



**Strategic Plan Document for 2014-19**

**Great Western Hospitals NHS Foundation Trust**

**PUBLIC**

## 1.1 Strategic Plan for y/e 31 March 2015 to 2019

This document completed by (and Monitor queries to be directed to):

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Date	30 <sup>th</sup> June 2014

**The attached Strategic Plan is intended to reflect the Trust's business plan over the next five years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.**

In signing below, the Trust is confirming that:

- The Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Strategic Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;
- The Strategic Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans;
- All plans discussed and any numbers quoted in the Strategic Plan directly relate to the Trust's financial template submission; and
- The 'declaration of sustainability' is true to the best of its knowledge.

Approved on behalf of the Board of Directors by:

Name (Chair)	Roger Hill
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Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Nerissa Vaughan
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Signature



Approved on behalf of the Board of Directors by:

Name (Finance Director)	Maria Moore
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**Signature**

*M. T. Moore*

## 1.2 Declaration of sustainability

***The board declares that, on the basis of the plans as set out in this document, the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years time.***

***Confirmed /  
Not  
~~confirmed~~***

The Trust's financial plan has a CoSSR of 1 in 2017/18, whilst the Board recognise that the Trust's financial position is more challenging over the next 5 years the Trust will be able to maintain services, pay staff and suppliers due to the positive cash balances..

## Summary

People are getting older and living longer with more complex health conditions. Our lifestyles are causing a rise in obesity and related health conditions such as diabetes. New drugs, technology and practice mean more expensive treatment but also new opportunities for us to improve care.

People expect more from the NHS at a time when funding is not increasing. The challenges we face cannot be overcome simply by doing more of the same so we need to radically rethink how we do things. This five year plan is owned by the organisation and approved by the Trust Board. It looks at the challenges we face, where we are now and where we want to be in five years time and importantly how we will get there. As a Trust, we have strong foundations with an outstanding workforce who are compassionate, caring and skilled, we have a good understanding of what our patients need and strong relationships with our partners – Clinical Commissioning Groups (CCGs), local authorities and the voluntary sector to enable us to deliver integrated care.

We are a vital part of the local community, a resource people rely on in good times and in bad and we want to make sure we are in the best position to respond to their needs not only now but in the future. Above all, we want to provide the best possible care for our patients and service users which is defined by our vision:

### *Our five year vision*

*'Working together with our partners in health and social care we will deliver accessible, personalised and integrated, services for local people. We will provide high quality care whether at home, in the community or in hospital empowering people to lead independent and healthier lives.'*

Our vision is deliberately ambitious and to deliver it, we will need to move further and faster to adopt new and innovative ways of delivering care. We are a complex organisation and everything we aim to do over the coming years cannot be summarised into a document like this. What this strategy does is set out our ambition and provides an overarching direction and context for all Trust strategies – for example, our People Strategy, Quality Strategy and Clinical Strategy. It is part of a dynamic process and has been informed by our business and operational plans as well as discussions with key partners – staff, patients, their carers, GPs, members and our local community.

## Market analysis and context

### Healthcare needs assessment

We provide acute healthcare services (at Great Western Hospital – a medium sized acute district general hospital) and community services across Wiltshire in community hospitals, GP practices, schools and people's homes. Our acute services (which include general and acute medical care, critical care, coronary care, diagnostics, paediatric medicine and surgery, trauma and orthopaedics, midwifery and obstetric care) are accessed by a population of approximately 350,000 people in Swindon and North East Wiltshire and the borders of neighbouring counties – Gloucestershire, Oxfordshire and West Berkshire.

In Wiltshire we provide community health services to a population of 480,000 and in 2013/14 had 812,032 patient interactions. Our community services include minor injury units, community nursing, community hospitals, outpatient clinics and children's and young people's services.

## Healthcare needs of our local population

- 2 Unhealthy living with people smoking, drinking too heavily, eating too much of the wrong types of food and not doing enough exercise is creating increased demand for healthcare. Nationally we are seeing an increase in obesity - the King's Fund predicts that in the UK by 2020 37% of men and 34% of women will be obese, resulting in more than 550,000 cases of diabetes, around 400,000 additional cases of heart disease and stroke and up to 130,000 additional cancer cases.
- 3
- 4 Locally projections indicate a continued growth of 3% year on year in the numbers of patients being diagnosed with cancer and we have seen chemotherapy episodes increase by 10.1 % year on year for the last five financial years.

We know that over the next six years our local population is expected to increase by 4.8% in Wiltshire and 10.6% in Swindon (based on 2011 census figures). The largest growth will be in the Retirement Age Population (RAP - people over 65 years old with significant growth in the over 75 years and over 85 years age groups). These groups of people are the most intensive users of health services. This is forecast to be significant both in Swindon and Wiltshire which will result in increased demand for our services.

Older people are more likely to suffer from complex and long term conditions (for example Chronic Obstructive Pulmonary Disease - COPD and dementia) and this will put increased demand on the Trust to provide services. Nationally, people with long term conditions account for 70% of all hospital bed days and 70% of total health and social care spend in England with the number of people with long term conditions expected to double over the next 10 years.

Our ageing population and the increased prevalence of chronic diseases such as hypertension, diabetes, coronary heart disease, COPD and respiratory conditions requires a reorientation away from an emphasis on acute care towards prevention, self-care and care that is integrated and provided in the community. This year we have seen an increase in people needing one-to-one nursing due to mental health issues or dementia which reflects the increasing acuity and frailty of the patients we are seeing. Nationally, the number of people expected to be living with dementia is expected to double over the next 40 years and this is reflected locally with the number of people over 65 years old with dementia projected to increase by 22% in Wiltshire and 24.8% in Swindon by 2020 (figures from POPPI data).

To support people with long term conditions, we will need to provide better coordination of care to prevent avoidable ill health and hospital admissions resulting in better value for money.

As new technologies are introduced, patients expect care and treatment to be available seven days a week and provided in the most convenient manner to suit their busy lifestyles. As we all become used to seven day services like online shopping and call centres, so too patients expect us to offer similar access and service. This becomes more challenging at a time when money is getting much tighter.

