

Trust Strategy

2021/2022



Contents

	Page
Our Vision	1
Strategic Objectives	1
Trust Overview	3
How our patient profile is changing	3
Building on a solid foundation and driving innovation	4
How are we improving patient experience and outcomes?	4
External Landscape	7
Internal Analysis	10
Achieving Our Vision - Strategic Objectives	12
Strategic Plan on a Page	23

Our Vision

Our vision is to be an NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve.

Whilst our vision remains unchanged, there is no escaping the impact that Covid-19 has had on the environment in which we operate. The disease has acted both as an illuminator and catalyst for some of the changes required as well as identifying new challenges in the form of restoration and recovery.

Owing to the exceptional circumstances and the uncertainty of the current environment, this strategy intentionally focuses on the strategic direction for a shorter timeframe than usual - the 2021/22 financial year. This allows us to develop our usual longer term strategy once there is more certainty over the environment in which we operate.

In order to achieve our vision, we have established a clear set of strategic objectives that are supported and underpinned by our core values. We know that the journey ahead of us can only be achieved through the collaboration and support of our staff, stakeholders and the communities with which we work. We want every patient who interacts with our services to know that we are working tirelessly to deliver safe and clinically effective services. We want them to experience the highest standards of care, and for them to feel as though we have been kind, thoughtful, respectful, caring, compassionate and, above all, listened to throughout their patient journey. If we can achieve this, then we are confident that we can enhance our reputation and be seen by others as a beacon of good practice and leader for innovation.

Notwithstanding the above, the longer-term challenges facing the NHS have remained unchanged. In its simplest form, the current configuration of services cannot cope with the level of demand, has inequality in outcomes, has too much overlap and unnecessary bureaucracy, has an ageing workforce with shortfalls in current and future recruitment and, fundamentally, is financially unsustainable.

We therefore recognise that we have to make brave decisions and develop innovative solutions to ensure that our patients and wider communities continue to receive the highest levels of care.

Strategic Aims

Accordingly, we have based our strategy around the following six key aims:

1. To have an effective and well-integrated local health and care system that operates efficiently
2. Seek opportunities to develop our services through digital technology and innovation
3. Attract, retain and develop our staff and improve employee engagement
4. Deliver a safe and high-quality service
5. Operationally manage the recovery from Coronavirus to achieve national standards
6. Maintain financial health – appropriate investment to patient services.

Our strategic aims are underpinned by strategic objectives (detailed later in the document) – these are the specific, time-based measures which we use to judge our achievement against our strategic aims.

The strategic aims are long term in their focus and we are already well in to our journey to achieving them. We are working closely with our health and social care partners to develop an Integrated Care System (ICS). Within this system, we will continue to take a leading role in the delivery of the place based agenda – working with other stakeholders to maximise the use of the Wolverhampton pound.

In doing so, we will ensure that we consider the health and wellbeing of the community, and not simply intervene during periods of ill health. Our approach will see greater community-based care. Services will be integrated and based on the principle of

multi-disciplinary working among health and care professionals.

Our patients will be supported to manage their own care, and will no longer be passed from one organisation to another as they seek to identify the care they support and require.

We believe that this approach will enable us to remove unnecessary duplication, and ensure resources are used effectively.

Separate organisations will cease to have competing agendas as we will work together to put the patient at the centre of all we do. Together, we will be mutually accountable for the delivery of services as we share all available resources. We believe that this is the most appropriate, safe and financially responsible solution for the future of health and care provision in Wolverhampton and beyond.

Collaboration will also extend beyond the city as we look to work more closely with other providers of care. We know that safe services are those that are well resourced and have adequate clinical support. Making best use of collective resources to achieve this goal is a positive step for patients. Together with Walsall Healthcare NHS Trust, we have expressed our intention to work closer with each other to ultimately improve patient outcomes and reduce duplication and inefficiency.

Our history suggests that we have adapted well to the challenges we have faced and embraced innovation to achieve our strategic aims.

We must continue on this path if we are to remain financially and clinically resilient.

Similar to all healthcare providers, perhaps the biggest challenge we face over the coming years is our staffing capacity to accommodate the demand in the system and the ability to successfully attract and retain appropriate staff. We know that as different generations enter the workforce we need to adapt and provide career paths that satisfy their needs. We will respond to this challenge through innovative and creative career development pathways, working collaboratively with academic institutes. We will look to develop a sustainable workforce in a caring, supportive and exciting environment.

We recognise that our patients and the communities we serve want to interact with us in many ways, and that technology has an important role to play in this. We have and will continue to use digitally enabled solutions so that people can book appointments, see clinical staff and safely monitor their own health. We will embrace this change, and work with partners across the whole healthcare system to automate processes and information sharing. We will help create a system where patients feel supported to live healthier and more independent lives.

We will continue to work with our communities, patients, partners and staff as we evolve. Understanding the need and requirements of the diverse communities of Wolverhampton, Staffordshire and the Black Country is fundamental in our vision as well as identifying and addressing the inequalities within these communities. Our approach will always be inclusive, and we will share, discuss and consult on all major service reconfiguration.

This vision, our values and the strategic objectives provides the narrative for this journey.

The impact of the pandemic has meant that the key operational priority for 2021/22 will be on restoration and recovery.

What success looks like by 2022

Amongst other things, we will have:

- Established the Wolverhampton Integrated Health and Care Partnership and South Staffordshire Integrated Care Partnership
- Developed a person centric integrated data resource for population level planning and research
- Reduced the gap in engagement scores for BAME staff
- Recovered services following Covid in line with the national ambitions
- Delivered the RWT component of the STP medium term financial plan.

Trust Overview

The Royal Wolverhampton NHS Trust is one of the largest healthcare providers in the Black Country and West Midlands, providing primary, secondary, community and tertiary care services to a combined population of 450,000 people.

We provide 850 beds at our New Cross site (including intensive care beds and neonatal cots), 56 rehab beds at West Park Hospital, and 54 beds at Cannock Chase Hospital.

We are the largest employer in Wolverhampton, with more than 10,500 staff, providing services from the following locations:

- New Cross Hospital - Secondary and tertiary services, Maternity, Accident & Emergency, Critical Care and Outpatients
- West Park Hospital - Rehabilitation, Inpatient and Day Care services, Therapy services and Outpatients
- Community Services - More than 20 community sites providing services for children and adults, Walk-in Centres, and Therapy and Rehabilitation services
- Cannock Chase Hospital - General Surgery, Orthopaedics, Breast Surgery, Urology, Dermatology, Medical Day Case investigations and treatment (including Neurology and Endoscopy) Inpatient rehabilitation beds
- Primary Care - Nine GP practices.

