

Strategic Plan Document for 2013-14
Wrightington, Wigan and Leigh NHS Foundation Trust

1. Executive Summary

1.1 Overview

This documents sets out the strategic context, objectives and associated plans for Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) for the period 1st April 2013 to 31st March 2016. During this period the Trust will focus on the following areas

1. Performance
2. Innovation
3. Leadership
4. Information
5. Staff Engagement
6. Investment
7. Partnership

The Trust will also retain objectives linked to the following areas

1. Safe
2. Caring
3. Effective
4. Partnership
5. Performance

These objectives will be achieved through a broad range of strategies including the following

1. Working closely with local Commissioners to ensure that local patients choose WWL for their treatment and with other Commissioners to attract patients to the Trust's specialist services, most notably orthopaedics where there are plans to expand capacity and make major improvements to the Wrightington site. This will be done through a combination of service improvements and a sustained marketing programme.
2. Strengthening partnerships with other providers and working collaboratively where there is a benefit to the local health economy
3. Leading the local long term conditions Quality, Innovation, Productivity and Prevention (QIPP) Programme to deliver major reductions in admissions and length of stay
4. A service strategy which will result in a major investment in facilities (£41.2m to 31st March 2016) as well as the redesign of existing services to improve the quality of care provided in a range of areas

The delivery of safe, caring and effective services will continue to be supported by the Trust Quality, Workforce and Finance Strategies. In particular the Trust is participating in the Department of Health Seven Day working pilot project and will be implementing this during 2013/14. It will be further rolled out during 2014/15. The Trust has fully reviewed the second Francis Report issued in February 2013 and is currently developing an action plan in response. This will implemented as part of the Trust Quality Strategy during 2013.

1.2 Cost Improvement Plans

The Trust has identified five strategic themes in relation to Cost Improvement Plans (CIP) and beneath this there are individual plans across divisions and departments. The strategic themes are as follows

1. Redesign of clinical services
2. Improving business efficiency
3. Improved capacity planning
4. Commercial ventures
5. Wigan wide projects

The Trust governance structure in relation to CIP has been strengthened for 2013/14 onwards to ensure that each scheme is rigorously performance managed but, more importantly, all schemes are now reviewed by the Medical Director and the Director of Nursing to ensure that there are no adverse impacts on quality.

1.3 Financial Plans

The Trust's financial plans for the three years from 2013/14 are based on detailed submissions from all clinical and operational departments. This has enabled patient activity numbers to be modelled and the impact on resources to be quantified in line with the Trust's strategic goals and aims for the next three years Local and national issues that will impact the financial performance of the Trust for example national pay awards and PBR tariff have been included in the plan.

The financial headlines for the Trust are shown below

	Year 1 2013 / 14	Year 2 2014 / 15	Year 3 2015 / 16
£ms			
Income	247.8	248.7	246.7
Expenditure	(233.4)	(231.4)	(228.3)
EBITDA	14.3	17.3	18.4
EBITDA %	5.8%	6.9%	7.5%
Financing	(10.4)	(13.3)	(14.4)
Trading Surplus (pre impairments)	4.0	4.0	4.0
Surplus / Deficit %	1.6%	1.6%	1.6%
Impairments	(0.4)	(3.7)	(3.2)
Technical surplus	3.6	0.3	0.8
Memorandum CiP	13.6	11.3	9.3
CiP % of Net Expenditure	5.8%	4.9%	4.1%

NB for FRR calculations, donated asset income of £90k is excluded in each year

The Trust is engaging with the Greater Manchester 'Healthier Together' project which could see the rationalisation of services between neighbouring Trusts. Planning is at an early stage so while the financial implications of the project are unknown the Trust would not be in agreement with plans that would cause financial instability with financial performance. For these reasons the Trust's plans for the next three years do not reflect any impact from the 'Healthier Together' project.

During this planning cycle Trust will embark on the first stage of a major infrastructure development and improvement program which in the longer term will see investment in all three of the Trust's main sites. Further details are included in sections 4 and 7.

2 Strategic Context

Wrightington, Wigan and Leigh NHS Trust (WWL) was formed on 1 April 2001 following the merger of the former Wrightington Hospital NHS Trust with Wigan & Leigh NHS Trust. The Trust was able to achieve Foundation Trust status on 1 December 2008.

Trust turnover is circa £248m and almost 4,300 staff are employed within the organisation. From its three hospital sites, it serves a population of approximately 310,000 residents of the Borough of Wigan and is geographically situated in the heart of the North West of England with Greater Manchester to our east and Merseyside to the south west. The Trust provides predominantly district general hospital services with the notable addition of specialist orthopaedic services, from the Wrightington Hospital site.

The catchment area for the Trust is concentrated particularly in the Wigan area and circa 85% of activity comes from residents based in Ashton, Leigh and Wigan. Market competition, in terms of alternative choice patient facilities and other Trust providers is particularly intense toward the east - the Greater Manchester conurbation. To protect market share the Trust actively engages with local GPs and Commissioning Consortia to showcase services and ensure services are delivered in the way they would like. Furthermore the Trust aims to develop partnership working with other local service providers where it is mutually beneficial. In addition the Trust is actively seeking to grow orthopaedic work, which is provided on a regional basis, with approximately 50% of total elective orthopaedic workload coming from outside the Wigan area.

A specific new challenge facing the Trust is "Healthier Together". This is a project driven by NHS Greater Manchester that is reviewing the organisation of clinical services across acute providers in the Greater Manchester area.