### Swindon

#### *Demographic trends for Swindon*

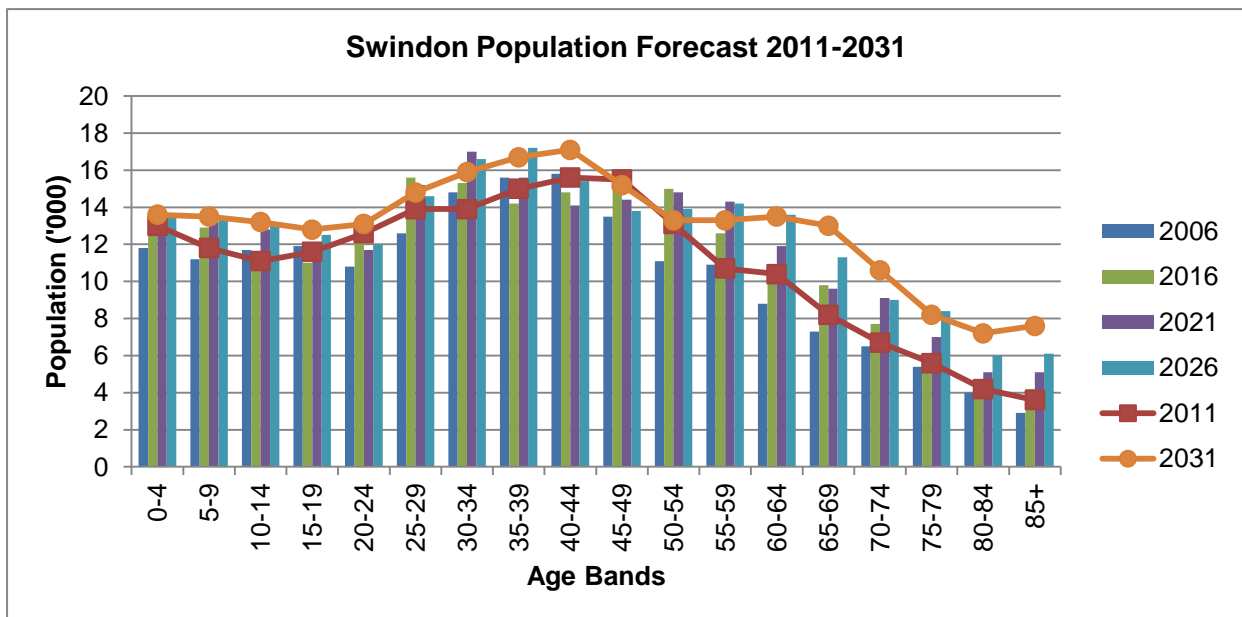
In Swindon, we expect to see a 16.6% increase in the over 65 year age group by 2020 with the fastest growth in people over 75 and over 85 years old which has significant implications for us as a healthcare provider. The chart below shows that Swindon also has higher numbers

of people (than the England average) in 35 to 45 year old category with relatively high numbers of pre-school children. As a health provider we have seen a substantial increase in non-elective activity in paediatrics over the last three years and in particular over winter 2013/14 where we saw an increase of 14.8% in non-elective paediatric activity. We have started a review of our paediatric service to ensure we invest in the right services to meet demand and provide safe, high quality patient experience for children and their parents. Swindon also has a higher than average birth rate with 71.8 live births per 1,000 population for women aged 15-44 years old compared to an average 65.4 live births for England and Wales. This has implications for the Trust in planning the provision of maternity and paediatric services.

*Health indicators for people in Swindon*

The health indicators for people in Swindon are generally better than the England average but there are significant inequalities between the health of people living in the most affluent and most deprived areas. People living in deprived areas of Swindon have a life expectancy that is 8.9 years lower for men and 6.5 years lower for women than the least deprived areas. Over the past ten years, all cause mortality rates have fallen and the early death rate from heart disease and stroke is now similar to the England average. Swindon has higher than average obesity in adults and average obesity in children and this presents greater challenges for us as obese patients have a greater number of associated health issues such as diabetes, cardiac and vascular problems as well as more complex needs when accessing maternity services and surgery. Swindon has higher than average numbers of people with diabetes and ranks poorly against peers for effective management of patients with diabetes.

**4.1 Population projections for Swindon**



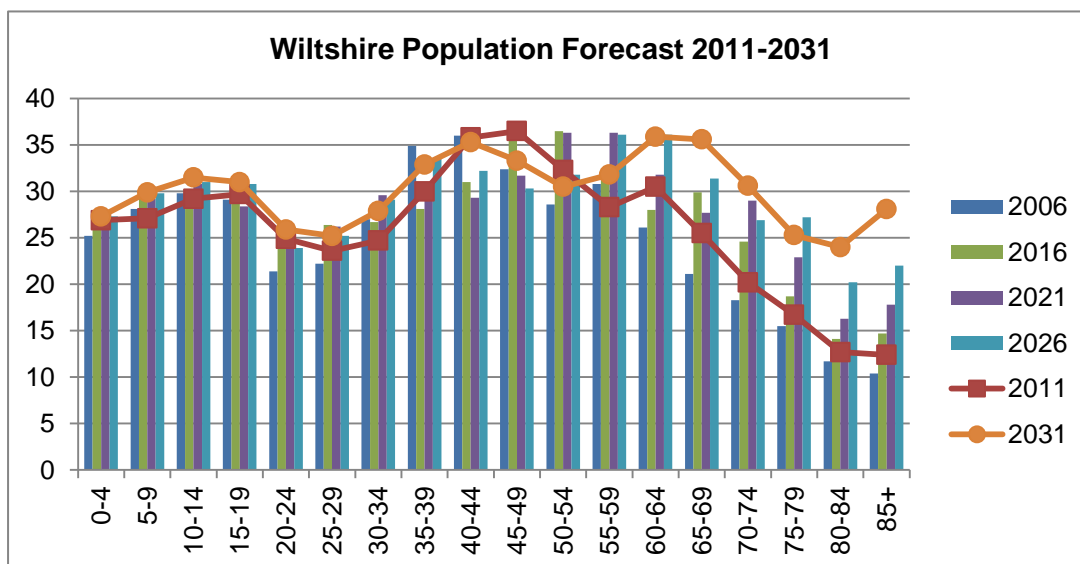
## Wiltshire

### Health indicators for people in Wiltshire

The health of people in Wiltshire is generally better than the England average and deprivation is lower than average. However, the rural nature of Wiltshire and poor public transport provision has implications for us in providing health services and moving services currently based in the acute hospital into the community. Compared to Swindon, Wiltshire has an older population with significantly less people in the 20-40 year old bracket. Wiltshire's large retirement age population which we expect to increase by 22.2% by 2020 has implications for the provision of healthcare both at Great Western Hospital (where we receive approximately 23% of Wiltshire's non-elective and elective activity) but more significantly within the community. This will result in an increased demand for services to support older people with long term conditions and complex needs. This group of people may have issues accessing care and will need services to be provided close to their homes.