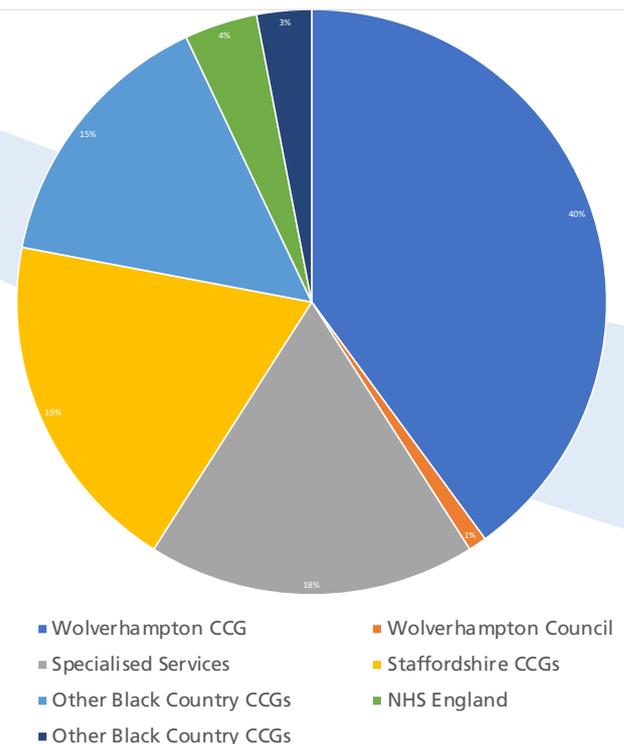
We also successfully host Black Country Pathology Services (BCPS) and the West Midlands Local Clinical Research Network (WMCRN), and have done since its establishment in April 2014.

What population do we serve

Whilst the majority of our patients still come from Wolverhampton, we have seen an increasing number of patients from outside of the city. We see a significant number of patients from Southern Staffordshire and, in recognition of our status as a specialist provider, receive income from Specialised Commissioners.

Over the past few years, we have treated an increasing number of patients from other Black Country Clinical Commissioning Groups which demonstrates the importance of working as a system and the lack of distinct boundaries.

2020/21 Patient Income £557.1M



Building on a solid foundation and driving innovation

As a Trust, we foster a culture that embraces innovation in the work place. We recognise that if the NHS is to meet rising demand, we must continue to innovate and develop new technologies that enhance and improve patient care.

Black Country Pathology Services

Staff from neighbouring trusts joined The Royal Wolverhampton NHS Trust as part of the Black Country Pathology Service (BCPS).

The BCPS is a 'hub and spoke' service model with the "hub" located in showcase facilities at New Cross Hospital in Wolverhampton and Essential Service Laboratories (ESLs) supporting acute services in the other partner sites at Dudley, Walsall and Sandwell & West Birmingham Trusts.

Global Digital Exemplar

The Trust has been recognized as a Global Digital Exemplar - an internationally recognised NHS provider delivering improvements in the quality of care, through the world-class use of digital technologies and information. Exemplars will share their learning and experiences through the creation of blueprints to enable other trusts to follow in their footsteps as quickly and effectively as possible.

Babylon

The Royal Wolverhampton NHS Trust (RWT) and Babylon have launched a 10-year partnership to develop a new healthcare delivery model of 'Digital-First Integrated Care', for 300,000 people across Wolverhampton and its surrounding areas.

Patients will get greater control over their own health, faster treatment, fewer trips to hospital, treatment from their own home and greater access to their own data. Staff will have time freed-up for patients with the most urgent and complex issues, avoid duplication, and improve information-sharing.

Innovation

The Trust has established a reputation for innovative practice, and developing alternative models to improve patient care. We pioneered new approaches around dementia care and infection prevention, and held the record for the longest consecutive period without a case of MRSA across all hospitals in England. We won the national Carter Innovation Award for our pioneering healthcare project SafeHands. This provides real time information on bed status, patient pathway tracking and asset management and has provided numerous benefits.

Huddle Tool

Trusts across the country are facing the challenge of having to maximise the flow of patients within the hospital. In order to do this visibility is needed on what patients are waiting for on a day by day basis. The Trust has invested in a Continuous Improvement Team who have developed the 'huddle' tool. A live and interactive tool showing what patients are awaiting next in their stay. Developed internally, the tool is the only one of its kind in England and allows for greater transparency on the reasons for delay.

How are we improving patient experience and outcomes?

Over the last three years we have seen a number of developments that have supported our ambitions to improve the outcomes and experiences of patients.

Vertical Integration

2016 saw the launch of The Royal Wolverhampton Trust Primary Care Programme. This is a Vertically Integrated (VI) model where GPs and Primary Care teams work closely with Community and Secondary Care teams to reduce fragmentation in care delivery.

The programme has evolved throughout the years and the Trust now has its own 'Primary Care Network' – the group of vertically integrated practices working more closely together to improve patient outcomes and reduce duplication.

As of April 2021, nine GP Practices are now part of the Trust. This means that we are directly responsible for the delivery of primary care. This vertical integration offers a unique opportunity to redesign services from initial patient contact, through ongoing management to end of life care.

As a single organisation, the issues of scope of responsibility, funding, differing objectives and drivers will be removed, and clinicians will be in a position to design effective, high quality clinical pathways which will improve appropriate access and positively impact on patient outcomes.

'Physician A' Model and Emergency Care

We opened the new Emergency Department (ED) in November 2015 which saw a much improved physical facility for patients, staff and ambulance crews. We have continued to look at ways that the ED can evolve and improve the experience for patients by developing new clinical practice that is revolutionary in its approach.

The Physician A model was introduced in early 2016, and sees a consultant physician permanently based in ED, working alongside ED consultants to assess, investigate and treat patients before discharge or referral for ongoing care. Their overall role is to assess medical patients in the Emergency Department, with the aim to reduce admissions, refer to community services, and start treatment earlier. This has been extremely successful with a 15% reduction in admissions avoided since its development. We have continued to pursue improvements to the service with the introduction of ambulatory care where patients can receive timely intervention without the need for admission. From April 2021, the Trust will take over the running of the Urgent Care Centre (on the New Cross Site). This allows us to ensure patients follow the most appropriate pathway to their needs.