2.1 Overall Strategy and Corporate Objectives

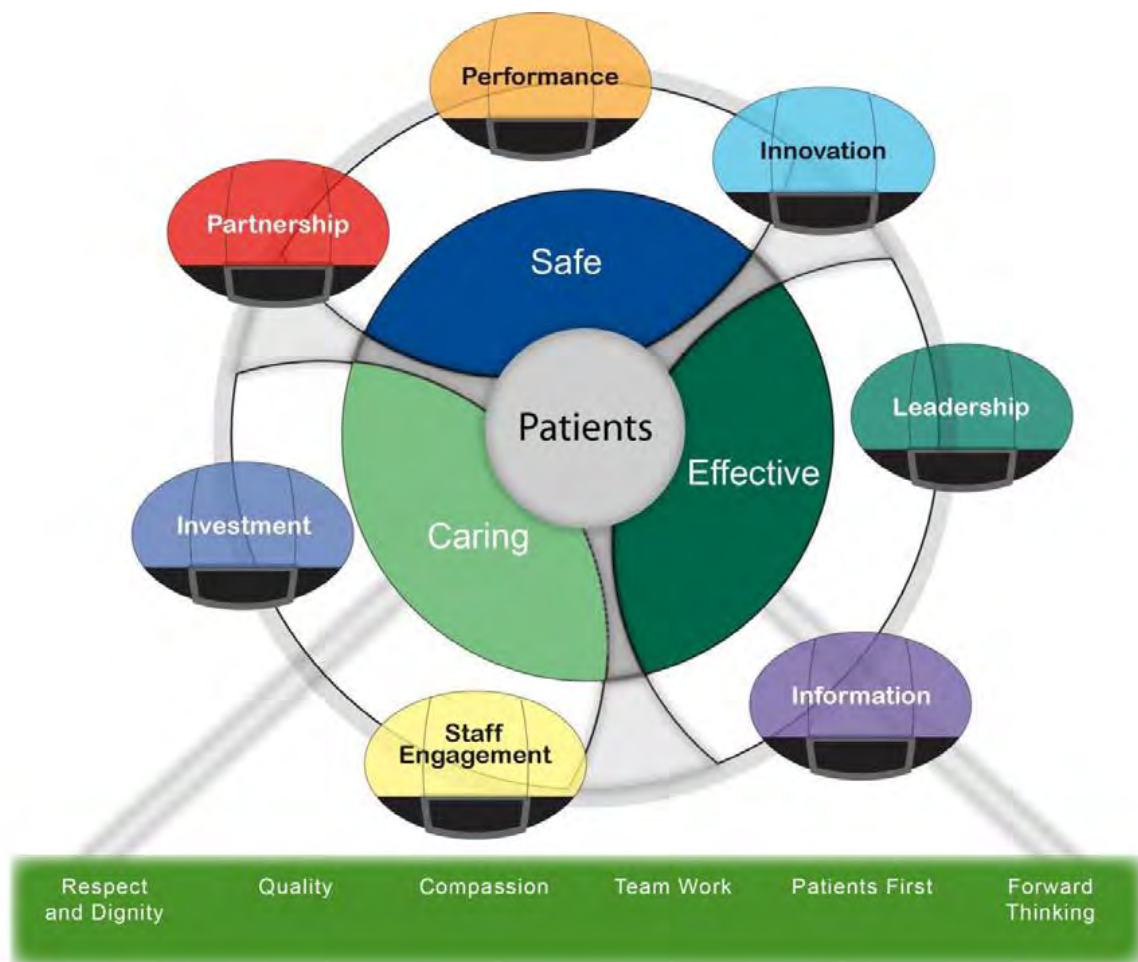
2.1.1 Trust Strategy

The WWL wheel (shown on the next page) illustrates the Trust's vision, mission and strategy and outlines our priorities for the future and the summary is shown below. All of the plans set out in the remainder of this document are consistent with this.

Our Vision To be in the top 10% for everything we do

Our Mission To provide the best possible healthcare for all our patients

Our Strategy To be safe, effective and caring



2.1.2 Corporate Objectives 2013/14

The Trust Corporate Objectives for 2013/14 have been signed off by the Trust Board and are detailed below

- **Performance** – to score zero points on the Monitor Compliance Framework in each month and a Financial Risk Rating (FRR) of 3 in each quarter and for the year. [NB the FRR and Monitor Compliance Framework will convert to the Risk Assessment Framework (RAF) at some point during 2013-14 and at that point we will have to re-express this objective in the new 'currency' which financially, is expected to be a rating of 4]

- **Innovation** – to invest at least £300k by 1st April 2014 in new projects identified as having at least a two to one payback measured in finance and/or the equivalent in quality.
- **Leadership** – to embed the Trust's Values and Behaviours Framework which came out of Listening Into Action and roll out the Leadership Assessment Questionnaire so that all staff at Band 7 and above have completed one cycle of assessment during 2013-14 as part of their annual Performance Development Reviews. The outputs from this will contribute to a leadership action plan with measurable outcome objectives to be agreed by the Board by March 2014.
- **Information** – to complete the procurement of a new Health Information System (HIS) and commence implementation for completion by December 2014. The new HIS will incorporate paper-light patient information and administration systems for A&E, EPR referral letters, and case notes for outpatient clinics. These are to be the platform for a) integration with other health and social care organisations b) direct patient access to records c) actively prompting staff and patients to monitor health and follow agreed clinical pathways.
- **Staff engagement** – to design and implement an Organisational Development (OD) plan by 31st October 2013 to improve OD capacity and capability, and within this plan to bring together Listening Into Action, SID and the Unipart approach into a coherent framework for staff engagement with a view to further improving the real time and annual staff survey scores.
- **Investment** – to maintain a financially balanced 10 year investment plan and meet the milestones in the 2013-14 investment programme including completion of: the Hanover conversion, demolition of one residential block and building of new clinical offices, installation of the second MR scanner, transfer of paediatric outpatients to TLC, two new operating theatres at Wrightington and the Wrightington infrastructure upgrade. Key works to start in 2013-14 but complete in 2014-15 are the new Essential Services Laboratory and new Cancer Unit.
- **Partnership** – to lead the local QIPP plan to develop and implement demand management strategies for achieving a run rate of 20% admission reductions for Long Term Conditions by March 2014

Objectives retained from previous years

- **Safe** - Achieve HSMR of no more than 90 with a stretch objective of 83.
- **Caring** - Achieve at least 90% scores on the real time patient survey questions on availability of healthy food and staff introducing themselves.
- **Effective** - Maintain CQC registration without conditions.
- **Partnership** - Build effective stakeholder relationships especially with commissioners.
- **Performance** – Achieve our Service Transformation (CIP) targets

Additional Objectives

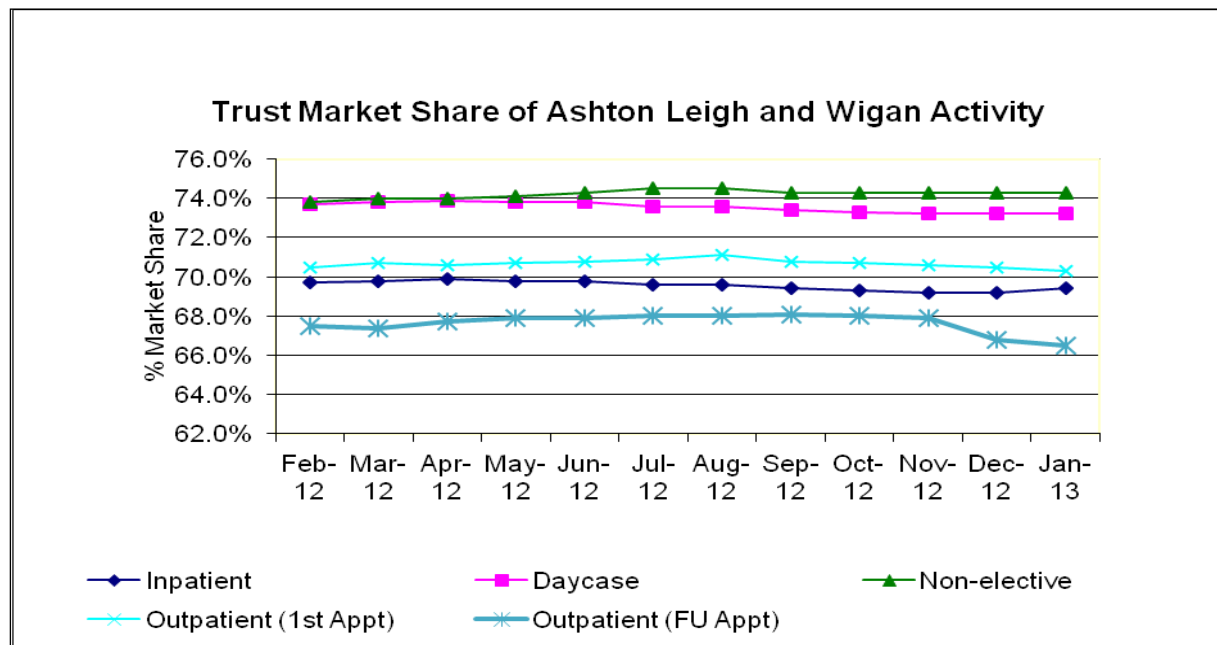
- **Partnership** – Negotiate a successful service model with neighbouring Trusts that satisfies the requirements of Healthier Together in time for the consultation proposed in summer 2013.
- **Francis** – The Trust may add one or more Francis related objectives later in the year and these will reflect the government's response to the Francis report which was issued in March 2013.