There will still be growth amongst the younger sections of the population and this will be supported and encouraged by planned housing developments in areas such as Trowbridge. Military personnel account for 3.3% of Wiltshire's population and every year 60% of people leaving the armed forces who are based in the South West settle here. Between 2014 and 2019, an additional 4,300 military personnel (and 13,000 dependents) will relocate from Germany to the Salisbury plain area. Analysis shows that between 50-75% of the service population will seek healthcare outside the 'wire'. Military personnel and ex-service people often have specific health needs and we will work with our partners in mental health Trusts and social care to ensure we support the health needs of these individuals.

### Wiltshire population projections



### Bordering counties

We also provide healthcare to people in the borders of the counties around Great Western Hospital (GWH) – Gloucestershire, Oxfordshire and West Berkshire. In general, the health of these areas is generally better than the England average and over the last ten years, early death rates from heart disease and stroke have fallen. In line with the national trend, the retirement age population is increasing in these areas with associated implications for GWH as a provider of health care services. Priorities for commissioners in these counties include reducing early deaths from heart disease and stroke, supporting people with long term



conditions and reducing childhood obesity. We have seen an increase in the numbers of patients referred from West Berkshire (7.8%) and Oxfordshire (24.1%) but a decrease in referrals from Gloucestershire (-0.7%) as changes in other Trusts drive patient flow and patient choice and traditional geographical boundaries become blurred.

## Strengths and opportunities of Great Western Hospitals NHS Foundation Trust

Strength	Opportunity
<ul style="list-style-type: none"> <li>• Combined acute and community provider with the opportunity to influence the whole pathway of care for patients</li> <li>• Good reputation and high market share in the Swindon area</li> <li>• High levels of patient satisfaction – average net promoter score from Friends and Family test of 75</li> <li>• The Trust provides value for money – reference costs are 92%</li> <li>• Skilled workforce</li> <li>• £1.2m investment in nursing with an additional 254 nurses to provide better patient care (since March 2013)</li> <li>• Rated 6 – lowest risk organisation by CQC Intelligent Monitoring</li> <li>• Strong management - delivered a large scale leadership programme - Transforming leadership, transforming care across the organisation</li> <li>• Invited the Emergency Care Intensive Support Team (ECIST) to review processes and introduce best practice to improve patient flow</li> <li>• Good road accessibility for a large catchment area at both community and acute sites. Good public transport services in Swindon</li> <li>• Excellent environment for patients and staff at GWH with modern, new facilities</li> <li>• Consistently good staff survey results – top five in the south west</li> </ul>	<ul style="list-style-type: none"> <li>• Acute and community transformation</li> <li>• Working closely with our local Academic Health Science Network to adopt best practice and introduce innovative ways of delivering patient care</li> <li>• Seven day working will ensure that high standards of care are delivered every day of the week</li> <li>• Opportunity to treat more conditions through ambulatory care and reduce bed base and admissions at GWH</li> <li>• Work with Wiltshire Council to co-locate services on a 'campus model' reducing costs and aiding integration</li> <li>• Use modular/mobile ward to respond to winter pressures if necessary</li> <li>• Early supported discharge</li> <li>• Investment in new technology - introduce e-prescribing and telehealth</li> <li>• £1m investment in cancer services. Longer term, development of a Cancer Centre to support new ways of delivering care and manage increases in demand</li> <li>• Estates rationalisation in the community presents opportunities for the more effective delivery of services in the community</li> <li>• Opportunity to provide Radiotherapy services at the Great Western Hospital in partnership with Oxford Radcliffe</li> <li>• Deliver culture of excellent customer service using new and innovative ways to put patients in control of their care and the information they need.</li> <li>• Opportunity to grow income through our private patient unit and by marketing services such as Occupational Health and Sterile Services</li> <li>• Opportunity to bid to provide services that strengthen the Trust's portfolio our offer to patients and our market share</li> <li>• Mobile chemotherapy five days a week</li> <li>• Active Governor group with the potential of helping the membership base grow</li> </ul>

## Competitor analysis

As a provider of acute and community services, we are well positioned to substantially influence patient pathways, integrate care and deliver high quality services that meet patient expectations in locations near their homes. Of all our local NHS acute and community providers, only North Bristol NHS Trust provides both acute and community services.

As an acute provider Great Western Hospital is located over 30 miles from the next nearest acute providers in Bath, Reading, Gloucester, Cheltenham, Bristol, Oxford and Salisbury. This means that due to the geographical distance from other acute providers, the majority of patients in Swindon and North East Wiltshire would choose to come to Great Western Hospital.

The table below shows the other health providers in our local area:

Acute NHS providers	NHS providers and social enterprises	Private providers
Royal United Hospital NHS Trust	SEQOL – Swindon	Care UK – treatment centres in Emerson’s Green, Devizes and Cirencester
Salisbury NHS Foundation Trust	Sirona – Bath	BMI Ridgeway, Bristol, Bath
Royal Berkshire NHS Foundation Trust	Gloucestershire Care Services	Circle Bath, Reading
Gloucestershire Hospitals NHS Foundation Trust	Avon & Wiltshire Mental Health Partnership NHS Trust	Nuffield Health
Oxford University Hospitals NHS Trust	Oxford Health NHS Foundation Trust	Spire Healthcare
University Hospitals Bristol NHS Foundation Trust	Berkshire Healthcare NHS Trust	Virgin
North Bristol NHS Trust		

All providers across the local health economy (and nationally) are facing similar pressures in terms of increased activity, an increasingly ageing and frail population with complex and long term conditions and issues with ensuring capacity matches demand and that national treatment targets are achieved. Unlike other providers across the local health economy, we were not successful in being awarded winter pressures funding for 2013/14 and this proved challenging for the Trust in managing demand and capacity. Regardless of the additional funding, other providers are facing similar pressures and we are keen to review the approach to demand management across the local health economy.

All providers have been affected by the national shortage of nursing and midwifery staff and we are competing with each other to attract and retain a limited pool of nurses and midwives which has meant an increase in agency spend for most providers to maintain safe patient environments. We have run a number of recruitment trips to European countries to recruit more nurses and our competitors have run similar campaigns overseas.