Other significant developments across the Trust include:

- Development of Stroke network with Walsall Healthcare NHS Trust
- Development of unplanned flow programme focused on improving the flow of patients throughout hospital
- Outpatients transformation programme designed to implement some of the best practice seen throughout the pandemic, including virtual attendances and effective triage.

Quality Overview

The Trust has highlighted three key quality priorities that will help ensure that the experience a person has of their care, treatment and support will be of high quality, clinically effective and safe. These priorities are:

- Preventing the spread of infection
- Minimising the impact of Covid-19
- Improve waiting times, patient experience and outcomes for cancer diagnostics and treatments.

The work we are doing to achieve these priorities is described in more detail in the Strategic Objectives and Enabling Strategies sections of this document.

Workforce Overview

We employ over 10,500 people, which makes us the largest single employer in Wolverhampton.

More than 60% of our staff live in Wolverhampton, and speak highly of us both as an employer and as a service provider. This is reflected within the national Friends and Family Test scores.

Employees work across three hospital sites, 20+ community sites and primary care sites and walk-in-centres. We invest heavily in education and training for staff, and foster learning through links with the Academic Institute of Medicine (AiM), University of Wolverhampton, and other education partners. We have our own library, and Education and Training centre, as well as a Clinical Research Network. During 2016, we were voted as the best place to train by Junior Doctors, and the 12 month nursing preceptorship programme is a model of best practice.

Our values underpin the culture of the Trust. We have embraced the national 'Freedom to Speak Up' framework and we are signed up to the 'National Call to Action' on bullying and harassment. We are in the process of implementing the NHS 'Equality Delivery System' which helps to strategically embed equality, diversity and inclusion across our workforce and services.

Our Vision

An NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve.

Our Values

Safe and Effective	Kind and Caring	Exceeding Expectation
We will work collaboratively to prioritise the safety of all within our care environment	We will act in the best interest of others at all times	We will grow a reputation for excellence as our norm

Finance Overview

The financial challenge facing the NHS has possibly never been greater than it is now. The last few years have seen national financial settlements that are historically low, and this is now coupled with rising pressures from the Covid-19 pandemic.

Underlying demand on the service continues to increase, whether this is the cost of new technology, or the cost of an ageing population living longer with chronic diseases. At the same time, waiting lists have grown as Covid-19 has disrupted patients planned treatment. As a result, the NHS needs to strive to be as efficient as possible.

The table below shows the income and expenditure position for 2020/21 and previous years:

	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m
Income	534.4*	539.2*	537.4*	557.1
Retrospective Top Up Income				25.0
Operating Expenditure	506.0	510.0	504.5	548.2
Non-Operating Expenditure	26.80	27.6	27.5	33.9
Surplus	1.6*	1.6*	5.4	0.0
Memo line - the above plan includes:				
CIP Total	26.9	30.0	29.5	2.1
CIP as % of operating expenditure	5.3%	5.9%	5.8%	0.4%

*The figures are presented excluding Sustainability and Transformation Funding. If this were included, then both the income and the surplus would be £10m higher in 2017/18 and 2018/19.

Ordinarily a forecast for the future year would be included. However, owing to the exceptional circumstances we find ourselves in, funding for 2021/22 has not yet been confirmed.

External Landscape

National Picture

As we head into 2021/22, the national picture is heavily influenced by the Covid-19 pandemic and the impact it has, and will continue to have, on the NHS and society in general. This impact has been seen across the country and will be as relevant for others as it is for Wolverhampton.

Prior to COVID-19, NHS England released the 'Long Term Plan' detailing the priorities and challenges facing the NHS. These still hold with COVID-19 having magnified some of these challenges and giving greater emphasis to the priorities.

The key drivers contained within this document are wider than individual organisational concerns. However, they do reflect the issues and concerns facing Wolverhampton as a city. They are:

- What does recovery from Covid-19 look like and how do we achieve it (recognising our capacity constraints from before the pandemic and the patients who have subsequently had their treatment delayed)?
- How can we work collaboratively as an Integrated Care System to prevent illness and then support patients and users before they enter the acute care system?
- How do we realise the benefits of working more closely with our acute partners, and specifically in Walsall, to deliver improved outcomes to patients and eliminate inefficiency?
- How care is delivered across the city, and whether the formal distinctions between primary, secondary and community-based care need to be made more integrated?
- The level of resource that is available across the city to meet the existing and future demand needs to be put to best use to support the whole of the health economy?

External Analysis and Assumptions

We have examined our external environment using an analysis of the Political, Economic, Societal, Technological, Legal, and Environmental (PESTLE) framework.

From this assessment, the key issues are described as:

- **Political/Legal** – The political agenda has been dominated by Covid-19 in the last year and this is expected to continue into 2021/22. The focus is expected to turn to recovery and the implications for the NHS of living with the disease. Recent new legislation has given Integrated Care Systems (ICS) greater powers with them becoming statutory bodies in their own right. This reflects the focus seen in recent years on more integrated working and RWT will continue to act as a key player both within this system, and more locally, within the Wolverhampton place. The COVID-19 pandemic has shone a light on the health inequalities within the population we serve. We are committed to understanding these inequalities and developing a plan, alongside our partners, for eliminating these.
- **Economic** – the economic outlook clearly looks challenging following the pandemic and the funding for the NHS remains unclear. That said, it is widely expected that we will face a challenge to make some level of efficiency savings and move away from the previous 'Payment By Results' (PBR) approach.

This represents a significant change for the NHS and Trust, fundamentally changing the business model previously at play. The new payment system emphasises the need to maximise the use of our resources and manage our patients in different ways.

- **Social** - The NHS has an ageing workforce, and there is an inability to recruit sufficient new staff. COVID-19 has changed the way that we work and new opportunities present themselves as a result of the increase in remote working. Wolverhampton is a very diverse city with stark health inequalities. One of our key priorities over the next year is to understand these inequalities and establish a plan, alongside our stakeholders to work to eliminate them.
- **Technological** – We serve a population, the majority of whom are comfortable with the use of technology and use it in their daily lives. As we embark on our recovery from COVID-19, we need to embrace new ways of working and build on some of the initiatives already introduced, e.g. the increase in virtual attendances.
- **Environmental** – Awareness of the impact we all have on the environment has arguably never been so high. Like with the rest of society, the NHS needs to be aware of the impact of its operation and identify the measures it can take to reduce this.