2.2 Strategic Position of the Trust

2.2.1 Competition

The Trust market share within the local catchment area has stayed static over the last 18 months. The graph below illustrates this:

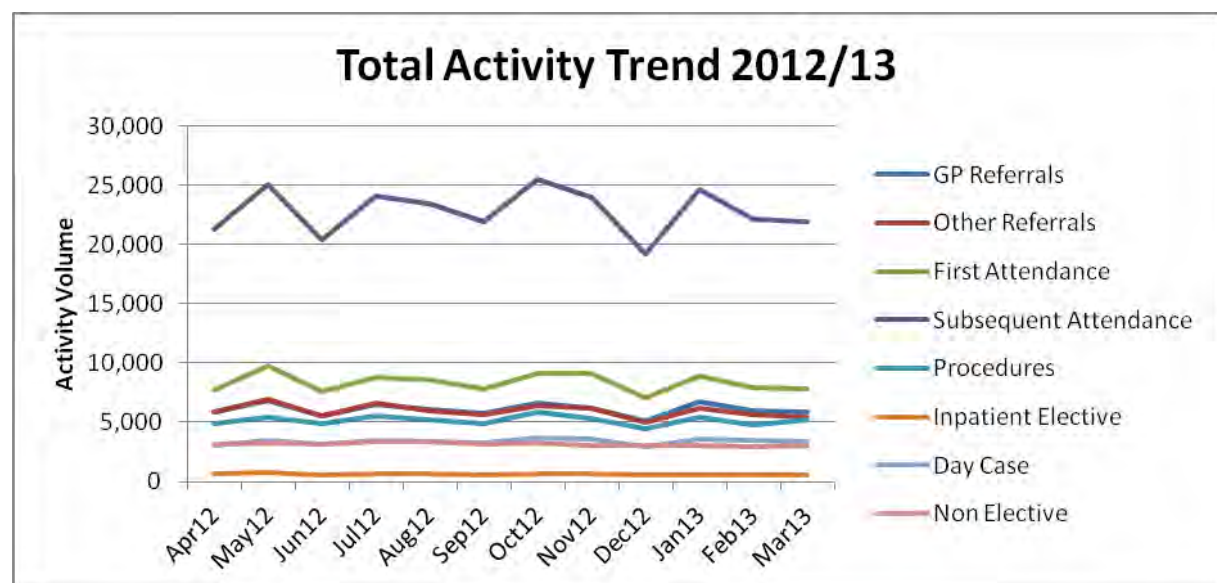
Figure 1 - Trust Market share of Ashton Leigh and Wigan PCT/Wigan CCG



Source: ORBIT reporting

In terms of overall activity the profile of activity has remained relatively stable during the past 12 months. The graph below demonstrates this in more detail

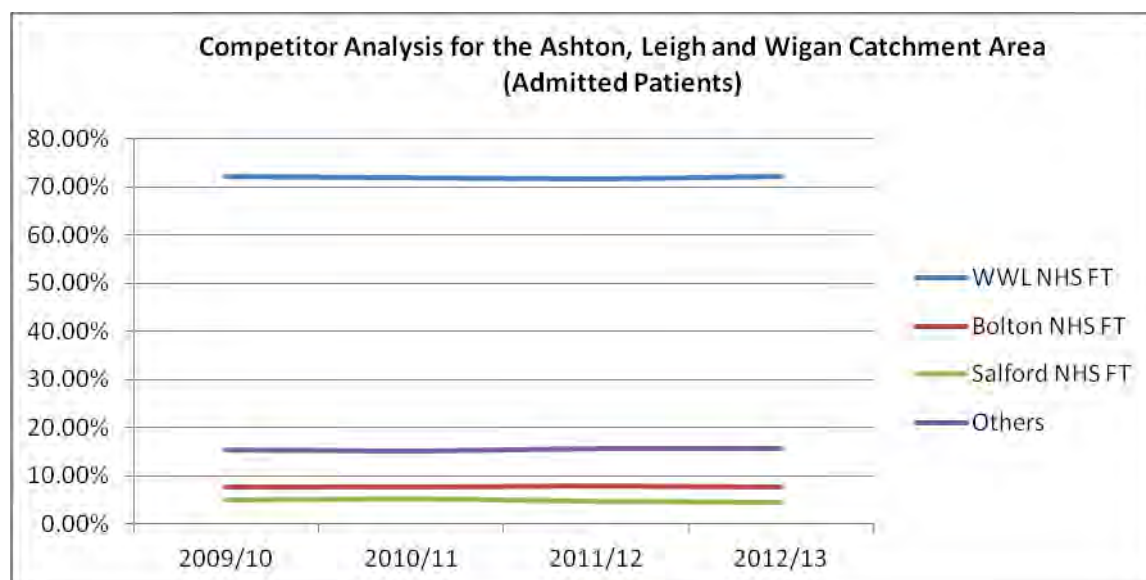
Figure 2 - Trust activity profile in 2012/13



Source: ORBIT Reporting

The analysis below highlights shows that the market share of admitted activity within the local catchment area relative to neighbouring trusts has remained static over the last four years

Figure 3 - Competitor analysis in the Ashton Leigh and Wigan catchment area



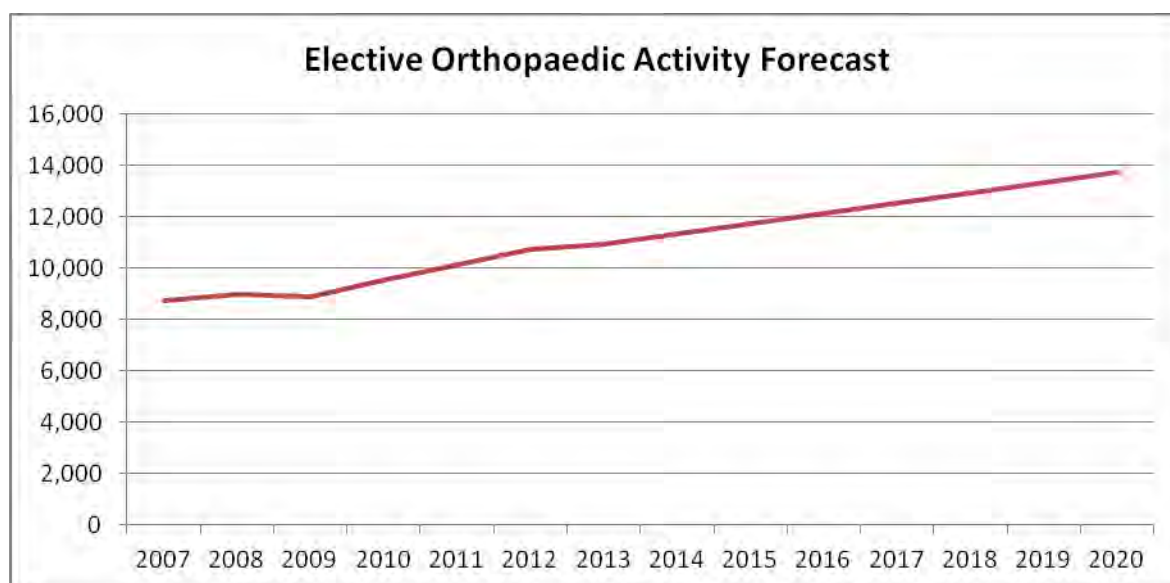
Source: Dr Foster

The high level of competition locally is demonstrated by the fact that just over 15% of activity consistently goes to other providers, many of these being relatively local (and non-specialist) such as Warrington and Halton NHS Foundation Trust and St Helen's and Knowsley Hospitals NHS Trust.

With the shift to Clinical Commissioning Groups (CCGs) from 1st April 2013 the market is likely to continue to change: the Trust will build on its relationships with GP's to ensure WWL is the local provider of choice. Within the plans for 13/14 to 15/16 there are a number of areas where the Trust has plans to increase market share locally and these are detailed in section 4 below. This is based on the principle of winning back work from other local Trusts by working with GPs to showcase WWL services and by ensuring excellent patient experience so that patients choose to come to WWL.

In addition, the Trust intends to expand orthopaedic services: in 2013 two new theatres will come on line and in the final year of this planning cycle work will commence at Wrightington as part of the major service and site development. The chart below (Figure 4) shows the anticipated growth in orthopaedics over the next 7 years based on the underlying growth over previous years, as well as demographic factors such as the ageing population. In addition, by expanding and improving facilities, the Trust is planning to market orthopaedic services across the North West (and possibly wider). Further information on this is shown in section 4.

Figure 4 – Elective Orthopaedic Activity



Source: Dr Foster

2.2.2 Threats and Opportunities from Changes in Local Commissioning Intentions

The Trust faces three key challenges over the coming years and these are outlined below.

1. Organisational changes to Commissioners

Since 1st April CCG's have been responsible for commissioning most NHS services. In addition some services are now commissioned from Specialist Commissioning teams. The new arrangements are likely to result in increased scrutiny at a clinical level, particularly in the light of the Francis Report which included commissioners and GP's in its criticism. This is an opportunity to review, test and improve services but there may be uncertainty until roles and responsibilities are established. This also means that commissioning intentions are not clear which may make agreeing some of the developments listed above more difficult.