## Strategic plans

### Our ambitions

Against this challenging backdrop, we will continue to provide high quality care for patients and service users in the right place and at the right time by making the most efficient use of resources. Our strategy is designed with the patient as the absolute focus, with quality and safety as the foundation of how we develop and deliver services in a sustainable way.

We have set ourselves four strategic ambitions which are the broad outcomes we aim to achieve in the next five years. Five years is a long time and improvements will be delivered through progressive pieces of work with benefits being achieved at different times.

- We will make our patients the centre of everything we do
- We will work smarter not harder making the best use of limited resources
- We will innovate and identify new ways of working
- We will build capacity and capability by investing in our staff, infrastructure and partnerships.

### Trust objectives

The Trust Board has agreed six key objectives which will be delivered:

- To deliver consistently high quality, safe services which deliver desired patient outcomes and we will perform in the top 25% (upper quartile) of comparable Trusts in delivering HSMR, Patient Satisfaction and Staff Satisfaction.
- To improve the patient and carer experience of every aspect of the service and care that we deliver.
- To ensure that staff are proud to work for the Trust and would recommend the Trust as a place to work, and to receive treatment.
- To secure the long-term financial health of the Trust.
- To adopt new approaches and innovation to improve services as healthcare changes whilst continuing to become even more efficient.
- To work in partnership with others so that we provide seamless care for patients.

These ambitions are underpinned by our five key internal strategies which describe how we will achieve our ambitions:

- People Strategy – addressing how we will meet the workforce challenges facing the Trust and the commitments we are making to staff.
- Quality Strategy – setting our clear ambitions for the standard of service and care we aspire to deliver and how we will provide services that are effective, safety and provide the best patient experience.
- Clinical Strategy – setting out the acute and community transformation agenda for the Trust and how this will support integration of our services in a sustainable and viable way.
- Infrastructure Strategy – setting out our approach to making the best use of our IT, Estate and business intelligence infrastructure to empower our staff, reduce barriers to work giving them the tools and information to support them in their roles and to support the delivery of better patient care.
- Medium Term Viability strategy – addressing key financial and performance challenges and opportunities over the next five years.

We know that there will always be significant change in the NHS and this makes a clear set of priorities and a clear sense of direction all the more important. As a Trust we do not want to see change just for the sake of change. Each new project initiative or development will be measured against our vision so we are focused on those things that will help us achieve it.

## **Ensuring delivery**

In 2014, the Trust will establish a Transformation Board, under the leadership of the Chief Executive, to coordinate and oversee the delivery of key strategic projects which will help us achieve our vision. The Transformation Board will be the channel through which work programmes can be re-prioritised and driven forward ensuring partners also contribute to the work being so that initiatives and new developments are co-designed and jointly owned by the key players in the system.

There are eight programmes of work that were launched in 2014/15 and will move forward over the next five years. Each programme has a number of projects/work streams that will support delivery of the required changes in services with an outcome of improvements in services.

**Community** – this programme of work is ongoing work that focuses on improving the efficiency of the community teams and use of beds with a focus on developing new models of care whilst ensuring that the decisions made support patients being cared for in a community setting where appropriate.

**Capacity Planning** – this programme takes a whole system view of our current capacity and how we can better match it to changing demand. It includes plans for refurbishment of wards, improving processes in ED, changes in ambulatory care to ensure more patients are treated in an ambulant setting, modernising paediatric services, increasing daily senior review of all patients and working with the therapies teams to provide responsive services. This programme will work in conjunction with the whole system work that is currently being undertaken.

**Seven-day working** – this programme is identifying what the organisation needs to do to move towards a seven-day working model in line with national guidance. This will include plans for clinical, nursing and admin staff.

**Frail elderly** – this programme will concentrate on improving pathways for Frail Elderly patients and is inter-dependant with the Capacity Planning programme and the Community programme, with a specific focus on Swindon and North East Wiltshire.

**Corporate** – the Corporate Programme Board focuses on the corporate services delivery of changes to ensure that they are aligned to the changes required to service delivery and to ensure that the operational delivery is supported in a cost effective way.

**Contracting** – the Contracting Programme Board is newly established in 2014/15 and has been put in place to provide an overview to the transformation board of QIPP schemes and income related activities.

**Workforce** – the Workforce Programme Board focuses on the efficiencies the organisation needs to make to ensure that we provide sufficient workforce in light of recommended changes and how we can implement technological solutions to provide transparency in workforce rotas and requirements. This includes all elements of agency/locum usage.

**Cancer** – with a particular focus on reviewing palliative care, follow-up activity and end of life care, this programme aims to further improve the Trust's cancer services.

## **Delivering our strategic ambitions – the process**

To deliver our five year plan and ambitions, we will work collaboratively with partners, make best use of limited resources and support innovative solutions.

Our business planning process supports us to plan and deliver our services and achieve our ambitions. Over the next five years, we will be working differently to deliver the pace of change we need. This includes a strong emphasis on working closely with partner organisations such as local councils, social enterprises, voluntary sector and other NHS providers.

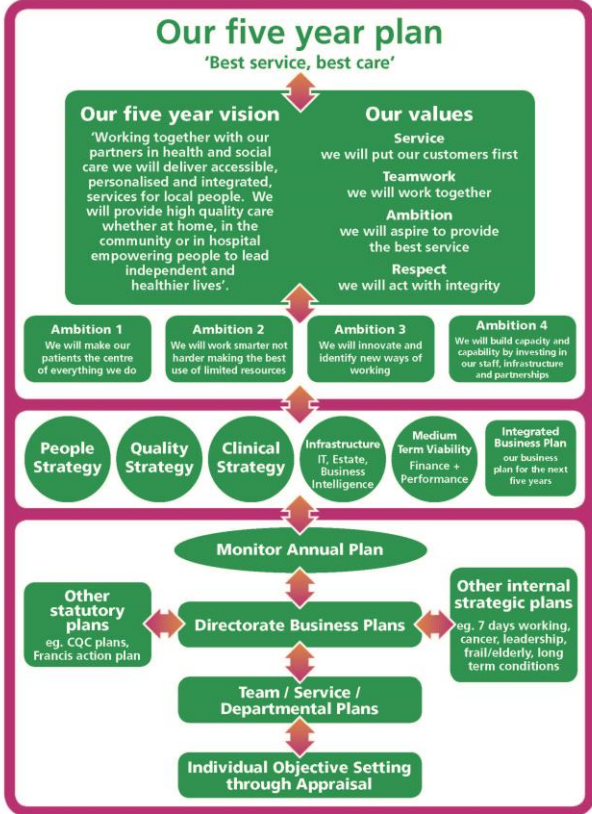
**The Five Key Strategies**  
We want to be as clear as possible about the type of organisation we want to be. Each strategy sets out where we want to be in 2019. Each strategy is dependent on each other so key to their success is a clear line of sight between what each are doing. To do this each strategy has a clear work plan detailing specific actions from years 1-5. Each plan will be monitored by the appropriate sub-committee of the Trust Board.