- Deliver financial stability and efficiencies throughout the local health care system

The Trust will be a member of the ICS as well as being part of a provider collaborative allowing us to work with neighbouring trusts to integrate services locally. The boards of The Royal Wolverhampton and Walsall Healthcare NHS trusts have already both committed to embarking on a strategic collaboration focused on improving outcomes for the populations of Wolverhampton and Walsall whilst making services more sustainable.

We also expect to see the evolution of the Wolverhampton place based agenda in 2021/22. This agenda brings together health and social care stakeholders from across Wolverhampton in the development of a programme of work aimed at making best use of the Wolverhampton pound for the population of Wolverhampton.

Our Patients

We serve a number of communities and our main Trust site resides in the heart of a diverse city with a CCG registered population of 263,000 people. Recognising the close proximity to neighbouring areas, the wider population that we serve is closer to 450,000. This covers patients from across South Staffordshire, Walsall, and, to a lesser extent, patients from other areas of the Black Country and Shropshire.

The Office of National Statistics (ONS) estimates that the population of Wolverhampton will grow to 273,000 by 2025, an overall increase of 4%. The population of South Staffordshire will grow slightly from 112,000 in 2018 to 114,000 in 2025, an increase of 2%.

Local Picture and ICSs

2021/22 will see greater focus on collaborative working. For the past few years, Wolverhampton has been part of the Black Country and West Birmingham STP. This comprises 18 local health and social care organisations across the Black Country and West Birmingham. From 1st April 2021, the STP will evolve to become an Integrated Care System (ICS) which, under recent government proposals, will ultimately become an independent statutory body. The aims of the ICS are to:

- Improve the health and wellbeing of local people
- Improve the quality of local health and care services

The current age profile of Wolverhampton is broadly in line with that of the country whereas a greater proportion of people over the age of 65 reside in South Staffordshire compared with the country generally.

Wolverhampton and Staffordshire's Health Needs

A key challenge for the Trust is the diversity of the communities we serve. Wolverhampton is characterized by high levels of deprivation whereas South Staffordshire is typically more prosperous and less ethnically diverse. As a Trust, we work closely with colleagues in commissioning and the Local Authority to develop the Health and Wellbeing Strategy. We also contribute to the Joint Strategic Needs Assessment (JSNA) that defines the health considerations across our communities.

We know that high levels of deprivation are a determining factor in the health of a population. Life expectancy in Wolverhampton is lower than for England as a whole and the mortality rate across all causes is higher than for England as a whole. In terms of behavioural risk factors, Wolverhampton has a lower percentage of physically active adults than the country and a higher percentage classified as overweight or obese. Smoking prevalence is however slightly below the English average.

Finally, males experience a health inequality at birth of 7.8 years and females, 6.3. Both are higher than the national average.

	Wolverhampton	South Staffordshire
Population	¹ c263k	³ c112k
Ethnic Background	² White: 64.5% BME: 35.5%	³ White: 96.5% BME: 3.5%
Life Expectancy	¹ Males: 77.3 Females: 81.9 Below national average	³ Males: 80.3 Females: 84.3 Above national average
Quality of Life (Disability free life expectancy)	² Males: 58 years (lower than national average) Females: 61 years (lower than national average)	⁵ Males: 71 years (higher than national average) Females: 73 years (higher than national average)
Deprivation	¹ 17th most deprived LA 51.3% of population amongst the 20% most deprived nationally	⁵ 250th most deprived district 9% of population amongst the 20% most deprived nationally
Morbidity	¹ 67.3% of adults (18+) classified as overweight or obese ² 27.7% suffer from one or more LTCs Single greatest cause of years of life lost: Cardiovascular Disease	³ 62.7% of adults (18+) classified as overweight or obese ⁴ 18.7% suffer from one or more LTCs Single greatest cause of years of life lost: circulatory diseases

Taken from:

¹ Health Profile 2017-19, Public Health England

² Wolverhampton JSNA 2019

³ Health Profile 2017-19, Public Health England

⁴ Health & Wellbeing Profile 2015 for South Staffordshire

⁵ South Staffordshire E-JSNA

Internal Analysis

We have used a SWOT tool to complete the internal analysis. The key themes that have emerged from this are:

Strengths

- Experienced and well-established Board with over 200 years of combined experience at board level. This gives the Trust stability and confidence to deal with the current and future challenges facing the health sector as well as influence outside of the Trust
- There is a good level of clinical engagement with clinicians leading the development of their services in a culture of innovation
- The Trust is currently rated as 'Good' by the CQC – the highest rating of any provider in the Black Country
- We are a combined acute, community and primary care service provider which enables us to consider the total pathway of care for all our patients when planning our services. This gives us the opportunity to develop new services and work to prevent patients from attending hospital unnecessarily and makes us an attractive company for external stakeholders to work with
- There are low levels of clinical and nursing vacancies which support us in delivering our strategic priorities
- The Trust has a history of strong financial performance and sits in the top quartile of most efficient Trusts (as measured by our cost per weighted activity unit).

Our hospital at Cannock allows us to run 'cold site operating' – increasingly important during COVID-19.

Weaknesses

- Like other Trusts across the country, the impact of Covid-19 has been seen in our waiting times and we have patients waiting longer than we would like.
- Whilst we have low levels of clinical and nursing vacancies generally, we face specific challenges in some areas (e.g. emergency) and have a workforce profile that mirrors the national position. This means we have a high proportion of staff that are experienced and skilled, but are due to retire over the next five to ten years
- The Trust has an old estate requiring significant investment, alongside a capital programme that is insufficient for the investment required
- We have inconsistency with regard to the achievement of national performance standards with specific areas of challenge - the most notable of which is the achievement of the 62-day cancer standard
- Like other trusts, there is a fundamental lack of capacity (both staffing and physically) to treat the backlog of patients caused by the Covid-19 pandemic
- The Trust is working through the recommendations from the last CQC assessment and whilst this is in progress, some have not been completed

The Trust recognizes that there are health inequalities being faced by people within the population we serve.