2. Healthier Together

Healthier Together is a review of health and care in Greater Manchester. Some of the services within Greater Manchester are not fit for purpose. Changes need to be made to ensure that the right outcomes are delivered, the right care is being provided, at the right time and in the right place, and to make services safe and sustainable for future generations.

The Healthier Together programme aims to transform healthcare services within Greater Manchester for the better and within this context the Trust has continued to be involved in the development of these service reconfiguration discussions. The Trust's strategic partners within these discussions will be Bolton Hospital NHS Foundation Trust and Salford Royal NHS Foundation Trust.

A key driver behind this is the requirement to ensure a sufficient critical mass of clinical services across the conurbation as a whole; although no mention has been

made of hospital closures there is a view that this review will also be used as a way of re-organising the overall provision of hospitals based across the area. The Trust response to this is to build good relationships with NHS Greater Manchester in particular building on the creditability gained by delivering the first shared pathology service in the area. In addition the Trust is actively pursuing a strategy of developing strong working partnerships with other NHS Foundation Trusts, with the intention of providing services on a networked basis, covering populations at or in excess of 500,000. In doing this the Trust will draw upon its skills and experience in partnership development, drawing on the track record of delivery in pathology services, decontamination services and Trauma Unit accreditation.

3. Safe and Sustainable

The publication of the Francis Report in February 2013 placed an even greater emphasis on the provision of a high quality and safe patient care environment. In response to the Francis Report the level of regulation from both Monitor and the Care Quality Commission is likely to intensify and this combined with the overall increase in demand for healthcare and the increasing public expectation for high quality health care will require the Trust to respond in terms of service quality and financial viability.

In addition to the above the Trust recognises that other threats and opportunities are likely to emerge over the next three years. Through close working relationships with Commissioners and other local organisations the Trust will address these as necessary, recognising that some amendments to the plans documented may be required.

2.2.3 Local Quality, Innovation, Productivity and Prevention (QIPP) Programme

The Wigan Borough-wide QIPP programme is made up of 4 individual but related schemes:

- Long Term Conditions – led by WWL
- Dementia – led by 5 Boroughs Partnership NHS Foundation Trust
- Alcohol – led by Wigan Council
- Falls – led by Bridgewater Community Healthcare NHS Trust

The Long Term Conditions project aims to achieve a 20% reduction in admissions and a 25% reduction in average length of stay for the cohort of patients within the project (there are a number of other key performance indicators linked to staff and patient experience and use of resources that are also measured as part of this project). There are three key strands to the project:

1. Risk stratification of the population of the Borough to identify those who are at risk of continuing to be high intensity service users
2. Introduction of Integrated Neighbourhood Teams
3. Development of shared-care and self-management, as well as telehealth, to support the delivery of the overall aims of the project.

The project aims to deliver up to a £4m savings opportunity across the Borough. A risk sharing agreement is being developed to ensure that all participating organisations contribute to the delivery of the project and benefit from the outcomes thereby maintaining

operational and financial stability across the Borough for the organisations participating in the project.

Each scheme has its own project structure and documentation but, since December 2012, there is co-ordination of work within the projects, facilitated by a joint 'QIPP Leads' meeting administered by the Programme Management Office (PMO) at WWL. The PMO provides project and programme management support to the QIPP programme and has created a combined master project plan and key performance indicator (KPI) dashboard to track.

The individual schemes have their own KPIs but as a Borough-wide programme the key KPI's that will allow for improved internal care to be provided are to reduce admissions and readmissions into WWL, reduce attendances to A&E, reduce outpatient appointments and reduce length of stay in WWL. KPI's will be tracked throughout the duration of these long term (3 - 5 years) scheme and WWL services and bed base altered accordingly. Ultimately WWL will aim to reduce its bed base as result of the QIPP Programme with the associated cost savings coming from this. This is reflected in the plans set out in this document

3. Quality

Monitor views the quality of health care and other services as a key responsibility of the Board and see this as an important indicator of the strength of governance at the Trust. As such the Trust is required to assess itself against this framework. In particular the Trust must:

- Describe Trust objectives for improving quality in the annual plans
- Identify metrics for monitoring quality in terms of clinical outcomes, patient or service user safety and experience and expected levels of clinical performance
- Have systems and processes in place to monitor audit and improve quality, including meeting internal and external health care targets, mitigating against risks or shortfalls identified
- Maintain effective governance systems
- Consider serious incidents and patterns of complaints
- Maintain a programme of internal audit and independent assurance

3.1 Quality Strategy

3.1.1 Quality Executive

In order to provide a robust clinical governance framework to support the delivery of this plan the Trust has created a new Quality Executive at corporate level, underpinned by divisional level Quality Executives.

3.1.2 Quality Faculty

Staff from a range of disciplines have already developed quality improvement skills through attendance at learning events provided by improvement bodies such as AQUA, NHS QUEST and the NHS Institute for Innovation & Improvement.

By creating a quality faculty the Trust aims to build its capacity for improvement still further and to create an improvement culture whereby all staff are continually striving to improve services for patients.

To that end, a team of quality champions has been recruited from across the organisation and they will fulfill a leadership role in supporting the delivery of quality improvements.

Quality champions are and will continue to be supported in developing their improvement capability through membership organisations such as AQUA and NHS QUEST: the work they lead will feed into the newly formed Quality Executive.

The Trust first began recruiting existing staff to form a network of Quality Champions in late 2011. Currently more than 100 staff have signed up to join the network. These individuals are from a diverse range of professional backgrounds and experience in quality improvement. Recruitment is continuous and any staff member can register their interest in becoming a champion. In September 2012, 30 Champions undertook a bespoke training programme in Quality Improvement Methods, delivered in partnership with AQUA, and 10 work streams linked to the Trust's key quality enablers emanated from that programme:

- Reducing Harm from Urinary Catheterisation
- Reducing Harm from Pressure Ulcers
- Reducing Harm from Falls
- Improving Nutrition & Hydration
- Reducing Medication Omissions
- Shared Decision Making in Maternity
- Reducing Deaths from Sepsis
- Improving First Appointment Letters
- Rapid Discharge at the End of Life
- Reducing Length of Stay Following Fractured Femur

The programme is being repeated in March 2013 and approximately 40 champions have registered to attend.

3.2 Nursing Strategy

This Strategy sets out the Trust's vision to deliver high quality, compassionate care, and to achieve excellent health and wellbeing outcomes. It builds on the recently launched Chief Nursing Officers 6Cs which include Communication, Care, Compassion, Competence, Commitment and Courage. Not one of the 6Cs is more important than the other five. The 6Cs naturally focus on putting the person being cared for at the heart of the care they are given. The 6Cs forms the Trust's revised nursing strategy, which is implicitly linked to the over- arching quality strategy and marries with the values illustrated by the Wigan Wheel.

The Nursing Strategy also builds upon the Trust's re-energised Leadership Strategy which again reflects renewed values and beliefs. Each of these values and behaviours carry equal weight.

3.3 Quality Improvement 2013/14

The table below details the work streams in place to deliver the quality improvements required during 2013/14. These work streams will be monitored within the governance framework provided by the Quality Executive as described above.

The Trust will continue to work with improvement networks (specifically via AQUA and NHS QUEST) and partner organisations to deliver improved outcomes for our patients.

