information sharing between primary care, secondary care, and tertiary care
	Comm Paeds: Service development in response to expanding need for neurodiversity services
	Robust service to support the increasing complex developmentally delayed population
	Milk Bank: Development of service following on from immediate and long-term service

Divisional Outcomes: Children's Services

Immediate	Acute Pead's: Increase number of patients who do not require admission following acute assessment Increase numbers treated in hospital@home/virtual ward setting Paeds: Reduce numbers of primary care referrals to acute assessment unit Community Paeds: Well validated data of population requirements for service Neonatal: Positive feedback from supported families receiving care. Milk Bank: Increased use of DHM across the UK, increased awareness of lactation-after-loss choices, equitable access to all women
Medium Term (1-3 Years)	Acute Paeds: Reduce number of referrals from mental health services and ED attendances Measurable improvement in physical health outcomes in paediatric mental health patients. Increased number of patients treated in community/home settings. Improved waiting list times for paediatric-specific patients on surgical waiting lists Comm Paeds: Improved timeframes from start of referral pathway, from e.g. school, to getting a diagnosis More babies receiving donor milk, as a bridge to breastfeeding with more infants establishing breastfeeding Increased numbers of infants receiving care in the community
Long Term (3-5 Years)	Acute Paeds: Reduce frequent attenders to ED, paeds, primary care with one-stop primary/secondary care specialist clinics Acute Paeds: improved information sharing reduces incidents occurring. Young adults having clear follow up confirmed with an adult service (secondary or primary care) Milk Bank: Continued provision of DHM to any baby who requires DHM regardless of location or gestation

Research: Priorities

Initiatives	Opening of a clinical research facility
	New mobile research vehicle for taking research into the community
	Development of bilateral working relationship with university
	Development of West Cheshire Research Collaborative
	Developing staff Team Charter for the staff in the department
Strengths	Increasing infrastructure for delivery of research activity
	Engaged teams within the trust and some regional/national research figures
	Research activity across many specialties and increasing numbers of specialties
	Recruitment of >1000 patients per year for 4 consecutive years
	HSRC for stroke research
Opportunities	Funds are available to continue growing the team – we need to establish the team required
	Complete GCSA accreditation for the unit and IAOCR for the team
	Opportunity to increase the number of specialties that we are supporting
	Increase income by increasing commercial studies done at the trust
	Creation of relationship with University of Chester

Research: Objectives

Immediate	Ensure a full team available to conduct clinical research at the countess
	Develop research activity and non-research activity for the mobile research vehicle
	Introduce clinical activity into the newly opened Clinical research unit
	Open more commercial trials in the next 6/12 months
	Accredit the research unit with GCSA
Medium Term (1-3 Years)	Develop specialty groups to develop research ideas between university and clinicians
	Develop research opportunities and relationships between primary and secondary care.
	Become an integral part of a Mersey and Cheshire wide commercial research delivery network
	Put the Countess at the heart of the West Cheshire Research collaborative
	Increase income to increase the size of the team
Long Term (3-5 Years)	Endeavour to have our first joint appointments with the university
	Development of Joint research office to coordinate research activity between the organisations
	Start developing research projects with West Cheshire Research Collaborative
	Aim for University Hospital status

Research: Outcomes

Immediate	Increase research activity across new specialties and maintain >1000 recruits per year Achieve GCSA Bronze accreditation Increase in commercial and non-commercial trial income Diversification of research activity including community-based research activity
Medium Term (1-3 Years)	Expanded team size including commercial trials manager/delivery team Multiple trials engaging the whole of Mersey commercial delivery network Trials setup between primary and secondary care – contracting all organised – resulting in an increase in both primary and secondary care research activity
Long Term (3 - 5 Years)	Increase in grants being applied for by clinicians University hospital status Multiple Joint appointments confirmed with University of Chester First research projects jointly develop by the members of the West Cheshire Research Collaborative