Opportunities

- The Trust recognises the opportunities that come from working more closely with our neighbouring trusts. Together, with Walsall NHS Foundation Trust, we are pursuing the benefits of this approach
- Following the recent legislative proposals that offer greater influence and decision-making power to Integrated Care Systems, there is the opportunity for the Trust to have an influence on a larger scale
- Vertical integration offers further opportunities for the Trust to enhance the whole patient pathway
- Our recently announced 10-year partnership with Babylon combines the experience of running a hospital with cutting edge technology to bring innovative solutions for our patients
- We can further improve our CQC rating to 'Outstanding' and take advantage of the benefits that come with this.

Threats

- The impact of COVID-19 continues to represent one of the biggest threats ever faced by the Trust and the NHS in general. Despite the roll out of vaccinations, we remain conscious of the further disruption it could bring
- Following the recent legislative proposals that offer greater influence and decision-making power to Integrated Care Systems, there is a threat that this could negatively impact on the Trust
- The demand on services is not sustainable – this was true before COVID-19 and has been emphasised in the backlog of patients waiting as a result of Covid-19
- Delivering the financial plan remains a challenge. The expectation on us to continually deliver a significant CIP whilst demand for services increases puts considerable pressure into the system
- Financial pressures faced by other partners in the health and social care sector, could have a de-stabilising effect. This puts pressure elsewhere in the system, and creates inefficiencies and poorer health outcomes
- In the same way that acute collaboration brings opportunity, it also brings threats which we must remain mindful of.

Achieving Our Vision - Strategic Aims and Objectives

We have refreshed our strategic objectives to ensure they remain relevant and fit for purpose. In doing so, we have moved to a tiered approach comprising high level, long term aims that are underpinned by SMART (Specific, Measurable, Achievable, Realistic and Time Based) objectives.

Our strategic aims and objectives underpin all of the work we do across the Trust and help us to remain focused. All of the key decisions identified within this strategy will support our strategic objectives as we build the foundations that will enable us to deliver our vision.

Our Values

Safe and Effective

We will work collaboratively to prioritise the safety of all within our care environment

Kind and Caring

We will act in the best interest of others at all times

Exceeding Expectation

We will grow a reputation for excellence as our norm

Strategic Aims

To have an effective and well integrated health and care system that operates efficiently

Seek opportunities to develop our services through digital technology and innovation

Attract, retain and develop our staff and improve employee engagement

Deliver a safe and high quality service

Operationally manage the recovery from Coronavirus to achieve national standards

Maintain financial health – appropriate investment to patient services

Strategic Objectives (2021-22)



Establish the Wolverhampton Health Board and implement the associated operating framework

Work with partners to develop a model of care collaboration across the Black Country

Establish a South-West Staffordshire Integrated Care Partnership

Improve outcomes for patients and efficiency of process through closer collaboration with Walsall



Identify and implement a digitally enabled operating model in partnership with Babylon

Develop a person centric integrated data resource for population level planning and research

Establish a Digital Collaborative to focus on the construction, engineering and analysability of a high quality clinical and care data set



Maintain the lowest vacancy levels in the Black Country

Increase the percentage of staff who deem the organisation has taken positive action on their health and well being

Improve overall employee engagement

Reduce the gap in engagement scores for BAME staff and improve performance against the Workforce Race Equality standard



Recover and restore planned activity to at least 85% of normal levels by July 2021.

Achieve best practice for the management of Covid patients

Reduce indirect harm caused by Covid by establishing systems to identify and monitor learning from related incidents

Reduce harm by assessing, recognising and responding to prevent patient deterioration

Promote equity of access and equality of outcomes by understanding and reporting the outcomes of service users



By March 22, reduce the number of patients awaiting initial cancer treatment to the levels seen in February 2020

Prioritise the treatment of P1 and P2 patient, reducing the number waiting to the levels seen in February 2020



Delivery of the RWT component of the STP medium term financial plan

Use our influence for Black Country investment into RWT and maximise external capital opportunities to support the development of the estate and related assets



Deliver a safe and high-quality service

We already know from demographic data that the population we serve has poorer outcomes than the national average and there are inequalities within this. We also know that there is improved understanding of public health, and our population are aware of the high levels of care they should receive.

Our vision is to ensure that we improve the outcomes and experiences of the community we serve. We can only do this by having a relentless focus on providing safe, high quality care in every patient interaction. We want our patients to be treated in accordance to our values, and to be able to feel cared for, experience effective services, and know that the organisation prioritises their safety. We will achieve this by continually driving standards and looking for innovative and improved ways of care delivery.

Our three quality priorities for 2021/22 support this vision:

- Preventing the spread of Infection
- Minimising the impact of Covid-19
- Improve waiting times, patient experience and outcomes for cancer diagnostics and treatments.

In order to ensure we deliver the agreed outcomes defined in the 'Our Patient Quality and Safety Strategy' we will innovate, share and spread best practice, learn methods of continuous quality improvement, adopt new guidance, and benchmark our performance to enable us to compare with the best.

We will formally involve patients and the public in our quality and safety improvements in line with the Patient Experience, Engagement and Public Involvement Strategy 2019-2022 and staff in line with the People and Organisation Development Strategy 2016-2020, which sets our plans to engage and further develop organisational culture in line with this strategy.

We will use tools that have been tried and tested nationally or internationally to measure and monitor patient quality and safety. Where these are not available we will work to develop ways of measuring good quality and safety ourselves.

These measures will provide our patients, Board, commissioners and regulators with the assurance that patients and their loved ones feel happy and safe to be cared for by The Royal Wolverhampton NHS Trust.

Each year we will publish our quality and safety performance in the Annual Quality Account in accordance with the current guidance. This will be shared publicly and also provide focus for the coming year.

Whilst at the time of writing, the vaccination programme is reducing the level of COVID-19 infection within our population, we remain vigilant in our efforts to maintain excellent infection, prevention and control standards.

In support of reducing the spread of infection we will develop and promote best practice to prevent the transmission of Covid-19 within hospital. We will continue to develop testing and risk assess the placement of patients. This is in line with our zero tolerance of avoidable hospital acquired infections and sustains the excellent reputation our Trust already has.

With regard to the improvement in waiting times, we recognise that the best way to achieve this, and in turn improve patient outcomes, is by restoring and recovering our services following COVID-19. This is a key priority for the Trust in 2021/22 with the focus on restoring pathways for patients with elective care safely and in line with new Infection Prevention and Control standards.