	Work Stream
SAFE	Harm Free Care
	Preventing Harm from Falls
	Preventing Harm from Urinary Catheterisation
	Preventing Harm from Pressure Ulcers
	Preventing Malnutrition
	Improving Hydration
EFFECTIVE	Reducing Mortality
	Reducing Deaths from Sepsis
	Deteriorating Patient (QUEST)
	Improving Stroke Care
	Reducing Length of Stay Following #NoF
	Effective Handover
CARING	Improving Quality of Appointment Letters
	Shared Decision Making
	Rapid Discharge at End of Life
	Improving Care of People with Dementia
	Improving Discharge of Vulnerable Adults
CROSS CUTTING	Listening into Action Workstreams
	Continued Recruitment & Development of Quality Faculty
	Implementing Recommendations from Francis Report
	Leadership Quality & Safety Rounds

3.4 Response to the Francis Report

The final report of the public inquiry into Mid Staffordshire NHS Foundation Trust tells a story of appalling suffering and the avoidable deaths of many patients over a number of years. It provides detailed and systematic analysis of what contributed to the failings in care at the Trust. It identifies how the extensive regulatory and oversight infrastructure failed to detect and act effectively to address the Trust's problems for so long, even when the extent of the problems were known. The report recognises that what happened was a system failure, as well as a failure of the organisation itself.

The report highlights that a fundamental change in culture is required to prevent this failure from happening again. It stresses the importance of avoiding a blame culture and proposes the NHS adopt a learning culture aligned first and foremost with the needs of patients.

This report is no ordinary external report; it is a fundamental challenge to the NHS to deliver better quality care for patients. It is essential that organisations adopt a rigorous approach to evidencing their compliance with the 290 recommendations (or those that are relevant to them).

3.4.1 Essential Aims of the Recommendations

- To foster a common culture shared by all in the service of putting the patient first
- To develop a set of fundamental standards, easily understood and accepted by patients, the public and healthcare staff, the breach of which will not be tolerated
- To provide a professionally endorsed and evidence-based means of compliance with these fundamental standards which can be understood and adopted by the staff that have to provide the service.
- Ensuring openness, transparency and candour exists throughout the organisation about matters of concern.
- To ensure that the relentless focus of the healthcare regulator is on policing compliance for all organisations
- Making all those who provide care for patients – individuals and organisations – properly accountable for what they do and to ensure that the public is protected from those not fit to provide such a service.
- To provide a proper degree of accountability for all senior managers and leaders who provide health care. This will place all with responsibility for protecting the interests of patients on a level playing field.
- Enhance the recruitment, education, training and support of all the key contributors to the provision of health care, but in particular those in nursing and leadership positions, to integrate the essential shared values of the common culture into everything they do.

3.4.2 WWL's Initial Response

WWL recognises that there is much to learn from this report and is committed to engaging fully in the evolving debate, and to consulting widely with patients, staff and all stakeholders to address the issues raised.

The Trust has recently been rated as 5th in terms of quality on the NHS North of England's dashboard which indicates that the Trust has worked hard to drive up standards.

This year WWL also improved staff engagement and scored higher on the patient satisfaction survey than in previous years. Organisational culture was highlighted as being pivotal to the failings at Mid Staffordshire so the Trust is determined to continue this improvement. Therefore the Trust will also explore the use of a recently developed cultural barometer which attempts to get 'under the skin' of an organisation.

Having successfully utilised 'Listening into Action' (LiA) as a means to engage staff, the Trust envisages a series of "listening events" which will be held to truly seek the views of staff working at all levels.

Of particular concern following the Trust staff survey was the finding that half of the staff who responded wouldn't recommend WWL hospitals to their families. Although 50% of staff *would* recommend the organisation (which is a little higher than average) it is still very important to explore the reasons behind this negative attitude. Staff opinion is incredibly important to WWL and this is highly valuable intelligence which will help to drive up standards even further.

3.5 Quality Risks

The Trust has recorded ten cases of hospital acquired *Clostridium difficile* infection to date in 2013/14. This equates to 40% of the annual target for 2013/14 (25) and there is a risk that it will be exceeded at year end. A review of recent cases has not yielded any common features. Compliance with Trust antibiotic prescribing guidance is excellent as are cleanliness standards. A proportion of patients had been medically discharged for some time before onset and were awaiting social care packages. The significant increase in recent hospital admissions during the last few months is also likely to have contributed to the increase.

In response decontamination equipment using hydrogen peroxide vapour has been purchased and will be introduced soon. In addition "Yakult" probiotic drink has been introduced for all medical patients taking antibiotics and targeted antibiotic audits have been introduced for respiratory tract infection. Despite these actions there remains risk regarding the achievement of the target set for 13/14.

The Trust has recorded one case of MRSA bacteraemia in 2013/14 to date against the standard of 0. A case review identified that this was due to contamination of the sample and that it had been undertaken by a new staff member who had not undertaken trust ANTT (aseptic no touch technique) training. Deficiencies were identified in the way this training is being delivered to Nursing and Medical staff and this is being urgently addressed by the Trust

4. Service Strategy

The Trust's clinical strategy is reflected in the WWL Wheel with the overarching aim being "safe, effective and caring". The outcome of Healthier Together and collaborative working with other local providers is likely to impact on the longer term provision of services with possible collaboration resulting in some changes. Currently the Trust remains committed to providing the highest quality District General Hospital services for the local population and to expanding specialist orthopaedic services locally and regionally.

The Trust is aware that there are a number of services currently provided where the size of population served is below that recommended by the relevant Royal Colleges. This includes acute surgery, paediatrics and maternity. These services are all included in the major review currently being undertaken across Greater Manchester. The Trust is working with local acute Providers as part of the Healthier Together programme and has also joint arrangements for pathology and decontamination with Salford Royal NHS Foundation Trust.

In responding to these challenges the Trust's Service Strategy is focusing on three key areas

1. Investing in facilities
2. Redesigning clinical services
3. Improving access to services

4.1 Investing In Facilities

Internally the Trust has developed a 3 year capital plan that demonstrates a commitment to invest £41.2m up to 31st March 2016. This investment is required to ensure that the Trust is best placed to meet the challenges noted above and will take place across all three sites. The table below gives more details regarding the major developments that will be taking place during this period.

Table 1 - Major Service and site investment projects over the next 3 years

Site	Scheme	Capital investment
Royal Albert Edward Infirmary	Education Centre	£2.9m
	Pathology ESL	£2.0m
	Cancer Care	£2.5m
	2 nd MRI Scanner	£1.7m
	Clinical Office Accommodation	£0.62m
Wrightington Hospital	Infrastructure development	£1.8m
	Theatre 9/10	£3.1m
	Site Demolition / Enabling	£1.2m
	Phase one development	£18m
Leigh Infirmary	Hanover development	£6.7m
	Andrology service	£0.2m

This investment programme will significantly improve the quality of the estate infrastructure across all three sites and will ensure that the Trust is in the best position to provide the highest possible quality accommodation to our patients.

The main developments on the Wrightington site are linked to the expansion of orthopaedic services. The Trust is planning to increase its elective orthopaedic activity from 10,110 cases in 2012/13 to 12,609 cases by 2015/16. In the short term, this growth will be delivered through the reduction of existing outpatient and inpatient waiting lists; however this approach will only be sustainable to the end of 2013/14. After this, market development will be required to deliver the planned activity levels. The market development will be achieved through a combination of market growth, repatriation of local patients from other providers and an aggressive marketing campaign to 'out of area' commissioners. Additional information is included in section 4.6.

The physical capacity to accommodate this planned growth will be delivered through the additional capacity that Theatres 9 and 10 on the Wrightington site will provide when they become operational in July 2013. Further growth in activity is planned in the longer term when the new theatre and ward block on the Wrightington site opens in late 2015. Whilst this facility is essentially a re-provision of existing infrastructure the design of the new unit will promote improved service efficiency through clinical pathway redesign.

In addition to this major project there will also be a number of more immediate changes which are detailed below. These represent both opportunities and threats.