**How we will know if we're on track?**  
There will be routine scrutiny at sub-committees. Development of an integrated performance dashboard showing performance against agreed KPIs linked to key strategies.

**How will Directorates be supported in key programmes of work?**  
Clear links to the Service Improvement Team providing flexible project support to key strategic projects operating as our own internal service improvement resource.

**How will teams and individuals know what part they can play in this journey?**  
Everyone will be able to see how the work they do contributes to achieving our vision and four ambitions through clear objectives and regular 1 to 1s with their team manager.

**Our Values**  
Service Teamwork Ambition Respect



Each September, headline Trust priorities agreed by Trust Board and Executive Committee and shared with directorates to feed their plans

Owned by individual Executives and monitored by Board through sub-committees

Developed locally and agreed centrally through Executive Committee. These plans are monitored on a monthly and quarterly basis by Finance, Operations, HR, Quality and Strategy

## Clinical transformation

From a clinical perspective the ultimate aim is to improve patient care and outcomes by providing more care in partnership and in the most effective place.

We are committed to changing from being an *acute provider with community services* to a healthcare provider and ultimately an integrated care provider. Whether we 'own' part of a pathway or the majority of a patient pathway, the Trust will work with partners to provide more joined up and seamless care for patients. The aim being to treat people in the most appropriate setting and shifting care from the acute and into the community where possible.

We will work with other providers in health and social care to reduce the number of acute admissions and we are already seeing, for the patients we are responsible for in Wiltshire, that demand is beginning to flatten.

Where patients are admitted to hospital, through the implementation of the ECIST recommendations and with local partners, systems and processes will be designed to maintain patient flow and move people out of hospital at the earliest opportunity. However this can only be achieved by a different approach to urgent care expanding Ambulatory Care to treat a wider group of patients to avoid an inpatient stay and working with local partners on more robust demand management plans and community alternatives.

At the same time, there will be treatments provided in tertiary centres (such as Radiotherapy), we will work to bring to Swindon for the benefit of patients reducing the need to travel.

In Wiltshire over the past few years, the Trust has delivered positive improvements in the quality of community service provision which is benefiting our own Trust as well as the two other acute trusts in Wiltshire. The community team have delivered a 2.8% increase in patient contact. More recently we have been actively involved in a Community Transformation programme which includes the CCG and Wiltshire Council aimed at integrating care and removing the organisational barriers between organisations. This has led to the introduction of clear and accountable structures within the directorate, Care Coordinators working alongside primary care coordinating the care of patients, and the introduction of a named nurse for each practice.

Optimising our community teams and the community beds, are key elements of the transformation programme. Building resilience, capacity and capability in community teams and establishing them in more local settings wrapped around primary care is part of the strategy to help patients maintain independence in the community whilst supporting GPs in their primary care role.

Improving how the system responds to and provides care for the frail elderly is a key priority. As growing demographic, the frail elderly are creating additional pressure on the health and social care system and in Wiltshire we have a central role to play to bring together the different parts of the system. The appointment of an additional 5.5 Geriatricians in 2014 will strengthen our workforce and over the coming years they will play a much more outward facing role in sharing their skills and knowledge with others in the county.

Using good business intelligence and risk stratification, we will develop much more intelligent systems to be able to predict activity and target those patients today who will become the high risk patients tomorrow through risk stratification and targeted intervention to keep people out of hospital and provide them with the support they need to maintain independence. We recognise this cannot be achieved alone and therefore the integration agenda is key to delivering interventions that successfully keep people at home as long as possible.

In addition the Trust will open up lines of communication with primary care through the appointment of a GP to a Deputy Medical Director position to bring the views of primary care into the Trust to inform our decision making. This post will also help clinical teams identify opportunities for outreach by clinical teams

into primary care to support GPs in avoiding admissions. Likewise, in-reach opportunities for GPs to ‘pull’ patients out of hospital will also be a key part of the strategy.

Improving accessibility and safety of services will be a key deliverable out of a five year plan to introduce seven day working across the Trust. Increasing the availability of senior clinical decision makers seven days a week will support improvements in patient flow and improve care. The Board recognises the introduction of seven day working is a greater challenge for smaller acutes due to the size constraints of the workforce therefore the priority will be to introduce seven day working in a way that is financially viable for the local health economy.

### Ensuring clinical and financial viability

The Trust Board has set a clear objective for the organisation to remain in the upper quartile on all productivity and efficiency indicators. To ensure we continue to achieve this, both clinical and financial viability of each speciality is key. Beginning this summer, we have initiated a regular review of each speciality looking at demand and capacity, workforce, operational performance and patient outcomes.

This process will become a regular feature of the planning cycle as the Trust recognises that as new national policies are announced and other changes take place in health and social care they may have an impact on service delivery. The reviews will therefore help assess internal and external impacts on service delivery.

Within each of the clinical divisions through the business planning process, teams have identified their priorities for the next five years.

Directorate	Priority
Diagnosics and Outpatients	<ul style="list-style-type: none"> <li>• Seven day working</li> <li>• Cancer Strategy: phased plan towards new cancer unit</li> <li>• End of Life / Palliative Care: provision three-five years – LTC</li> <li>• Diabetes pathway redesign - managed within primary care (LTC) with supportive role from GWH</li> </ul>
Integrated Community Health	<ul style="list-style-type: none"> <li>• Retain community services contract from 2016</li> <li>• Optimise community teams and optimising community beds to improve patient flow- Wiltshire CCG 20K population cluster model, enhance integration with the three acute hospitals designing integrated pathways with acute hospitals</li> <li>• Rapid response service - develop model for 24/7 and embed, seven day admin to support seven day working</li> <li>• Electronic Patient Record (EPR) system and mobile and agile working - IT system to increase clinical efficiency</li> <li>• End of life care - develop and agree partnership arrangements at Savernake Hospital, support primary care to support care homes, proactive engagement of pathway development, up-skill workforce for end of life care, allocation of appropriate kit and facilities</li> </ul>
Planned Care	<ul style="list-style-type: none"> <li>• Robust arrangements for seven day working across bed holding specialities (general surgery and trauma and orthopaedics)</li> </ul>