We recognise that our cancer performance does not match our own aspirations. This is reflected in the emphasis that is being placed on cancer in 2021/22. The Trust is establishing an improvement group, supported by the Continuous Quality Improvement Team to take forward this work.

Continuous Quality Improvement

Continuous Quality Improvement (CQI) is the application of a systematic approach to tackle complex challenges that are common in healthcare. It is focused on improving patient and staff outcomes and experience and is a way of giving everyone a voice, bringing staff and service users together to improve and redesign the way that care is provided. Continuous quality improvement can be a powerful vehicle for improving organisational effectiveness and behaviours.

A new CQI Team was established in April 2019 with two initial aims:

1. Build the organisation's CQI capability and capacity – a standardised approach to quality improvement across an organisation is a key determinant of success with no particular model showing an overall advantage. We will train our colleagues through a staged education offer using the Quality Service Improvement and Re-design (QSIR) framework which has been successfully implemented in other trusts and is supported by NHS Improvement.
2. Practical support for CQI projects - for directorate and divisional teams to deliver improvements where an opportunity for significant and meaningful improvement has been identified through quality the Trust's quality assurance process including governance systems (e.g. serious incidents, complaints) and benchmarking (e.g. Mortality, GIRFT, other audit resources).

Strategic Objectives

- Recover and restore planned activity 85% of normal levels by July 2021 (initially) of normal levels
- Achieve best practice for the management of Covid patients
- Reduce indirect harm caused by Covid by establishing systems to identify and monitor learning from related incidents
- Reduce harm by assessing, recognising and responding to prevent patient deterioration
- Promote equality of access and outcomes by understanding and reporting the outcomes of service users



Attract, retain and develop our staff, and improve employee engagement

We are acutely aware that it is our people that underpin all of our strategic objectives and is our most important asset. With a national shortage of suitably qualified individuals, one of our key priorities is to both attract and retain these people.

We are thankful that our efforts to do this mean we have the best vacancy rate in the Black Country and score better than most on our Staff Survey. We will not become complacent, with our efforts focused on how we can improve further and maintain this position.

Nurse recruitment has historically been a challenge, partly owing to changes to the number of applicants into new training places for nurses from both the UK and overseas. The Trust has tackled these issues head on – working in partnership with higher education establishments to attract suitable candidates and widening our recruitment overseas. As a result, our nursing vacancies continue to fall consistently.

We have also developed a highly successfully Clinical Fellowship Programme in partnership with The University of Wolverhampton, Academic Institute of Medicine (AIM). This is a high-quality training programme for junior doctors seeking experiential service-based learning outside of the standard UK training programmes. This award winning initiative has enabled us to attract Fellowship posts to work across the Trust in a variety of medical and surgical specialties. This is an exciting programme that is targeting doctors at several stages of their career and will help to support patient safety and care, and reduce reliance upon costly short-term locum staff to support service delivery.

The success of this initiative has led us to extend it to nursing roles offering individuals the chance to develop their career and work within cutting edge clinical practice.

Coupled with our work to maintain our low vacancy rate, are our efforts to further improve the health and wellbeing and engagement of our existing staff.

There is increasing recognition of the inequity faced by black, Asian and minority ethnic groups in society. We will focus our attention on understanding our employee engagement for this group of staff, how it differs from other members of staff and the reasons for this.

Finally, we are proud that the recent NHS staff Survey results demonstrate that we perform better than the national average for nine out of the eleven indicators (our performance for the remaining two being in line with the average). The focus for 2020/21 is in improving this score further, particularly with regard to the percentage of colleagues who deem the organisation has taken positive action with regard to their health and well being and also employee engagement. Whilst this was a focus pre-Covid, we recognise the immensely difficult environment they have worked in over the past year and the need to support our staff.

Strategic Objectives

- Maintain the lowest vacancy levels in the Black Country
- Improve overall employee engagement
- Reduce the gap in engagement scores for BAME staff
- Increase the percentage of staff who deem the organisation has taken positive action on their health and well being.



Seek opportunities to develop our services through digital technology and innovation

Digital technology plays a role in the vast majority of our lives and we recognise that it can also play a role in the delivery of healthcare. Not only is there an appetite for it amongst the population we serve but also a need for it if we are to find new and innovative ways of meeting our challenges.

We also recognise that the business intelligence software will support us with our numerous strategic projects including:

- Clinical metrics/indicators through analysis of SafeHands and other clinical systems
- Additional support to Carter and Costing Transformation Programme
- Additional analytical support to Divisions
- Digitisation
- Pathway projects such as Ambulatory Emergency Care (AEC) and stroke
- Integration projects such as vertical integration

In order to achieve this, we have invested and developed a data warehouse solution with enhanced Business Intelligence (BI) tools. This will give us the opportunity to provide automated standard information requirements readily available at analyst's and manager's fingertips and, more importantly, it will free up analytic time to support managers in making quicker decisions to help patient care.

myRWT Portal

To support our patients, we launched the myRWT patient portal in March 2021 which is accessible via a smartphone, laptop or other smart device.

The aim of the portal is to:-

- Give patients easier access to information about their appointments
- Reduce the chance of lost letters and confusion about appointment dates and times

- Show information online which is available to them wherever they are
- Provide them with options as to how they receive information from the hospital.

Babylon

The Royal Wolverhampton NHS Trust (RWT) and Babylon have launched a 10-year partnership to develop a new healthcare delivery model of 'Digital-First Integrated Care', for 300,000 people across Wolverhampton and its surrounding areas.

Patients will get greater control over their own health, faster treatment, fewer trips to hospital, treatment from their own home and greater access to their own data. Staff will have time 'freed-up' for patients with the most urgent and complex issues, avoid duplication, and improve information-sharing.

Digital Support for Collaborative Working

With increasing emphasis on working collaboratively, there is increasing importance on the ability of organisations to share meaningful data and utilize digital solutions. The Trust has developed a Structured Clinical Data Set (SCDU) to support this work with workstreams across inpatient flow, palliative care, overarching projects, community and primary care.

Strategic Objectives

- Identify and implement a digitally enabled operating model in partnership with Babylon
- Develop a person centric integrated data resource for population level planning and research
- Establish a Digital Collaborative to focus on the construction, engineering and analysis of a high quality clinical data set.