4.2 Redesigning Clinical Services

4.2.1 Vascular Services

The implementation of vascular supercenters, supported by tertiary services will see the transfer of all Level 2 and 3 vascular cases out of WWL. In August 2013, Vascular becomes a recognised speciality in its own right requiring its own training infrastructure: this is likely to result in further changes to delivery of these services. It is already clear that all out of hours emergency vascular services will transfer to other providers in 2013. The Trust is actively engaged with Lancashire Teaching NHS FT with regard to this process

4.2.2 Rehabilitation Services

With the further centralisation of stroke services in Greater Manchester during 2013 it is likely that fewer patients with suspected stroke will attend WWL and will instead go directly to Salford Royal NHS FT. At the same time, Salford Royal NHS FT is likely to be seeking early transfer of their more complex neuro-rehab patients to outlying Units such as Taylor Unit on the Leigh Site, which is currently unable to accept them due to lack of 24/7 medical cover. There is, therefore, a possibility of utilising any spare capacity on the acute site based stroke unit to accept these patients prior to appropriate transfer to Taylor Unit. Plans are being considered to relocate Taylor Unit onto the main Royal Albert Edward Infirmary site.

4.2.3 Community paediatrics

A range of community paediatric services are currently provided by WWL. Commissioners have been reviewing this service for some time and it is possible that the outcome may result in the service being decommissioned from WWL. Consultants and Service Managers

from the Trust are involved in the discussions and the outcome is expected during 2013. The current activity plans assume that this service remains within the Trust during the current planning cycle pending this decision

4.3 Improving Access to Services

4.3.1 Seven Day Working

Following the development of a seven day Ambulatory Assessment Area within the unscheduled care pathway, it is hoped to provide an increased consultant presence on the Emergency Floor, especially at weekends, to improve quality, safety and effectiveness. This would include improved junior medical cover to improve weekend HSMR, the discharge process and quality of patient care. A project plan is currently being developed and will be presented to the Trust Board early in 2013/14. In addition, in the Specialist Services Division, initial work has begun to plan for services to move to 7 day working. This includes improvements within the fractured neck of femur pathway as well as other areas such as Radiology, Outpatients and support services such as therapy services at Wrightington.

4.3.2 New One Stop Services

Within the Surgery Division new one stop services are being developed in gynaecology and urology. These are linked to the Hanover Unit development detailed above. Commissioners are supportive of these changes which will offer a much improved patient experience both in terms of reduced waiting times and an improved environment. Local tariffs have been agreed to support this development which will commence in June 2013

4.3.3 Extension of bowel screening services

The extended bowel screening service is due to commence in summer 2014. The Trust is working collaboratively with Salford Royal NHS FT and Bolton NHS FT to plan for the delivery of this service

4.3.4 ENT expansion

The Trust has recently experienced a decline in the local market share of ENT patients. In order to reverse this and attract patients back to WWL ENT consultants have been working with local GPs and Commissioners to market the service and have offered a reduced tariff as an incentive to support referrals to the Trust.

4.3.5 The Christie at Wigan

In line with the “closer to home” strategic vision, the Specialist Services Division is liaising with the Christie Hospital with a view to providing “Christie led” services such as solid tumour patients at WWL. The vision is that patients will receive specialised care within a tailor made service suitable for the needs of the local community thereby enabling patients to receive care closer to home.

4.4 Activity Plans

The patient level activity plans by main point of delivery are shown below:

Table 2 – Activity Plans

	2013/14	2014/15	2015/16
Elective inpatients	8,518	8,539	8,539
Elective day case patients (Same day)	41,929	42,602	42,602
Non-Elective patients	26,871	26,626	25,189
Outpatients	442,102	444,647	451,079
A&E	80,357	80,357	80,357
Total	599,777	602,771	607,765

4.5 Activity Risks and Opportunities

The Trust is aware that Central Manchester University Hospital has plans to develop the Trafford Hospital site to deliver more orthopaedic work in the future. This is a risk to the Trust in terms of the Divisions plans to increase activity in Orthopaedics. However this may be mitigated through either collaboration with Central Manchester University Hospital and/or attracting work from wider areas particularly in Western, Southern and Northern Lancashire and beyond.

The Trust is currently exploring the opportunities in relation to GP direct access diagnostics, particularly to the Eastern side of the Borough.

4.6 Marketing Plans

The Trust's marketing objectives are derived from the corporate business strategy. The high level marketing objectives of the Trust can be summarised as follows:

- To improve the perception and 'brand value' of WWL amongst all target audiences
- To provide easy access to information that will support patient choice in favour of WWL
- To achieve target referral rates of patients to meet the business and financial growth objectives
- To at least maintain market share for District General Hospital Services for Wigan Borough CCG patients and to repatriate activity from neighbouring Trusts and other competing providers
- To achieve market share growth targets for elective Orthopaedic activity across a broader North West geography

The main specialties where the Trust will focus on growth opportunity for repatriation and additional activity from a wider geography include:

- Trauma and Orthopaedics
- Rheumatology
- Cardiology
- Gastroenterology
- Respiratory Medicine
- Breast Surgery
- ENT
- Gynaecology
- Oral Surgery
- Urology
- Cancer Services

The Trust's external marketing will utilise a variety of communication channels and vehicles to ensure the messages relating to target specialties are effectively delivered to the identified

audiences and those who influence them. This will ensure that the Trust's messages are delivered via a variety of routes to match the diverse range of communication preferences

The marketing and communication channels and vehicles that will be used to achieve the stated objectives include:

- The Trust web site – especially service descriptions, consultant profiles and showcasing new facilities
- Other Internet and web-based content (e.g. Choose and Book, NHS Choices, Patient Opinion, social media etc)
- Trust publications and printed media e.g. GP Newsletters and service flyers
- Trust hosted events and briefings for GPs and other sources of referrals
- Press and media relations to communicate with the wider public and to positively influence the Trust's reputation
- Electronic Notice Boards to communicate with captive audiences throughout the Trust
- Advertising and advertorials (both print and other media including radio)

In addition staff and governors can play a major role in promoting the Trust through sharing their commitment to, and pride in, the Trust both informally and formally.

4.7 Workforce

4.7.1 Clinical Workforce Strategy

The clinical workforce strategy is anchored on the principle of providing the highest possible standard of safe, effective care with an efficient and skilled workforce. Underpinning this is the need to adequately match staffing levels to service structure, taking account of the service, site and financial strategies, whilst maintaining and striving to improve quality.

The Trust recognises the need to continuously improve efficiency and quality to build on the Trust's reputation in order to maintain and potentially expand market share. The Trust's workforce is the key to achieving its mission and vision by ensuring that it has the right numbers of skilled and well-motivated staff to meet the needs of patients both today and in the future. This will include a combination of whole time equivalent (WTE) movement (including increases in some areas and decreases in others) in support of achieving our strategic plans and the Trust continues to consider the place for Mutually Agreed Severance (MAS) to enable workforce changes.

4.7.2 Key Workforce Pressures

As outlined above the Trust is moving towards delivering increased seven day working. This is being achieved through job planning and increasing from five to six day working and through building capacity from staffing reviews and some new posts to achieve seven day working in more medical roles and specialties, as well as supporting professional groups such as therapies.

Increased numbers of clinical staff are required in a number of areas to achieve the service plans outlined. This is particularly challenging in shortage or specialty occupations such as Consultants in anaesthetics, A&E, complex orthopaedics and also, at the middle grade level

in a range of medicine specialties. Plans to address this include developing relationships with other organisations that offer broader training and development opportunities as well as reviewing the flexibility of roles between specialties to enhance interdependent clinical skills.

Increased nursing recruitment was a priority in 2012/13 and the candidate pool presented sporadic challenges. To support the internal career development opportunities, the Trust has signed up to the Apprenticeship Promise as well as our continued support to seconded nurse training placements with the aim that these staff will build a career through the Trust with Trust support.

4.7.3 Staff Engagement

The Trust was selected as one of ten national Pioneering Trusts to adopt Listening into Action (LiA) during 2012. LiA forms part of a deliberate staff engagement approach to address the Trusts disappointing performance in the National Staff Opinion Survey in 2011. It was clear that no amount of inward investment, restructuring or reconfiguration would, in itself, deliver the step change in quality and safety of patient care or the associated improvement in working conditions, environment and culture that staff craved, unless the Trust fundamentally changed the way it changes.