	<ul style="list-style-type: none"> <li>• Implementation of ambulatory pathways for surgical patients.</li> <li>• Work in partnership with tertiary centres such as Oxford to ensure appropriate work takes place in specialist centres with support from GWH to support patient pathways and experience</li> <li>• Private patient growth: implement a marketing strategy (including a rebrand of the unit) will be implemented over the period to stimulate demand.</li> <li>• Trauma and orthopaedics – work with networks such as Oxford to benefit from their experience. Growth in T&amp;O. More clinics in the community and greater use of therapists and podiatrists deliver services</li> </ul>
Unscheduled Care	<ul style="list-style-type: none"> <li>• Introducing seven day working across medicine.</li> <li>• Expansion in Ambulatory Care and the range of patients being seen through the unit.</li> <li>• Develop and implement and integrated pathway for the frail elderly with geriatrician out reach into the community.</li> <li>• Expand range of virtual clinics and follow-ups in specialities such as Cardiology.</li> </ul>
Women's and Children's	<ul style="list-style-type: none"> <li>• Introduce a Paediatric Ambulatory Care Unit aligned with the Paediatric Emergency Department.</li> <li>• Improve staffing levels to cope with demand and provide separate on-call rotas for neonates, safeguarding and paediatrics.</li> <li>• Development of a Women's Centre concept with the potential for gynaecology and breast patients to be collocated.</li> <li>• Introduce a transitional care service, in order to provide the best care possible for families and their babies.</li> </ul>

We have provided a snapshot of some of the more detailed plans of key specialities around the Trust:

### **Cancer**

Cancer is a key service priority for the Trust. The growth in cancer cases and the increased pressure on capacity has resulted in a £1m investment in the service. Over the next five years, the Trust will further invest in cancer through the development of a partnership with Oxford University Hospitals which will see a local Radiotherapy service on the Great Western Hospital site. In addition the Trust will explore the potential for the building of a cancer centre bringing the majority of cancer services in a single location next to the planned radiotherapy unit. Other cancer initiatives include a long term partnership with a local charity Hope for Tomorrow which will see a five day a week Mobile Chemotherapy Unit in use at GWH and at locations in the community bringing Chemotherapy closer to home for non-complex patients.

### **Radiology**

Radiology has seen increased demand for walk in access for patients and plans to introduce to extended working days and increased weekend working. Over the next five years, we will offer more direct access to diagnostic testing and one stop clinics so that patients receive all necessary diagnostics in one visit to the Trust with a rapid turnaround of their results. We will train more staff to perform roles that are

traditionally performed by a medical role to support demands on the service. We will expand the services we provide by making use of the latest technology to enhance the management of patient's care and diagnosis for example providing Cardiac MR services. Over the next five years, we anticipate the range of tests being offered to increase and we will need to expand existing equipment for example investing in a third MRI scanner.

We also plan to provide services closer to people's homes in health centres, community hospitals and where appropriate for end of life patients in their homes.

## **Cardiology**

In Cardiology, we will work with our commissioners to streamline and reduce outpatient demand with a larger role for virtual clinics. We will continue with angioplasty awaiting a decision on specialist commissioning for primary angioplasty and will work as part of a network to provide a hybrid 24/7 service with Bristol. We anticipate continued growth of our device service (complex pacemakers) and expansion of imaging service with development of cardiac MRI with the new MRI scanner. We will look to increase the numbers of clinics we provide in the community and expand our in-reach into the Acute Assessment Unit and Ambulatory Care. We will expand the role of specialist nurses in the department and GUCH (grown up congenital heart disease) clinics. We will also move to a seven day service in cardiac physiology which will provide additional echo capacity.

## **Paediatrics**

The Paediatric Team at the Great Western Hospital has experienced significant increases in demand over recent years. In two years the Trust has seen a significant increase in non-elective activity of which 21% relates to paediatric activity. At the same time, staffing levels have not kept pace with the increase in demand in both acute and community setting.

Building capacity in the acute and community teams is an area that will require investment over the next few years to deal with the demands on the service. From an acute perspective the Paediatric Team will be implementing an Ambulatory Care model to reduce admissions with stays of less than 12 hours seen and treated through a consultant-led Paediatric Assessment Unit. The teams will also seek to split the on-call rotas for neonates, paediatrics and safeguarding to ensure senior level decision making. Ensuring effective transitional care between age groups is also an area to be addressed.

## **End of life care**

The Trust is strengthening the existing partnership with Prospect Hospice to establish a Prospect Hub in the community at Savernake Hospital providing the charity with a location in the community from which to provide important end of life outreach to the community. This will also provide access for community teams to end of life expertise to improve choice in place of dying for patients.

## **Maternity**

Increasing numbers of women with risk factors are now becoming pregnant who may not have done in the past. We will review the needs of these women to understand the impact on our services over the next five years. Locally, higher levels of obesity and diabetes in our local population are placing additional pressure on our services and we will be reviewing the impact of this on our obstetric workload and make adjustments to support this group of women. We will also introduce a transitional care service, in order to provide the best care possible for families and their babies.

## **Gastroenterology**

Over the next five years, we anticipate significant increase in demand for Gastroenterology services in particular outpatient and endoscopy services as a result of barium enema transfer to colonoscopy, age extension in bowel screening and the introduction of flexible sigmoidoscopy to replace faecal occult bloods. We will be investigating opportunities to repatriate work currently undertaken by other Trusts and private providers such as manometry testing and capsule endoscopy. We also plan to explore

opportunities such as introducing an upper GI benign service and an obese weight management service which will include bariatric surgery.

## **Workforce transformation**

Following the publication of our People Strategy which set out clear aims in relation to workforce transformation underpinned by clear commitments to staff earlier this year, over the next five years, changing the way we work will be crucial to achieve the integration and transformation the Trust requires. The Trust has invested heavily in increasing the nursing and medical establishment over the past 12 months and envisages recruitment and retention to be a long term priority beyond that which was set out in the two year plan. In addition there are a number of other workforce priorities the Trust will be delivering during the next five years.

### **Leadership**

To deliver the change needed, the Trust Board has a clear role to play in providing good, effective leadership with clear direction for the 5,500 staff within the organisation. However, leadership is required at every level and therefore the Trust will continue to strengthen leadership capacity and capability across the Trust. This will build upon work which took place in 2013/14 which took 90 senior nurses and midwives through a Transforming Leadership, Transforming Care programme to support them to build autonomous teams.