To have an effective and well-integrated local health and care system that operates efficiently

The Trust has been a committed partner across the local health economy and the STPs for a number of years. We recognise the challenges that all providers face in the current climate and that if we are to realise our strategic ambitions we need to work together focusing on collaboration rather than competition.

We have already seen the benefits of this approach.

- In June 2016 we embarked on an ambitious Primary Care Programme (Vertical Integration) whose aim was to address these issues. We already have nearly 60,000 patients registered with our GPs, and the Trust is directly responsible for the delivery of primary care
- Pathology services across the Black Country are now working together in a service hosted by The Royal Wolverhampton NHS Trust. This allows us to exploit economies of scale and improve the sustainability of the service
- Both The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust have agreed to strategic collaborate. In doing so, we aim to improve outcomes for patients, improve the sustainability of services and reduce inefficiency.

We believe that collective responsibility for resources and wider population health through coordinated, joined up care will help people to live healthier for longer and improve the health and wellbeing of the communities we serve, in the context of rising demand and financial pressures.

Our vision is for a system of integrated services founded on multi-disciplinary working among health and care professionals.

We welcome the increased national emphasis being placed on collaboration and the increased powers being given to Integrated Care Partnerships (ICPs) in the recent legislative changes.

During 2021/22 we expect to see the Black Country and West Birmingham STP develop into an Integrated Care System (ICS) from 1st April 2021. This ICS is expected to evolve in maturity during the course of the year ultimately resulting in the establishment of the ICS as an independent statutory body by April 2022. As part of this, the Trust will be represented on the ICS board whilst also being part of a provider collaborative -allowing us to integrate services locally.

Wolverhampton place

Whilst the ICS develops across the Black Country and West Birmingham, the Trust will continue to play the leading role it has established in the development of the Wolverhampton place based agenda. This agenda brings together health and social care stakeholders from across Wolverhampton in the development of a programme of work aimed at making best use of the Wolverhampton pound for the population of Wolverhampton.

Strategic Objectives

- Establish the Wolverhampton Integrated Health and Care Partnership and implement the associated operating framework
- Work with partners to develop a model of care collaboration across the Black Country
- Establish a South-West Staffordshire Integrated Care Partnership
- Improve outcomes for patients and efficiency of process through closer collaboration with Walsall.



Operationally manage the recovery from COVID-19 to achieve national standards

The operational performance of the Trust in 2019/20 was severely compromised by the Covid-19 pandemic, as it was for the NHS generally. This has regrettably led to patients waiting much longer than usual and that we would aspire for them to.

The key operational priority for 2020/21 will be on restoration and recovery combined with an improvement to cancer waiting times. At the time of writing, the immediate national focus is on restoring services and treating as many patients as possible.

Cancer – Alongside the restoration of services, delivery of the cancer waiting times standards remains one of biggest priorities moving forward. There is a suite of performance measures – the main measure currently being the 62-day target. Our performance on this standard is not at the levels we would wish it to be. We recognise the emphasis that needs to be given to further understanding the complexities of these pathways and the improvements that can be made to reduce waiting times for patients. We recognise that in addition to the patients referred directly to us, as a tertiary provider of cancer care, we will receive referrals from a number of other providers. This provides additional complexities and delays across the pathway of care between providers. We therefore need to be more creative and innovative in our approach so that we can achieve this target.

We will also focus our efforts on the achievement of the 28-day faster diagnosis standard being introduced in 2021/22.

Referral to Treatment – The Trust delivers a comprehensive range of services, and takes referrals from a catchment population that extends far beyond Wolverhampton and the Black Country, into Staffordshire, Shropshire and Wales. The pandemic's impact on our waiting list has been similar to that seen across England with patients waiting longer than normal. Our focus for 2021/22 will be on:

- The restoration of services and treating as many patients as possible
- Treating patients according to their clinical priority (using the framework from the Royal College of Surgeons)
- Clinically reviewing those patients who have waited the longest
- Embedding the innovation and best practice seen during the pandemic, e.g. the increase in virtual outpatient attendances being offered.

Diagnostics – the number of patients awaiting a diagnostic test has increased as a result of the impact of Covid. We are focusing our attention on reducing this waiting list to the levels seen pre-Covid.

Urgent Care – We have made significant investment over the past three years in urgent care. This has seen the opening of a new ED facility, and the development of a co-located, Urgent Care Centre which the Trust will run from April 2021. Our current performance puts us in the top half of all trusts in the country, but we want to improve upon this. Our ambition is to be in the top 25% of all Trusts nationally.

We have already made a number of positive and innovative changes to the way we deliver care in ED. This has seen considerable patient benefits as fewer patients now require admission, and we are able to triage patients to the most appropriate point of care upon arrival. In addition to this we have developed an Ambulatory Emergency Care facility which will specifically support identified patients. This affords greater opportunity to provide appropriate and enhanced care for patients and should, again, result in the requirement for fewer patients to have a hospital admission.

We note the recent consultation into new standards for patients in need of Urgent and Emergency Care and support the principles underpinning the new standards. We will continue to monitor our performance against these standards in anticipation of them being introduced.

We will commit to the following actions:

- Work collaboratively with neighbouring trusts to develop improved patient pathways that provide equitable access
- Establish working groups with other providers to take forward key initiatives such as Community Diagnostic Hubs
- Implement the new 28-day cancer diagnosis standard.

Strategic Objectives

- Recover and restore planned activity to at least 85% of normal levels by July 2021.
- The number of patients awaiting initial cancer treatment to the levels seen in February 2020
- Prioritise the treatment of P1 and P2 patients, reducing the number waiting to the levels seen in February 2020.



Maintain financial health - Appropriate investment to patient services

Even prior to the pandemic, the Trust faced financial challenge stemming from the increasing demand being placed upon its resources. The pandemic has further increased the pressure both in the direct cost coming from treating patients with the disease as well as the backlog of patients waiting for their planned treatment.

Underlying this, we have seen that the population of the city and surrounding areas is predicted to grow, alongside the number of health-related conditions that will require intervention.

This will put pressure on the Trust and the system in a number of ways:

- Increased demand leads to increased costs – in the short-mid term this demand comes from the backlog of patients already in the system
- Services will need to change significantly to reflect the change in demand, and capital resource is already stretched
- It assumes that the workforce is available and affordable, at a time when we already have vacancies and are struggling to appoint to key clinical posts
- We are operating in an environment where Covid continues to be transmitted and gives rise to reduced productivity
- There is still considerable uncertainty over future funding making it more difficult to plan.