The LiA Framework has provided a comprehensive and joined-up way to tackle improvements in specific service areas, delivered through the direct engagement of the people who work there. The Trust undertook several Trust wide listening events in the summer of 2012, followed by several high impact changes alongside 10 LiA teams that were identified to pioneer the adoption of the LiA way of working. After the success of the first teams, a further 20 teams are now taking forward the approach to involve staff in decision making and service design and redesign.

The feedback that we received in the 2012 staff survey shows that there have been some significant improvements in staff perceptions when compared with the 2011 results. In particular we have seen improvements in the 2012 indicators of staff satisfaction & staff engagement. This demonstrates that the work that has been undertaken LiA programme is really making a difference to staff.

5 Productivity and Efficiency

5.1 Overview of Productivity and Efficiency Plans

The Strategic Themes for the Service Transformation / CIP work for the next three years are outlined below and have been shared with the local CCG:

- **Redesign of Clinical Services** – redesigning how clinical services function in order to deliver strategic objectives. The areas of work for this strategic theme include Diagnostics(reducing demand where appropriate, improving consultant productivity and undertaking workforce reviews)and Outpatients (productivity by improving flow, reducing new to follow up ratios and decreasing DNAs) as well as unscheduled care / patient flow. Also included within this theme is repatriation of activity, service reviews and Healthier Together which is a project designed to improve collaboration across organisations.
- **Improving business efficiency** – ensuring efficiency of support functions and achieving value for money in those areas including Human Resources and Payroll. A key project in this theme is the procurement and implementation of the Hospital

Information System (HIS) which will enable efficiencies and improved quality to be achieved across the breadth of the Trust's activities.

- **Improved capacity planning** – ensuring that there is sufficient capacity in place to deliver planned levels of activity by minimising use of temporary spend, maximising internal capacity and ensuring that estate is fit for purpose.
- **Commercial ventures** – such as procuring a managed pharmacy service, or the shared Pathology services as well as the development of private patient activity, including IVF services.
- **Wigan-wide projects** – working with other partners in Wigan to improve WWL services. This work stream is about integrating care, collaborating in service delivery and moving towards more effective levels of care across the Borough. Examples of this are the provision of enhanced step up / step down facilities based in the community, using innovative service models for rehabilitation strategies, use of tele-health solutions to support the delivery of new workforce models and the implementation of a number of key projects including falls reduction and dementia care improvement

Within each Strategic Theme there are a number of Strategic Projects, each of which is led by an executive director, and managed through a Project Board, which provides oversight for the project. In addition to the strategic themes each division and corporate area will also have its own local CIP plan

The delivery of the Service Transformation / CIP Programme will be facilitated by the Trust's Programme Management Office (PMO) through the provision of performance management processes for the Trust, support for service transformation and / or direct project/programme management as appropriate to each project. .

5.2 Quality Impact of CIP

WWL recognises that the successful delivery of the Service Transformation / CIP plans for 13/14 requires effective leadership and engagement from all the clinical teams and Divisions. In order to deliver this requirement there is a clearly identified process for the development and risk management of both Trust-wide projects (Strategic Schemes) and Divisional plans). This process ensures that all schemes are reviewed in line with Monitor guidance and any scheme identified as having a potential adverse impact upon quality is reviewed and authorised (or not) by the Director of Nursing and Medical Director.

The Trust has a number of policies and standard operating procedures relating to the identification and management of risk; all processes identified in this document derive from, and are compliant with, those policies.

5.3 CIP Process and Governance

The WWL Project Management Office went live on the 1 April 2012. The Trust now has a clearly established project management process outlined in the Project Management SOP, incorporating key elements of PRINCE2 and encompassing:

- The development of a communication plan
- The development of a training plan
- The development of a Benefits Realisation Plan
- Assessment / Management of potential risks to patient safety and impacts on quality
- The development of a Case for Change (Business Case)

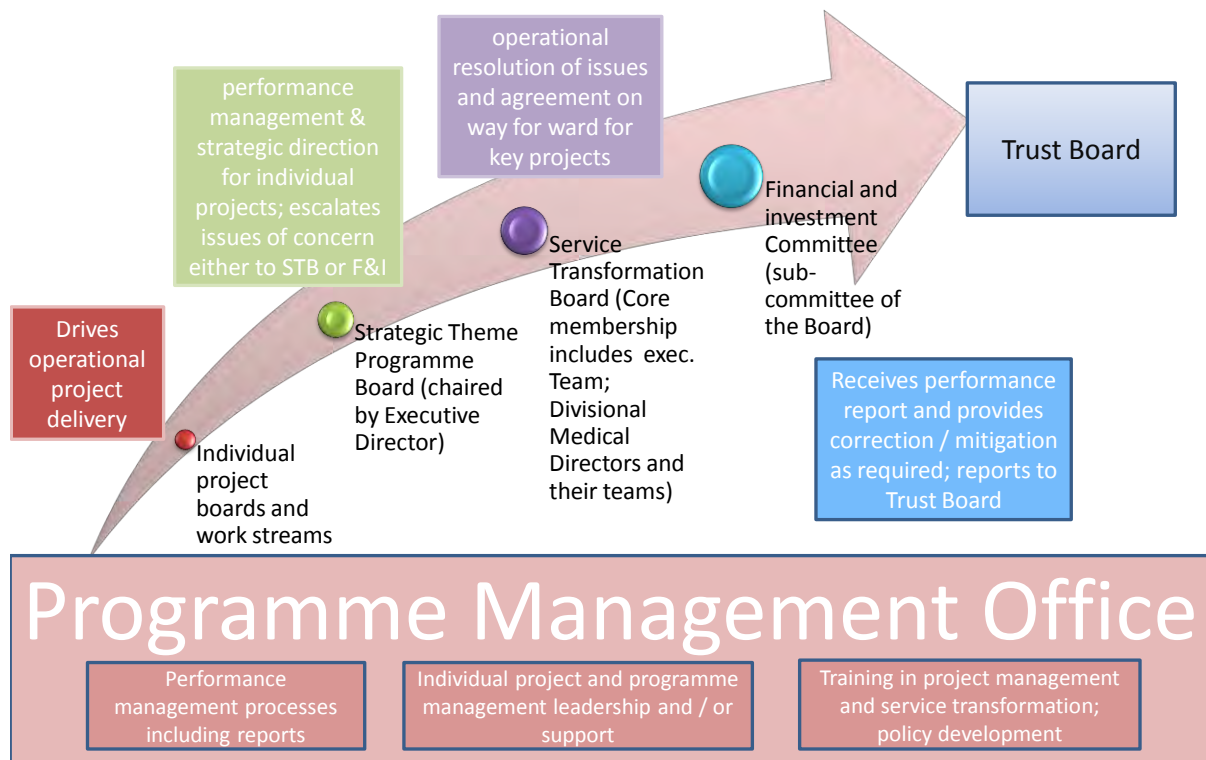
- Risk identification and management before, during and after implementation
- Consultation with key stakeholders
- Post-implementation review

5.3.1 Governance Structure

A diagram showing the governance structure for the service transformation programme is shown overleaf. All Strategic themes and associated projects are performance managed via the monthly Service Transformation Board. The Board ensures that all plans are progressed in line with agreed milestones and timescales and includes Divisional Medical Directors and Divisional Directors of Performance as well as the Executive Team. In addition each strategic theme is managed via a monthly Project Board which is responsible for the operational delivery of the project.

The Programme Management Office (PMO) has overall control of the programme of work including establishing the programme and its objectives, monitoring progress against the agreed plan, monitoring changes to the programme plan to minimize impact upon the programme objectives, ensuring the aims of the programme continue to be aligned with evolving business needs, briefing the service transformation board about programme progress, recommending future action on the programme where tolerances are exceeded and providing notification of project closures.