Building leadership capacity and capability is not just about leading change internally but also the way we interact and engage with our partners to influence change in other organisations which may directly impact on our ability to deliver quality care. Looking at system leadership capability is key to the transformational change required to shifting acute care into the community and delivering the integration agenda.

### **Workforce flexibility**

Over the next five years the flexibility of our workforce will be key to determining how effective the Trust is in not only responding to change but proactively planning and managing it. Developing a sustainable workforce that is better able to cope with spikes in activity, changes in commissioning which will mean changes in working practices, the shift of settings of care and to move towards integration will all require increased flexibility and different skills to work in different settings. All of this needs to be underpinned by effective training and development.

The Trust will continue the adoption of new roles and will expand the use of Physicians Associates and apprentices. The latter will build employment skills in the local community.

The Trust acknowledges that the commitment of staff is a crucial aspect to flexibility but also the relationships with the Trade Unions locally which we have taken time to build into a healthy position. In addition national agreements and national relationships will have a direct influence on the changes we are able to make and the pace of change – something which the Board is aware of and which may inhibit some of the changes required. The Trust will continue to work with national bodies to push for amendments to national agreements where they support change that is in the best interest of patient care.

### **Strengthening our culture**

Over the past three years, the Trust has worked hard in developing the right culture in the organisation that keeps patient care as the focus of everything we do. Our values are recognised by staff across the Trust and are a key part of induction, one to ones and appraisals and performance management. We will be building on these strong foundations to further develop our culture, with the Trust creating an environment that supports innovation and removes barriers to effective working by addressing those frustrations that impact on staff ability to do their roles to the best of their ability. The Trust also wants to encourage and stimulate team environments that thrive on change and challenge continually ourselves to make improvements to the way we do things.

In addition promoting a culture that encourages earned autonomy for high performing individuals and teams with clear role clarity and expectations for all members of staff will be a priority.

### **Improving capability**

To deliver the transformational change needed requires new skills in many areas. The Trust will move towards focussing on the skill required to deliver the outcomes needed as opposed to rigid professional boundaries. To support this, a skills gap analysis is now underway to identify the key gaps in the capability of our workforce across every professional group. Delivery of the outcomes of that analysis will be key over the coming years. This will mean skills will be mapped to pathways and outcomes rather than individual roles which encourages silo working.

Learning and development is a key aspect of the People Strategy and the Trust will be focussing on up skilling teams to support us to achieve our Trust strategy. Improve capacity and capability in relation to workforce planning is important to our future success underpinned by a long term recruitment and retention plan which not only addresses the vacancies in nursing but also hard to recruit medical and non-clinical roles which have had a direct impact on agency and interim spend over the past year.

Strengthening and expanding the numbers of staff skilled in improvement methodologies and techniques and learning from other sectors in how they deliver change will bring important new skills into the Trust and will challenge existing practices and thinking.

An area we are keen to develop is the analytical skills across divisional teams to support more informed decision making. This will have a direct, positive impact on operational performance and will help ensure forecasts and our response to them are proportionate and effective. The appointment of a Health Economist will help provide greater analytical insight of the health system driving to reduce cost and dependency on the Trust.

### **Risks to sustainability**

The whole health and social care system is under significant pressure and this presents real challenges for every organisation. We have carefully considered the principle risks to sustainability as follows:

- Ability to deliver savings in the acute hospital recurrently impacting on financial stability
- Shift in care from acute to community settings and the impact this has on acute services
- Community efficiency & integration

In developing this five year plan, the Trust has a range of plans designed to mitigate the risks identified above.

### **How will this plan benefit our patients, staff and partners?**

Our five year strategy and the ambitions we have set ourselves have been informed by feedback from staff, patients and other stakeholders. The aim of our five year strategy is to make a positive difference to the people that walk through our doors or whose homes we visit every day. Our five year strategy will help us deliver:

#### **Services that are designed with and around patients**

***What will this look like?*** We will effectively engage with patients to gather their feedback and develop services designed around their needs with care wrapped around the patient. The right care will be provided in the right place at the right time, with more services enabling self-care at home and care in the community to empower greater independence.

We will adopt technology to enable virtual clinics and professional to professional consultations and we will only cancel appointments where it cannot be avoided to accommodate the busy lives of our patients. We will work with our colleagues in primary and social care to identify joint initiatives where we can bring together our expertise to keep people well and out of hospital for longer. For example, in Wiltshire, we

have worked with GPs to introduce Care Coordinators to support frail elderly patients and people with complex conditions to live well at home for longer and help reduce medically unnecessary admissions to hospital.

### **Joined up patient pathways creating excellent patient experience**

**What will this look like?** We will work together with partner organisations (commissioners, GPs, social services and charities) to ensure that each patient experiences the best possible care and outcomes whether in hospital, in the community or at home. Quality and safety will be the responsibility and priority of every member of staff – both clinical and non clinical - and we will have a clear set of measures for ensuring that we deliver high quality care across every service. Services will be provided seven days a week where there is demand from patients and the accessibility and quality of the care we provide will be consistent during the week and at weekends. We will be recognised as a leading provider of care and patients and service users will choose us as their provider of choice and recommend us to their families and friends.

### **A culture of excellent ‘customer service’**

**What will this look like?** Together with providing the best quality of care, we will embed a culture of ‘excellent customer service’ (a GWH Trust way) across the organisation supported with relevant training and development for staff. This will create welcoming and lasting first impressions – online, by phone and in person across all our locations. We will support patients through self help initiatives and targeted use of social media to lead independent, healthier lives. We will use new and innovative ways to communicate and share information with our customers helping them to make more informed decisions about their care. All of our staff will understand what excellent customer service is and the role they have in providing it to everyone we see. Patients will be in control of their care and the information they need. We will provide a secure online portal which patients can access through personalised logins - this portal will provide a personalised record of all their booking and patient information as well as a range of relevant information, resources and video tours.

### **Strong valued relationships and partnerships with mutual benefit**

**What will this look like?** We will develop meaning and value from every interaction with key stakeholders and ensure that our resources are targeted to where they will have the greatest impact to support excellent patient care. This will mean we develop strong relationships with key stakeholders such as commissioners and local authorities to share knowledge and will be best placed to find solutions to the challenges that face us as a Trust and benefit patients, staff and our local communities.