The scale of the financial challenge described means we will need to consider innovative and radically different ways of delivering care. The current configuration of services and organisations is no longer fit for purpose. As a result, we will need to work collaboratively with other stakeholders across the system to develop new models of care that are effective and safe for patients whilst maintaining a level of affordability.

The development of the Integrated Care System (ICS) is a positive step forward in this regard, as we look to build new ways for patients to receive care without the need to create organisational boundaries and infrastructure costs. We recognise the need to deliver care closer to home and have effective community services. It is our intention, through the ICS, to create a seamless care service. We will work with primary care, public health, and mental health colleagues so that the new model of care focuses on prevention and wellbeing, helps to manage demand, and ensures any intervention with a care provider adds value, is effective, and is financially affordable.

We will also work with our neighbouring Trusts (Walsall in particular) as we look to establish more effective services for patients through collaborative working. We know that duplication and inefficiency currently exist as services are replicated, often less than 3-5 miles away. Trying to deliver comparable services without having the necessary resources available can lead to poor clinical experiences and create financial pressures. We are committed to having a mature dialogue with all partners to create a health system that offers the best experience for all patients that is affordable. We know that this model works from the success we have had in delivering Black Country Pathology Services, stroke networks and back office services such as payroll.

When using the 'Cost per Weighted Activity Unit' we know that we benchmark favourably when compared to other trusts. This gives us some understanding of how efficient we are in the day to day running of the organisation. The contrast to this is that we find it difficult to continually find the cost improvement levels required of us to be financially stable. However, we are committed to financial stability and this requires us to explore every opportunity to become more efficient.

Getting It Right First Time (GIRFT)

The Trust is an active participant in the GIRFT programme. This is a programme run by NHS England that supports the NHS in delivering productivity and efficiency opportunities. A rolling programme of GIRFT visits take place, underpinned by action plans that are held by directorates.

Model Health System

The Model Health System portal supports trusts in the following: reducing unwarranted variation, continuously evaluating and improving productivity in order for better care for patients. The Model Health System dashboards and metrics provide information to identify the Trust's drivers for efficiency opportunities, and benchmark against peers and national median.

Service Efficiency Team

The Trust has invested in a service efficiency team. Programme partners within the team are responsible for working with our clinical divisions to ensure we make our operation as effective as it can be, taking learning from best practice, national guidance etc.

Strategic Objectives

- Delivery of the RWT component of the STP medium term financial plan
- Use our influence for Black Country investment into RWT and maximise external capital opportunities to support the development of the estate and related assets.

Enabling Strategies and Delivery Plans

We recognise that the Trust Strategy is a document that should not sit in isolation. A clear structure is in place, outlined in the table below. The Trust has one strategy and one set of strategic aims and objectives which are supported by nine enabling strategies which align to the sub-committees of the Board. Delivery plans sit underneath the enabling strategies setting out the detailed philosophy of delivery.

Type of Document	Number of	Purpose
Trust Strategy	1	To set out the Trust's Strategy, Strategic Objectives and other key enduring themes and values.
Enabling Strategies	9 <ul style="list-style-type: none"> • Clinical • People engagement & OD, • Quality & Safety, • Patient engagement, • Finance & performance • Innovation & Research • Estates • Digital & IT • Trust Charity 	To set out the strategic approach and actions within each of these areas including the high level aims to be achieved over the life of the Enabling strategy and philosophy of delivery.
Delivery Plans	As agreed* <p>e.g. Under People:</p> <ul style="list-style-type: none"> • Attraction and Retention • Engagement • Leadership and OD • Wellbeing • Employee Relations • Education <p>*tbc by relevant Committee of the Board</p>	To set out the detailed objectives/deliverables and detailed philosophy of delivery together with a credible action plan to be monitored through the *relevant board committee.

Planning and Monitoring Delivery

We understand that our objectives will only be delivered if we continue to plan and monitor the work we are doing throughout each year. We will use our sub-committees as well as the divisional performance review process on a quarterly basis, to ensure we are making progress towards delivery of our objectives.

We will look to ensure that additional assurance is obtained by presenting updates through various forums across the Trust, this will cover the following domains:

- Quality of Service Delivery
- Activity and Finance
- Operational Performance

Strategic Plan on a Page

Our Vision

An NHS organisation that continually strives to improve the outcomes and experiences for the communities we serve

Our Values

Safe and Effective

We will work collaboratively to prioritise the safety of all within our care environment

Kind and Caring

We will act in the best interest of others at all times

Exceeding Expectation

We will grow a reputation for excellence as our norm

Strategic Aims

To have an effective and well integrated health and care system that operates efficiently

Seek opportunities to develop our services through digital technology and innovation

Attract, retain and develop our staff and improve employee engagement

Deliver a safe and high quality service

Operationally manage the recovery from Coronavirus to achieve national standards

Maintain financial health – appropriate investment to patient services

Strategic Objectives (2021-22)



Establish the Wolverhampton Health Board and implement the associated operating framework

Work with partners to develop a model of care collaboration across the Black Country

Establish a South-West Staffordshire Integrated Care Partnership

Improve outcomes for patients and efficiency of process through closer collaboration with Walsall



Identify and implement a digitally enabled operating model in partnership with Babylon

Develop a person centric integrated data resource for population level planning and research

Establish a Digital Collaborative to focus on the construction, engineering and analysability of a high quality clinical and care data set



Maintain the lowest vacancy levels in the Black Country

Increase the percentage of staff who deem the organisation has taken positive action on their health and well being

Improve overall employee engagement

Reduce the gap in engagement scores for BAME staff and improve performance against the Workforce Race Equality standard



Recover and restore planned activity to at least 85% of normal levels by July 2021.

Achieve best practice for the management of Covid patients

Reduce indirect harm caused by Covid by establishing systems to identify and monitor learning from related incidents

Reduce harm by assessing, recognising and responding to prevent patient deterioration

Promote equity of access and equality of outcomes by understanding and reporting the outcomes of service users



By March 22, reduce the number of patients awaiting initial cancer treatment to the levels seen in February 2020

Prioritise the treatment of P1 and P2 patient, reducing the number waiting to the levels seen in February 2020



Delivery of the RWT component of the STP medium term financial plan

Use our influence for Black Country investment into RWT and maximise external capital opportunities to support the development of the estate and related assets





English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。