Figure 5: Governance Structure



5.4 2013/14 Plans

For Monitor 3-year planning purposes three year efficiency plans have been summarised into the following five 'Key Operating Efficiency Programmes' which encompasses both strategic themes and divisional schemes:

1. Redesign of clinical services
2. Improving business efficiency
3. Improved capacity planning
4. Commercial ventures
5. Wigan wide projects

The Trust 3 year CIP targets amount to £13.6m in 2013/14, £11.3m in 2014/15 and £9.3m in 2015/16. A summary breakdown of the 2013/14 schemes are shown below and further details are included in Appendix 2

Table 3 – Summary of 2013/14 CIP Position

Theme	13/14 £m
Redesign of Clinical Services	5.0
Improving Business Efficiency	5.8
Improved Capacity Planning	1.9
Commercial Ventures	1.0
Grand Total	13.6

6 Foundation Trust Membership

The Trust is currently working to a three year membership development strategy with a target to increase the public membership by 200 members a year up to 2013/14 whilst maintaining the staff membership. Emphasis during the three year strategy has been placed on developing ongoing engagement with the existing membership to encourage members to interact with the Trust. Success has been demonstrated in relation to member engagement in the last two years through membership events and newsletters providing information about services and developments taking place at the Trust. A significant event for young people is also planned to take place during late June 2013 to encourage young people to get to know the Trust and the career opportunities in the NHS. Public membership is open to anyone aged 16 years and over. Staff automatically become members if they have been employed by the Trust under a contract of employment which has no fixed term, or has a fixed term of at least 12 months, or have been continuously employed by the Trust for at least twelve months unless they chose to opt out. A recent externally commissioned socio-economic profiling confirmed that the Trust membership is broadly representative of its community and service users.

7 Financial and Investment Strategy

The Trust's strategy is to generate a financial position which has long term sustainability, is robust and flexible enough to cope with economic pressures whilst generating surpluses that will be used to develop and modernise the infrastructure of the organisation. The financial position of the organisation will be managed in a way that will maintain liquidity and governance whilst supporting the best quality of care for patients in a safe and secure environment.

7.1 An assessment of the Trust's current financial position

The outcome from the 12/13 financial year is:

- Surplus £4.1m
- FRR 4
- Cash £21.2m
- CiP £9.0m
- CQUIN Performance £3.8m or 73% of annual target

These results clearly demonstrate how, in a difficult environment, the Trust has managed to produce an excellent financial outcome whilst maintaining a high quality of care for patients. Income performance was above plan mainly driven by non-elective work and outpatient activity. Expenditure was above plan however this was maintained within an acceptable limit hence the achievement of a surplus of £4.1m which was £0.1m ahead of plan. CiP delivery was £9.0m versus a plan of £12.6m, details below:

Monitor Theme	Plan £m	Actual £m	Variance £m
Clinical productivity	2.2	2.0	-0.2
Infrastructure and business productivity	3.3	2.1	-1.2
Partnerships / Commercial / Income	0.9	1.8	0.9
Site & overheads	2.0	1.0	-1.0
workforce productivity & effectiveness	4.2	2.1	-2.1
Total	12.6	9.0	(3.6)

Capital expenditure in year was £16.6m versus a plan of £17.0m. Although the Health sector is experiencing financial pressures and constraints the Trust has not compromised on essential investment on medical equipment or back log maintenance with expenditure in these areas reviewed on a priority basis. There has also been investment in IM&T schemes and also in to service improvements such as the introduction of two mobile theatres on the Wrightington orthopaedic site.

The financial results 2012/13 reflect a Trust wide recognition that financial stability is crucial for long term development and the surpluses generated create an excellent foundation for the short to medium term investment in to the improvement of the organisation's infrastructure.

7.2 Key financial priorities and investments and how these link to the Trust's overall strategy

The Trust's financial plans for the three years from 2013/14 are based on detailed submissions from all clinical and operational departments. This has enabled patient activity numbers to be modelled and the impact on resources to be quantified in line with the Trust's strategic goals and aims for the next three years Local and national issues that will impact the financial performance of the Trust for example national pay awards and PBR tariff have been included in the plan.

The financial headlines for the Trust are:

	Year 1 2013 / 14	Year 2 2014 / 15	Year 3 2015 / 16
£ms			
Income	247.8	248.7	246.7
Expenditure	(233.4)	(231.4)	(228.3)
EBITDA	14.3	17.3	18.4
EBITDA %	5.8%	6.9%	7.5%
Financing	(10.4)	(13.3)	(14.4)
Trading Surplus (pre impairments)	4.0	4.0	4.0
Surplus / Deficit %	1.6%	1.6%	1.6%
Impairments	(0.4)	(3.7)	(3.2)
Technical surplus	3.6	0.3	0.8
Memorandum CIP	13.6	11.3	9.3
CIP % of Net Expenditure	5.8%	4.9%	4.1%

Impairments include £0.4m for Accommodation block A RAEI, £3.7m in year 2 and £3.2m in year 3 in relation to Service and Site programme.

The Trust is engaging with the Greater Manchester 'Healthier Together' project which could see the rationalisation of services between neighbouring Trusts. Planning is at an early stage so the financial implications of the project are unknown. The Trust would not be in agreement with plans that would cause financial instability with financial performance. For these reasons the Trust's plans for the next three years do not reflect any impact from the 'Healthier Together' project.

During this planning cycle Trust will embark on the first stage of a major infrastructure development and improvement program which in the longer term will see investment in all three of the Trust's main sites. The first stage of investment will focus on Wrightington Hospital (the Trust's world renowned orthopaedic centre) where the following is planned to be spent over the coming three years:

	Earlier	2013/14	2014/15	2015/16	Total
Wrightington	£0.6m	£1.2m	£8.8m	£7.4m	£18.0m

The development of the Wrightington site will see capital invested into wards and theatres which will greatly improve facilities for patients.

There are a number of other notable investments and capital developments which will commence during this planning cycle:

	2013/14	2014/15	2015/16	Total
MRI Scanner	£1.4m			£1.4m
Utilities W'ton	£1.6m			£1.6m
Pathology & Oncology Units	£2.5m	£1.9m		£4.4m
Completion of Hannover at Leigh	£1.4m			£1.4m
Health Information System	£1.8m	£1.1m		£2.9m
PACS Refresh	£0.7m			£0.7m
IM&T Developments	£2.5m	£1.7m	£2.4m	£6.6m

- A second MRI Scanner situated at the Trust's main site will ensure that the increasing demand for diagnostic activity can be met.
- The electrical, gas and water supply to the Wrightington site is being upgraded to meet the demands of the proposed development of the site and also provide capacity in to the future.
- A new pathology laboratory and Oncology suite will be built at the Royal Albert site, the former complementing the joint pathology project that the Trust is running with Salford Foundation Trust.
- The re-fit of the Hannover block at Leigh will be completed which greatly improves the urology and gastro service provided by the Trust.
- Introduction of the Health Information System will see real time benefits provided to the clinical review of patients. This project is also looking in to the possibility of joint implementation with neighbouring Trusts and other health care providers.

In order to facilitate the above the Trust is setting a target of generating surpluses of £4.0m per year (before interest payments) and this will partially fund the investments noted above via internally generated cash plus a loan from the Foundation Trust Financing Facility (FTFF):

	2013/14	2014/15	2015/16	Total
Equipment Loan over 7 years	£8.5m	£5.0m		£13.5m
Rate (fixed)	0.66%	0.66%	0.66%	0.66%
Construction Loan over 25 years	£4.0m	£7.5m	£5.0m	£16.5m
Rate (fixed)	2.24%	2.24%	2.24%	2.24%
Total Loan	£12.5m	£12.5m	£5.0m	£30.0m

The loan has been approved by the FTFF with the agreement being dated 08th April 2013.

7.3 Key risks to achieving the financial strategy and mitigations

A prudent and pragmatic view has been taken on national, local and internal risks with most of the financial implications being included in the three years of the plan.

National: National standards (for example exceeding the Cdiff threshold, re admissions); changes in tariff; pay awards and incremental drift; impact of CNST premium increases have all been included in the plan.

Local: Local challenges (for example application of EUR policy, outpatient ratios) have been included in the plan.

Internal: A number of operational risks have been highlighted and these have been included within the Trust's financial plans. These risks will be closely monitored at Board or sub-Board level and corrective action plans instigated and disseminated should the need arise.