This will involve routinely identifying opportunities to work differently, adopt technology and work in innovative ways alongside partner organisations to deliver the quality of care and service that patients need and expect.

We are already working closely with primary care to provide Consultant led clinics in GP surgeries in dermatology and geriatrics. These clinics have brought specialist care closer to patients and also, importantly, allowed closer and more fruitful dialogue between specialists and GPs and improved care and medical education in both directions. We will be looking at further opportunities to offer clinics in convenient locations for patients at the same time as shifting specialist expertise from the acute environment to the community. We will actively engage with Health & Wellbeing Boards and groups such as One Swindon to bring together our resources.

### **A caring service and a caring work environment**

**What will this look like?** Our staff are our greatest asset and this plan places them at the heart of everything we do. We will continue to deliver health services that we are proud of and we will ensure we have a culture where staff are proud to work for the Trust and feel engaged and supported to suggest improvements and make changes.

The best benchmark for whether we have got it right, is whether our staff would be happy for their family to receive care here and we will use this as a guiding principle. We will ensure that staff are engaged, supported and valued and we will provide meaningful career and personal development opportunities,

resulting in people aspiring to work with and for our Trust. We will provide our teams with exemplary leadership.

We will take responsibility for nurturing a learning culture that emphasises quality, safety, compassion, engagement and transparency in practice. We will design and implement a People Strategy and supporting plan to guide our work and we are setting out clear commitments to staff and key to this will be their health and wellbeing.

### **Early adoption and adaptation of proven health care**

**What will this look like?** With new technology and organisations such as Academic Health Science Networks, we will be much better at supporting innovation and adopting new advances in technology more quickly ensuring that any learning is channelled back into front line training and development. We have an active research and development department where we punch above our weight for a Trust of our size which enables us to offer greater choice of treatment and innovations in practice. We will see increased adoption of virtual healthcare and telemedicine and the move toward a digital health care environment. Adopting advances in medicine and technology will help us deliver more care out of hospital, in the community and at home. It will help us become more efficient in the way we provide care and make the working lives of our staff easier.

### **A stronger focus on prevention and support**

**What will this look like?** We will use technology and information to understand our population and patients to help us plan health services. We work in partnership with partners such as public health in local authorities to help promote healthier lifestyles and bridge current health inequalities. We will support older people to live more independent lives integrated within their communities.

### **Making the best use of our buildings and technology**

**What will this look like?** As part of our strategy, we will plan how to make the best use of the buildings - supporting a shift of appropriate services from the acute to community setting as well as making the best use of the Great Western Hospital site. We will use business intelligence and feedback from patients and service users to inform our planning. This offers us opportunities to use spare capacity in the community whilst reconfiguring services in the acute hospital to deliver the best patient experience. We will work with our partners to identify opportunities to co-locate services to make it more convenient for users and to break down organisational barriers.

### **A sustainable and viable future**

The reason we are here is to provide patients with the best care possible and we know that to do this effectively, we need a strong and sustainable business. We know we cannot stand still, with increasing competition and pressures on funding we need to think differently about how we approach our business.

However, we want to grow our business in a sustainable way so we will not pursue growth for sake of it. Instead we will actively explore new business opportunities that help build stronger links with partners or those that make a material difference to our finances which will help provide new funding to invest in patient services. We will ensure our community service is in the strongest position possible through a period of consolidation and embedding the change already underway. New business opportunities will be identified incrementally so opportunities are well considered.

We will explore joint ventures with our partners to benefit from their skills and experience to deliver care. For example this could take the form of working with the Oxford University Hospitals Trust to provide a local Radiotherapy service in Swindon or working with the Royal Voluntary Service to use their skills to support patients outside of hospital to avoid readmissions. We will also review our private service offering to ensure it meets private patients' needs and increase private income to support NHS services.

## Financial Forecast for 2014/15 to 2018/19

1. Income & Expenditure is shown below

	5 Year Plan				
	2014/15 £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000
Income	288,168	287,038	295,712	300,798	306,634
Expenditure	(262,259)	(263,271)	(269,533)	(274,257)	(280,137)
<b>EBITDA</b>	<b>25,908</b>	<b>23,767</b>	<b>26,179</b>	<b>26,541</b>	<b>26,496</b>
Depn/ Interest & PDC	(24,714)	(23,582)	(27,188)	(27,254)	(26,243)
<b>Net Surplus / (Deficit)</b>	<b>1,195</b>	<b>185</b>	<b>(1,009)</b>	<b>(713)</b>	<b>253</b>
EBITDA % Income	9.0%	8.3%	8.9%	8.8%	8.64%
Cash	3,501	5,787	10,581	8,286	14,004
CoSRR	2	2	2	1	2

1.1. This gives a planned surplus of £1.2m in 2014/15, with a deficit of £1m in 2016/17 and £0.7m in 2017/18 increasing to a surplus of £0.25m in 2018/19.

1.2. The Continuity of Service Risk rating (CoSRR) is a 2 across all years with the exception of 2017/18, the Trust would require a surplus of £4m to achieve a 2.

2. Planning Assumptions

2.1. Tariff deflator is in line with national guidance of between -1.8% and -0.6%

2.2. Pay and Prices has been included based on national guidance, health care cost index and RPI where appropriate these are shown below

2.3. Growth has been applied at 2% for community and between 2% - 2.8% for acute services in line with Swindon CCG plan for 2016/17 onwards.

	2014/15	2015/16	2016/17	2017/18	2018/19
Acute	2.00%	2.75%	2.76%	2.77%	2.78%
Community	2.00%	2.00%	2.00%	2.00%	2.00%

2.4. Cost Improvement Plans within the plan are shown below.

CIP Plans	2014/15 £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000
CIPs	10,980	9,746	8,800	8,800	9,000
Revenue Generation	1,028	254	200	200	0
<b>Total</b>	<b>12,008</b>	<b>10,000</b>	<b>9,000</b>	<b>9,000</b>	<b>9,000</b>

2.5. Capital Expenditure for 5 years is out-lined below, this includes £4m per year internally generated funding and between £2m in 2014/15 funded from NHS technology funds.

	2014/15 £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000	2018/19 £'000
Capital	5,527	5,653	5,028	5,855	7,565
PFI lifecycle	3,634	3,634	3,065	3,448	3,540
<b>Total incl PFI lifecycle</b>	<b>9,161</b>	<b>9,287</b>	<b>8,093</b>	<b>9,303</b>	<b>11,105</b>

*Nb: the PFI lifecycle is part of the annual payment to The Hospital Company*